



SASKATCHEWAN CANCER AGENCY

A healthy population free from cancer



Annual Report 2017-18



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Letter of Transmittal

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 highlights of the work accomplished and the audited financial statements, for the fiscal year ending March 31, 2018.

The past year marked a number of important milestones for the Cancer Agency as it looked to provide safe, high quality care, research, treatment, screening programs and health promotion initiatives. Of particular note was the work completed in moving the organization closer to a fully electronic medical record for cancer patients.

Voice recognition was implemented throughout the organization, which not only changed how dictation was completed, but also allowed healthcare partners across the province to access clinical notes and cancer patient discharge summaries in the electronic Health Record (eHR) Viewer. Approximately 97 per cent of notes dictated are approved and available in the eHR Viewer within 24 hours. This improves the ability of physicians to care for patients and the overall patient experience both in our facilities and in the healthcare system.

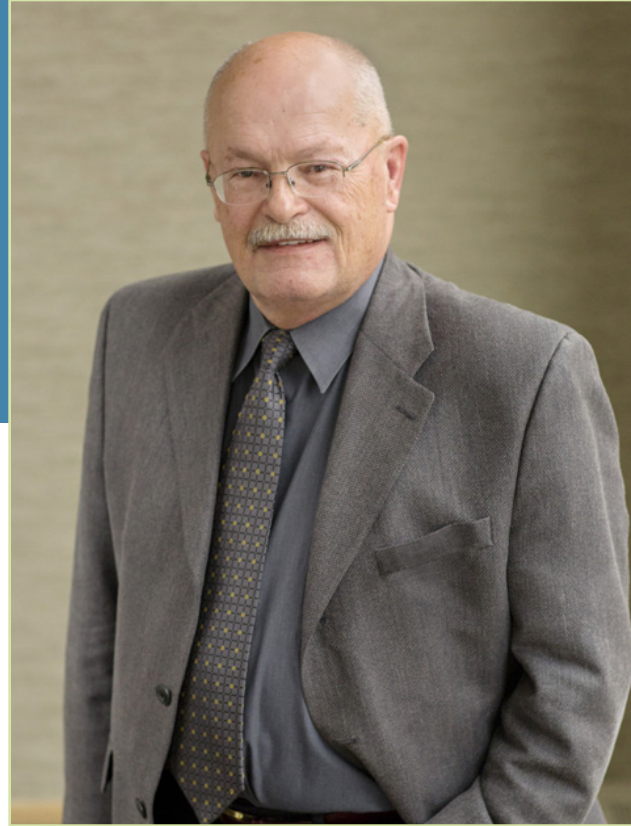
Building strong relationships and working together with our healthcare partners for the benefit of the patient continued to be the focus this year. Providing patients with coordinated, timely care was a large impetus in the creation of the Saskatchewan Health Authority. While the Cancer Agency remains a separate organization, providing seamless care is the goal for both entities. Projects like voice recognition move us closer to meeting that goal on a daily basis.

The board is pleased that the Cancer Agency continues to play a pivotal role in delivering the highest standard of care to Saskatchewan residents.

Respectfully,



Ron Waschuk, Board Chair
Saskatchewan Cancer Agency



Year in Review

Message from the President and Chief Executive Officer



Increasing cancer incidence, together with improving survival rates, more complex treatments and advancements in technology pose many challenges for the health system, but they also provide a great number of opportunities for us to evolve as we look to meet the ever-changing needs of those we serve. This report highlights the Cancer Agency's work over the fiscal year as we fulfill our mission of providing leadership in health promotion, early detection, treatment and research for cancer.

At the Cancer Agency we strongly believe that our success comes from working together as a team and building strong relationships with our partners in the Saskatchewan Health Authority, with local communities and Indigenous leaders, with schools and in conjunction with similar organizations across the country. It is the collective strengths of the relationships we developed that helped:

- Implement a voice recognition program and new patient intake process that improves safety and the patient experience
- Create a zero waitlist for patients ready to be seen at the Allan Blair Cancer Centre
- Researchers secure national funding and a research award
- Increase northern engagement and conversations about cancer with local communities and care providers
- Provide grants to schools, community organizations and others to improve the health and well-being of youth
- First Nations youth share their culture and motivate cancer patients through art
- Patient and family advisors be more involved in the work of the organization
- Donors continue to support our work

I am proud of the work our staff, physicians, researchers and volunteers do every day at the Cancer Agency. This report highlights only a few of the ways we have improved care, programs and services as we listen to the voices, thoughts and opinions of our clients, patients, families and partners.

A handwritten signature in black ink that reads "Jon Tonita". The signature is fluid and cursive.

Dr. Jon Tonita
President and Chief Executive Officer

Our Work

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

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

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

TREATMENT

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

The cancer centres offer:

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

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



COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

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

RESEARCH

At the Cancer Agency we have world-class researchers who are helping make a difference in treatment, programs and outcomes for patients. We conduct laboratory research, clinical research, including clinical trials, and epidemiology research.

EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

- Screening Program for Breast Cancer, which started in 1990, includes clinics in Regina and Saskatoon and satellite centres in Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current and Yorkton. We also operate a mobile unit that travels to rural 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

CANCER PREVENTION

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

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



PATIENT AND FAMILY-CENTRED CARE

At the Cancer Agency we want to provide exceptional care with the client, patient and their family at the centre of every decision and action. This starts with ensuring clients, patients and their families have a voice about their care and treatment, but also about how services are delivered.

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

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

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



A gift of \$500,000 from the Leslie and Irene Dubé Foundation, along with the support of Saskatoon's Synergy 8 Community Builders, led to a successful campaign for the redevelopment of the chemotherapy unit at the Saskatoon Cancer Centre

Governance

OUR VISION

A healthy population free from cancer

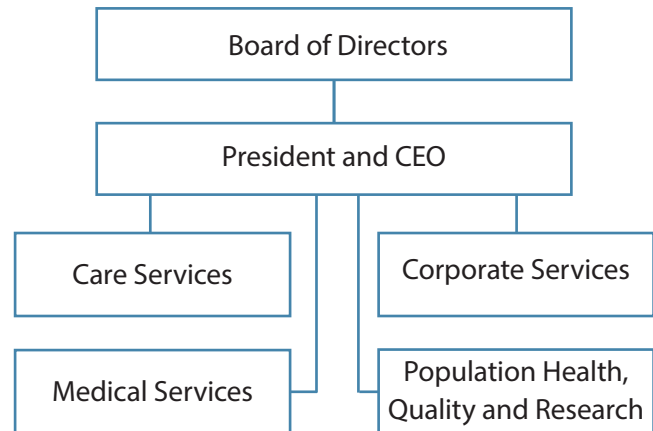
OUR MISSION

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

OUR VALUES

- Courage
- Integrity
- Vision-driven
- Innovation
- Collaboration

OUR STRUCTURE



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

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

As overseer of a \$173.84 million operating budget, the board brings strong financial stewardship to the Cancer Agency. To be successful for such a large and at times complex organization, board members devote a considerable amount of time to meetings and committee work.

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



Quality, Safety and Risk Committee

The Quality, Safety and Risk Committee assists the Cancer Agency's Board of Directors in carrying out their governance roles related to quality, safety and risk throughout the organization. The principle function of the committee is to recommend strategies and activities regarding:

- Quality improvement
- Patient and staff safety
- Enterprise risk management

In 2017-18, the committee progressed through all elements contained within its charter and annual committee work plan. Highlights over the last year include:

- Welcoming a PFAC member to the committee
- Performing regular reviews of quality, safety and data/dashboards
- Conducting a needs assessment and delivering a board education day
- Expanding the Cancer Agency's quality protected structure, including information of the radiation oncology quality improvement committee
- Receiving program and safety practice updates from 13 Cancer Agency programs
- Incorporating and modelling Take a TEAM Moment (stop the line) process into board meetings to encourage mindful open discussion and a broader culture of safety in the meetings

Starting in 2017, Louise Frederick, Patient and Family Advisory Council representative joined the Quality, Safety and Risk Committee as a non-voting member.

Audit Committee

Through the Audit Committee, the board fulfills its financial accountability and oversight responsibilities. As part of regular practice, the committee reviewed Cancer Agency financial policies, procedures and processes to reflect best practices and current financial reporting standards. In 2017-18 the committee worked diligently with staff to ensure a balanced budget position for the organization.

The committee worked together with the Provincial Auditor to formulate and approve the audit plan and review the audit results. The board has also remained forward-thinking through their financial and investment stewardship.

During the year, significant progress occurred toward establishing the Cancer Foundation of Saskatchewan, an arms-length foundation to increase investment from fundraising/external sources for cancer control and research.

Governance Committee

The Governance Committee continues to recognize and monitor effective board practices with an emphasis on quality and safety, financial oversight and strategic direction.

In addition to reviewing and updating all committee charters, the members completed a thorough review of the Cancer Agency bylaws to ensure they align with *The Provincial Health Authority Act*.

One of the most significant pieces of work for the committee in 2017-18 was the search and selection of a new CEO. In November of 2017, the board proudly announced they had concluded their search and hired Dr. Jon Tonita.

In addition to the annual board surveys, the members also initiated post-meeting surveys this year to ensure sound governance practices and leadership are maintained.

Board Committee Membership

Audit Committee:

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

Governance Committee:

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

Quality, Safety and Risk Committee:

- Dr. Walter Streelasky, Chair
- Lionel Chabot
- Doug Finnie
- Frances Stang
- Ron Waschuk, Ex-officio
- Louise Frederick (non-voting member)

Strategic Plan

During 2017-18, Cancer Agency staff continued to work on initiatives as part of its five-year strategic plan that are related to better health, better care, better value and better teams.

Saskatchewan Cancer Agency Strategic Direction 2015-2020



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

Strategy: Better Health		
Goals	Initiatives 2017-18	Progress
Health Promotion	Northern engagement strategy- develop programming for mobile health unit	<ul style="list-style-type: none"> Health bus visited 26 northern communities to increase community engagement and create opportunities for dialogue about cancer Appropriate Cancer Agency services were identified for development and trial using the health bus to improve access (e.g. cancer awareness/education and cancer screening enhancements)
Early Detection	Endoscopy standards	<ul style="list-style-type: none"> Third annual endoscopy quality report completed Direct Observation of Procedural Skills (DOPS) pilot program set up: <ul style="list-style-type: none"> - Training session for 8 DOPS assessors complete - DOPS information package sent to all Saskatchewan endoscopists
	Breast cancer screening service delivery model	<ul style="list-style-type: none"> Expanded client navigation from a positive cancer diagnosis to cancer centre referral All mammogram images from Regina locations were moved to the provincial Radiology Information System Added a new site to the mobile mammography route
Research	Provincial cancer research plan	<ul style="list-style-type: none"> Evaluated the ranking tool used to assess and prioritize data requests coming to the Cancer Agency Trialed and finalized data intake process and form Evaluating alignment with partners on research (e.g. Saskatchewan Health Research Foundation, Saskatchewan Health Authority, College of Medicine) Working to finalize data intake policies and costing assessments

Strategy: Better Teams		
Goals	Initiatives 2017-18	Progress
Leadership/ Talent Management and Engagement	Talent management and engagement	<ul style="list-style-type: none"> Enhancements to Cancer Agency orientation implemented February 2018 83% of leaders completed formal change management sessions 93% of leaders have completed coaching for engagement skill development Physician Leadership Development Program launched November 2017 Recognition toolkit to support appreciative practices developed Succession framework developed Employee snapshot surveys indicate growth in engagement results from 2014 and met 2017-18 target

Strategy: Better Care		
Goals	Initiatives 2017-18	Progress
Access and Effective Treatment Programs	Clinical Management System 2017-18 priorities	<ul style="list-style-type: none"> • Provincial voice recognition solution implemented. As of March 31, 2018, 97.1% of physician notes are dictated, approved and available in the eHR Viewer in less than 24 hours • Physician notes to the eHR Viewer implemented • Weigh scales and vital sign monitor interface implemented • Workflow processes – release I implemented: <ul style="list-style-type: none"> - Intake - Check in and check out – phase I - Internal referrals - Admitting - Mark to reconcile - Concurrent therapy • First Data Bank drug database implemented • Aria MO software used in oncology care was upgraded • Pharmacy system replacement initiated
	Strengthen tumour groups	<ul style="list-style-type: none"> • Terms of reference were developed • Current state of medical and radiation oncology was reviewed • Information sessions were held with Care Services staff and PFAC • Pilot of lung and gastrointestinal disease groups planned • Work is in progress around guidelines and pathology requirements needed
	Pediatric oncology program model	<ul style="list-style-type: none"> • Established a steering committee and a planning team that will develop recommendations on the model of care for provincial integrated pediatric hematology-oncology services



Strategic Plan

Strategy: Better Value		
Goals	Initiatives 2017-18	Progress
Sustainability	National/provincial partnership strategy	<ul style="list-style-type: none"> Provincial transcription initiative – successfully implemented voice recognition software ensuring timely access to patient information by internal and external caregivers National/provincial negotiations on oncology drugs – 16 new oncology drug programs negotiated nationally and implemented provincially
Continuous Improvement	Saskatchewan Healthcare Management System	<ul style="list-style-type: none"> Daily visual management practices implemented in 8 additional business units Concluded the implementation of a new inventory management system for medical and office supplies Continuous improvement training has been delivered to 48% of managers
	Enterprise risk management program	<ul style="list-style-type: none"> Rollout of the Take a TEAM (together everyone accomplishes more) Moment, the Cancer Agency's 'stop the line' process, has now been completed with all staff Unusual occurrence management system (UOMS) has been updated to include and track Take a TEAM Moment activities
Fund Development/ Facility Investment	Arms-length charitable foundation	<ul style="list-style-type: none"> Cancer Foundation of Saskatchewan is incorporated and charitable status is pending A 12 member voluntary board is in place The Cancer Foundation Board hired a CEO who began in February 2018 A number of agreements to transfer services, funds and other activities to the Cancer Foundation are being reviewed
	Facility infrastructure plan and related renovations	<ul style="list-style-type: none"> Saskatoon Cancer Centre redevelopment – renovations to consolidate systemic therapy services on one floor, in addition to increasing space for pharmacy and clinical services, was completed in June 2017. As a result of the renovation, 6 new systemic therapy treatment spaces and 6 new clinic rooms were added.

Quick Stats

- Quality of care coordinators helped resolve **253** patient concerns
- Telehealth appointments increased by **18** per cent and the number of kilometres saved by patients increased by **17** per cent
- 54** evening clinics were held for patient care at the Allan Blair Cancer Centre
- Social workers provided assistance to **9,210** patients and families
- Dietitians assisted **5,450** patients
- Implemented **16** new drug programs providing patients with access to innovative therapies
- Expanded prostate brachytherapy program and treated **176** patients
- Implemented a simple inventory management system that helped reduce on-hand inventory by **21.5** per cent
- Processed **10,508** invoices
- Executed **389** agreements with our partners in healthcare
- Received **Gold** Standard for Registry Certification from the North American Association of Central Cancer Registries for having achieved the **highest** standard for complete, accurate and timely data to calculate standard incidence statistics

Better Care

CLINICAL MANAGEMENT SYSTEM INITIATIVES— IMPROVING SAFETY AND THE PATIENT EXPERIENCE

When technology can improve safety and provide a better patient experience, you know you are on the right track to transforming care. At the Cancer Agency that was the focus this year with several initiatives leading the organization closer to having a more complete electronic medical record. The most significant of these initiatives was voice recognition and the patient intake process.

The patient chart, particularly the medical notes, is important to providing the best possible care for individuals when they are seen in the cancer centres, but also in provincial hospitals or facilities. The Cancer Agency had traditionally used internal transcription services to create paper and electronic clinical records for each patient visit. This year, the organization took on the task of revamping its documentation practices and moved to voice recognition software that would allow physicians to dictate, edit and immediately approve their own patient notes.

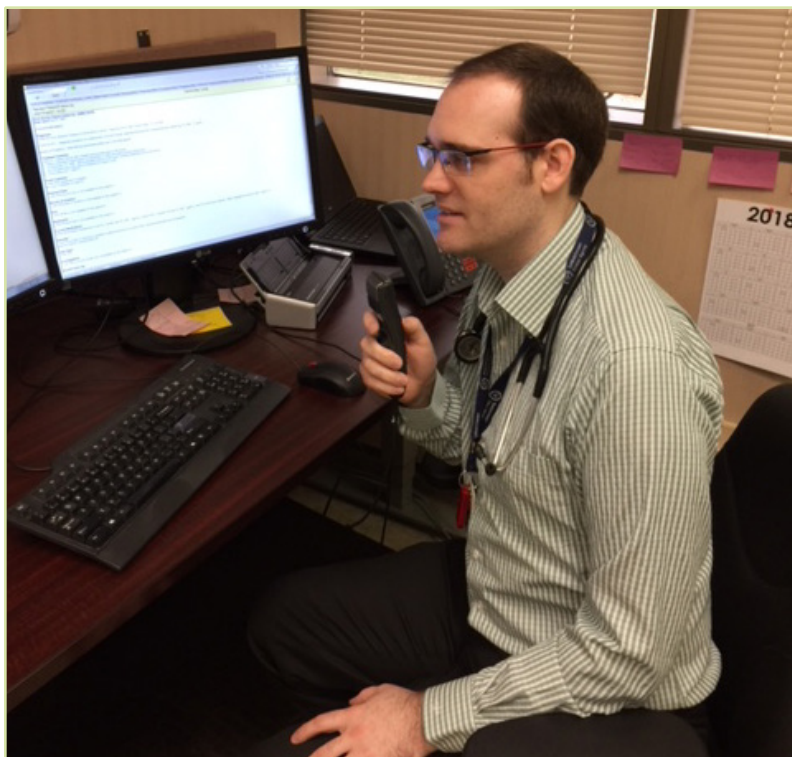
“We knew we had to move forward as the existing transcription software would no longer be supported by our vendor, but making the change required more than just installing a new program on computers,” said Dr. Jon Tonita, CEO for the Cancer Agency. “Implementing voice recognition was a fundamental shift in how we did business and a change of this magnitude takes dedication, focus and teamwork.”

Dr. Mark Bosch, Saskatoon Clinic Lead for Hematology, dictates a patient note into the electronic medical record using voice recognition software

With more than 60 physicians in the Cancer Agency, implementation took place in increments, with a few physicians coming on board at a time. This process meant operating two different systems at the same time until all of the physicians could receive the training that would allow them to dictate directly into an electronic medical record.

By January 2018, all physicians were fully trained and using voice recognition as the method for completing patient charts. To help facilitate the process, the Cancer Agency made sure that supports were in place to assist physicians as they began learning to use the new product.

To make better use of the dictation software, the patient intake process was also changed. Having staff enter patient information into discrete fields before an appointment allowed the care team to access the data without delays and helped improve the overall patient experience.



“ Being able to see a patient’s note so quickly after their visit is really beneficial. ”

Dr. Kimberly Hagel, Medical Oncologist

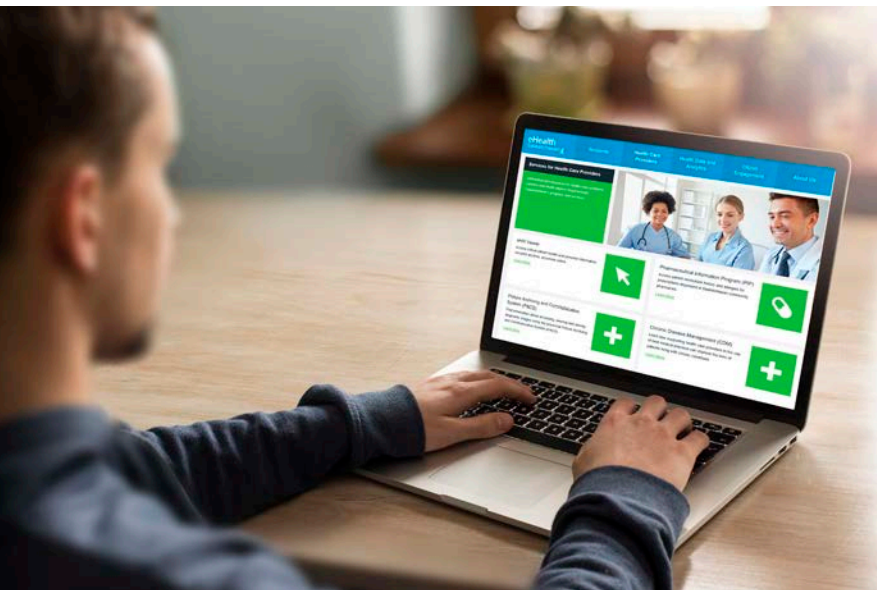
All of the hard work that had gone into planning and preparation for voice recognition was quickly showing results. By the end of the fiscal year, 97.1 per cent of all physician notes were dictated and approved in less than 24 hours, meaning patient records are more up-to-date and appropriate care can be delivered without delay.

Usually a cancer patient’s record was only available to Cancer Agency staff, but in August 2017 that changed. For the first time, physicians and healthcare providers from outside the organization were able to access a provincial view of patient information



through the eHR Viewer. A patient’s lab results, medical information, diagnostic and imaging reports, discharge summaries and clinical encounters became available to help healthcare professionals make safe care decisions and it also helped to reduce the need for duplicate testing.

Today a patient can be seen in one of the cancer centres in the morning and go into the emergency department in their local hospital in the evening and have their most recent Cancer Agency notes available to clinicians.



“ More patient information is available now at the right place, at the right time, to the right healthcare professional. ”

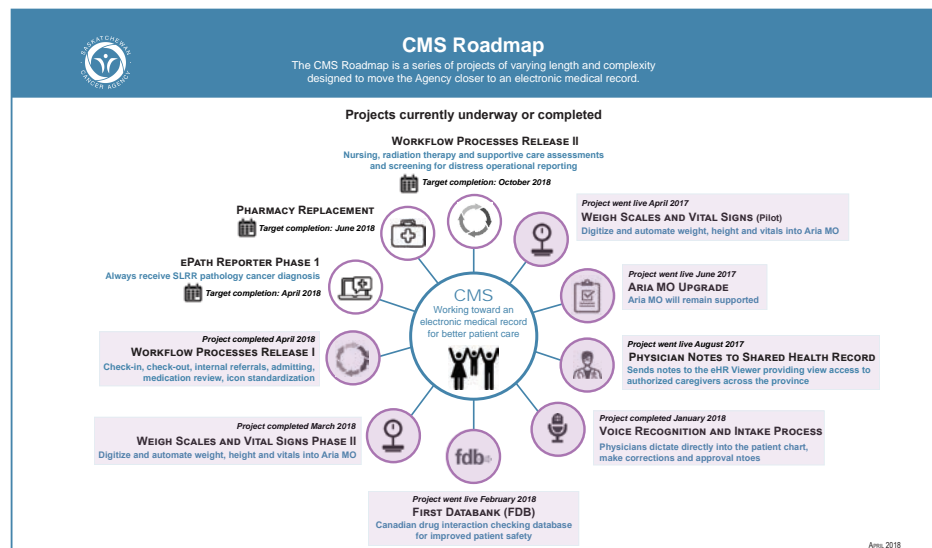
This is improving patient safety and the patient experience when they come into any medical facility. That’s transformational patient-centred care.

Dr. Jon Tonita, CEO

Along with voice recognition and the patient intake process the Cancer Agency also:

- Introduced electronic weigh scales and monitors: Phase II ensures key information is in discrete data fields that will be essential for computerized physician order entry
- Began an icon review and standardization process which will be complete in May of 2018: Standardized the meaning and process for icons between the two cancer centres
- Implemented First Data Bank: A Canadian drug database that is updated monthly and is necessary for computerized physician orders
- Began the process for e-Path reporter: Ensures patients referred to the Cancer Agency have all their pathology reports available to help in assessing care. The target for completion is the end of April 2018.
- Completed software upgrades to ARIA MO: Necessary to complete the First Data Bank initiative and to enable routing of physician notes to the eHR Viewer
- Upgraded faxing software: Enables faxed patient documents to be electronically stored in the ARIA program

The CMS graphic is updated monthly to show the status of the projects



ZERO WAIT TIME

A diagnosis of cancer can be difficult for patients and their families and having to wait for an appointment to discuss their management plan and prognosis can add to their feelings of uncertainty.

“Having a zero wait time for a cancer patient to see an oncologist is always the goal, and for the first time it was achieved at the Allan Blair Cancer Centre,” said Dr. Monica Behl, Vice President of Medical Services.

The Regina physicians began their journey to a zero wait list with a conversation about changing the model of care, knowing they had to manage with the resources they had as hiring more oncologists could not happen quickly. This was a significant change in thinking and it led to innovative ways of working together.

The team identified several areas where they could improve care and not only reduce the immediate wait list but create a sustainable way of providing care on an on-going basis:

- **Combined clinics:** The team started a combined medical oncology and clinical associates clinic that allowed an additional five to seven new patients to be seen per clinic, for a total of 250-300 new patients per year (equivalent of hiring 1.2 FTE). Along with decreasing patient waits, this was a sustainable process and provided better continuity of care for patients while increasing the skills and opportunities of clinical associates.
- **Increased new patient spots in existing clinics:** The team increased the number of patients seen by each attending physician in both regular and after-hours clinics.
- **Recruitment:** Vacant positions for attending physicians and clinical associates were filled.

As work began on implementing the solutions, the wait list decreased and teamwork increased.

Achieving a zero wait list took assistance from both medical and radiation oncology, nursing, pharmacy, and the support of executive leadership.

“ It’s inspiring to see what can be accomplished when our teams are focused on a common goal.

The result is an overwhelmingly positive outcome for our patients. ”

Dr. Jon Tonita, CEO



Dr. Muhammad Aslam, Dr. Shazia Mahmood and Dr. Muhammad Salim were part of the zero wait list team

RESEARCH—A TEAM APPROACH REWARDED WITH GRANTS

Cancer isn’t just one disease, it is actually more than 100 diseases and that’s what makes research one of the most critical roles in cancer control today. Researchers are working to develop new, more effective treatments and ways to diagnose cancer earlier. Much of this work starts by looking at the unique features of cancer cells. Researchers are also trying to understand more about the way cancer cells interact with the area that surrounds cancer cells inside a tumour.

It’s an exciting time for research and with each small discovery or new understanding about cancer cells, the better the researchers are able to help physicians make a diagnosis, predict a prognosis and plan individualized treatment plans for patients.

At the Cancer Agency our researchers have often been behind the cutting-edge work being undertaken. This year, in particular, their efforts were recognized with several grants and awards.

“ At the Cancer Agency, we are committed to building a collaborative culture of health research and innovation and we are seeing that rewarded in the form of grant funding for our researchers’ work.

We are now in a new era of cancer research and it is gratifying to see that our researchers are at the forefront of the work taking place. ”

Dr. Jon Tonita, CEO

Dr. Franco Vizeacoumar achieved a lofty goal when he received three Canadian Institutes of Health Research grants in one competition. This success placed Saskatchewan in the second position, with a provincial success rate in receiving grants of 17.8 per cent next to British Columbia's 19.61 per cent.

The grants total more than \$1.7 million over a period of four and five years:

- *A systematic genome wide effort to identify and validate targetable synthetic dosage lethal interactions of mitotic kinases in colorectal cancer cells. Principal Investigator: Franco Vizeacoumar, Co-Investigators: Andrew Freywald and Kristi Baker; five-year grant for \$592,875.*

This grant focuses on targeting those genes whose loss of function can selectively kill specific cancer cells that overexpress certain tumor-specific factors. The successful outcome of this research could lead to new targeted therapies for colorectal cancer. Colorectal cancer is the third most diagnosed cancer in women and second most diagnosed in men.

- *Systematic profiling of circular RNAs essential for the survival of cancer cells. Principal Investigator: Franco Vizeacoumar, Co-Investigator: Ron Geyer; five-year grant for \$573,750.*

Circular RNAs are just nucleotides of RNA arranged in the form of a circle. Much about the function of these molecules remains a mystery. Understanding the function of circular RNAs will help to determine how they can be used in the treatment of cancer. This research will work to identify which circular RNAs are essential to maintain the cancer cell proliferation and explore their mode of action. The outcome of this work will help lead to the development of 'next' generation therapeutic strategies in the treatment of cancer patients.

- *Targeting the EphA2 receptor in triple-negative breast cancer. Principal Investigator: Andrew Freywald, Co-Investigators: Eric Price and Franco Vizeacoumar; four-year grant for \$558,452.*

This grant aims to develop treatment strategies for triple-negative breast cancer by suppressing a molecule called EphA2. In collaboration with investigators at the University of Saskatchewan, Dr. Vizeacoumar aims to develop personalized combination therapy.

Dr. Vizeacoumar recognizes that these funds allow him to continue his work but that it takes a team approach to translate the work into new and directed therapies and better outcomes for patients.



“ Receiving the grants is not just my success.

It's that of a much broader and talented team that are essential to the achievements of my lab. ”

Dr. Franco Vizeacoumar, Senior Research Scientist

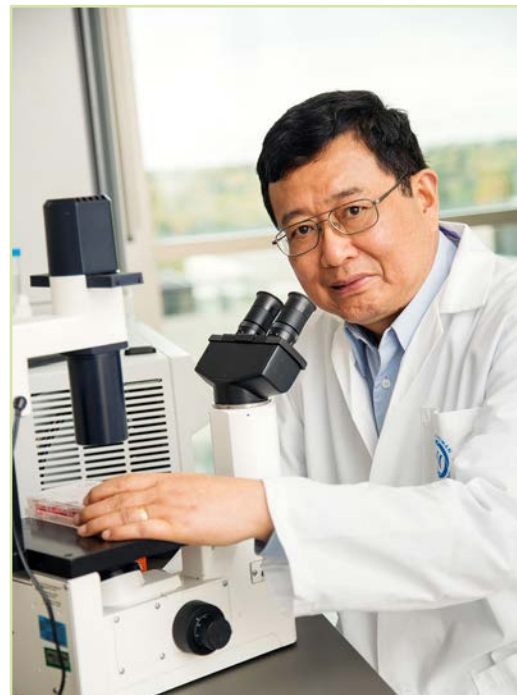
Dr. Vizeacoumar is not the only researcher at the Cancer Agency who understands the importance of collaborating and working together with others to achieve success. In April 2017, Dr. Jim Xiang received the Saskatchewan Health Research Foundation Collaborative Innovation Development Grant Award along with his co-investigators Dr. Michael Moser, Dr. Wen Jun (Chris) Zhang and Dr. Rajini Chibbar. His project titled *Beneficial Cytotoxic T Lymphocyte Responses Derived from Irreversible Electroporation (IRE-NanoKnife) of Pancreatic Cancer for Improvement of IRE-Ablation Cancer Therapy* received \$50,000.

IRE is a relatively new technology that destroys tumours and has been used in over 500 cases in the United States. Saskatoon is only the second centre in Canada to have a clinical IRE program, which started in 2015. What is unique about IRE is that compared to other technologies which destroy tumours by the insertion of probes into the tumour and 'burning' the tumour, IRE generates no heat. Studies have shown that IRE has improved the overall outcome for pancreatic cancer for the first time in 40 years.

Dr. Xiang was working closely with pancreatic cancer surgeons and biomedical engineers to look at ways of increasing the immune response.

“ Our team’s research is positioning Saskatchewan to become the leader in pancreatic cancer treatment in Canada and to make strides in the treatment of all other late-stage cancers. ”

Dr. Jim Xiang, Senior Research Scientist



Our values

Courage • Integrity • Vision-driven • Innovative • Collaboration

Better Health

REACHING OUT TO THE NORTH

Saskatchewan has a vast area totalling 651,900 square kilometres and more road surface than any other Canadian province. What this means is that sometimes healthcare needs to be delivered in innovative ways, particularly in the northern half of the province.

The Cancer Agency's Cancer Prevention Department knows this all too well and has reached out to communities by using a mobile health bus that was funded by the Cameco Touchdown for Dreams Program.

As part of a northern engagement strategy, staff in the Cancer Agency worked closely with northern community leaders to bring the bus to 26 communities between May and November of 2017. This was a significant increase over the seven communities visited in the previous year.

Traveling more than 10,000 kilometers, the bus went to communities like La Loche, Buffalo Narrows, Clearwater River, Pelican Narrows, Stanley Mission and Pinehouse.

Each community visited had different healthcare priorities ranging from HIV and hepatitis C testing, to blood sugar and blood pressure checks, from mental health counselling to elder and cancer survivor support lunch and learns, to education around cancer screening and prevention.

While some of the activities were not directly cancer related, the Cancer Agency staff looked for opportunities to build relationships and offer resources that can help build a foundation for ongoing engagement.

"There are so many things we can do on the bus, because not many people want to run to the hospital for simple things such as blood pressure/blood glucose checks," said Sharon Favel, Community Outreach Education Worker, St. Joseph's Health Centre, Île-à-la-Crosse. "The bus is also great for providing education and having medical professionals there helping with that."

The Cancer Prevention Department continues to work with northern stakeholders to define the services the bus can offer and the communities that it will visit in the future.



“ I believe the bus is a great asset to northern communities.

I absolutely see potential in future years. ”

Sharon Favel, Community Outreach Education Social Worker, St. Joseph's Health Centre, Île-à-la-Crosse

HELPING CREATE THRIVING YOUTH AND THRIVING COMMUNITIES

The Cancer Agency plays an important role as one of the partners in the Saskatchewan Alliance for Youth and Community Well-being (SAYCW). The Alliance is dedicated to improving the health and well-being of the Saskatchewan population, with an emphasis on young people.

In 2015, SAYCW conducted a youth health survey for students in grades 7-12, the results of which were made public in late 2016.

The survey asked students a series of questions that included areas such as 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. Once the results were compiled, funds through a grant application process were made available to schools and communities to help address the report findings.

The funds for the grants came from donations from AstraZeneca, Cameco Touchdown for Dreams and support from the Cancer Agency. Through three rounds of grant applications more than \$450,000 was provided to fund over 60 initiatives.

From Regina to Indian Head, from Big River to La Loche, a total of 28 Saskatchewan communities received grants.

Projects funded included:

- School community gardens
- Cooking clubs and fitness programs
- Playground revitalization
- Cultural camps
- Feast and round dances and powwows
- Mental health programs
- Robotics and mural clubs
- Media program
- Sewing program (traditional First Nations regalia)
- School/family literacy program
- Outdoor learning opportunities

The initiatives provided opportunities for youth to be engaged and to improve their health and well-being. We know that when healthcare is woven into the fabric of the community the effects are far reaching.

The Cancer Agency's relationship with SAYCW is an important one that brings many voices together for health promotion and awareness.

“ The investments in each of these projects will bring positive change and help address a need in a community or school that will improve the well-being of youth. We were pleased that there were so many varied and well-meaning projects from communities and schools. ”

Dr. Jon Tonita, CEO and SAYCW Co-Chair



The SAYCW Youth Health Survey report is available at <http://saycw.com/survey-and-findings/provincial-report>

Better Teams

FIRST NATIONS ART BRINGS HOPE

The relationships the Cancer Agency builds throughout the province help further cancer control.

“Within our organization teamwork across multi-disciplines has helped us move key work forward,” said Dr. Tonita. “Outside our organization, working together with key stakeholders and communities can have the same impact.”

Through the First Nations and Métis Cancer Surveillance Program, a strong relationship was developed with Ochapowace First Nation.

The cancer surveillance program, funded by the Canadian Partnership Against Cancer, was a three-year collaboration between the Cancer Agency and the Federation of Sovereign Indigenous Nations to improve cancer control among Saskatchewan’s First Nations and Métis people and to gain insight into how to better serve these communities.

As one of the five participating communities Ochapowace focussed their attention on cancer awareness and prevention, particularly among youth.

This community took a unique approach to involving youth and, along with artist and Elder Michael Lonechild, students in grades 11 and 12 created a piece of art that was then presented to the Cancer Agency in May 2017.

The piece consisted of three canvases depicting a herd of buffalo on the prairies. For many First Nations, the buffalo is a spiritual animal that symbolizes strength and the ability to survive. Within the herd is a lone white buffalo. The students called the piece Wapi Paskwawi Moscosis (which means white buffalo calf) in Cree, and in English entitled it Hope, Courage and Strength.

Wapi Paskwawi Moscosis is installed at the Allan Blair Cancer Centre in Regina



In a news release, Chief Margaret Bear from Ochapowace First Nation said, “Over the course of this program our students and others in the community learned how they can take control of their health by living a balanced lifestyle and making healthy choices. These are our future leaders and it’s encouraging to see how they came together to illustrate their message of hope for cancer patients who are undergoing treatment.”

The artwork was installed in the Allan Blair Cancer Centre as a reminder that healthcare needs to be inclusive and holistic in nature and to offer a sense of hope and peace to patients.

The surveillance project ended in March 2017; however, the Cancer Agency felt it was important to continue looking at ways to engage First Nations people. In August of 2017, the Cancer Agency and the Northern Inter-Tribal Health Authority signed a memorandum of understanding indicating they would work together on cancer surveillance for First Nations communities in northern Saskatchewan.

PATIENTS AND FAMILIES MAKING A DIFFERENCE

Given its mission, one of the most important relationships the Cancer Agency has is with its clients, patients and families. Since its establishment in 2011, PFAC has engaged stakeholders around ways to ensure clients, patients and families are at the centre of every decision and action the Cancer Agency takes.

“By inviting patients and their families to have a voice in their care and treatment, to collaborate in policy and program development, service delivery and design, we ensure we are doing everything we can to provide exceptional, quality care,” said Dr. Tonita.

This year PFAC continued their efforts in advancing client, patient and family-centred care. A total of 26 patients and families contributed over 1,035 hours of their time serving as advisors, sharing their patient story, and working with staff through improvement workshops and other opportunities. This measure represents an increase of over 185 volunteer hours by patients and families in the Cancer Agency’s work over the previous fiscal year.

“**The past year has been one of growth, focus, and depth for PFAC. As a Council, we grew and expanded our team. Our efforts were focussed on enhancing the relationships with both staff and patients. I’m very proud of our involvement in work within the Cancer Agency, provincially and nationally. I feel we are really making a difference for patients and families.**”

Michelle Bell, PFAC Chair



A video reflecting some of the learnings from the surveillance project can be viewed at: www.youtube.com/watch?v=3PdwcKv5ko



PFAC Chair Michelle Bell with her son Andrew

The primary focus of PFAC in 2017-18 was designing and facilitating multiple “listen to learn lunches” with staff, focussing on the Cancer Agency’s existing strengths in the four pillars of patient and family centred-care (respect and dignity, information sharing, participation, and collaboration).

The feedback and ideas from staff will help the Council develop a matured integration strategy within the Cancer Agency.

Sharing knowledge and encouraging conversations strengthens the relationship between staff and the Council and helps support the work required to continue to be patient-first.

Other notable achievements this year included:

- Continued engagement in organizational policy, procedure and facility development
- Finalization of an enhanced and inclusive terms of reference to help guide PFAC members
- Increasing the number of patient and family advisors involved in provincial and national-level work
- Revising and revitalizing the Cancer Agency’s patient journal
- Involving patient and family advisors in post-secondary education opportunities for future care providers.

SHARING THE PATIENT EXPERIENCE WITH NURSING STUDENTS

Healthcare can be a complex and ever-changing system that is driven by best practice, treatment

regimens and order and, at times, the patient and family may not always feel comfortable in this setting.

Michelle Bell, PFAC Chair, knows this feeling and has been talking to nursing classes at the University of Saskatchewan, sharing her experience and emphasizing the importance of involving patients and families in making meaningful change in healthcare.

Bell asks the students to recall an event, experience or moment in their lives that drove them to pursue a career as a nurse. She then shares with them that her reason for becoming an advisor is her son. The point of the exercise is to help students understand the different driving factors that lead prospective care providers, patients and families to take on a role in healthcare.

While the students have made a deliberate choice to enter nursing, patients and families often stumble into their role because of an experience they have. Although the path might be different for healthcare professionals and patients, the outcome they both want is the same – to improve the experience for patients and families.

During the class, Bell shares with students what she has learned as a patient and family adviser and acknowledges the challenges that providers have. It’s why she feels it is important to talk with students before they enter the workforce so that they can think about how patients and care providers can work alongside one another for a better patient experience and outcome.

“ Speaking with the nursing classes has been a great way to connect to nurses of the future. I am happy to share my story and hopefully show that more work involving patients and families will improve healthcare overall. ”

Michelle Bell, PFAC Chair



Better Value

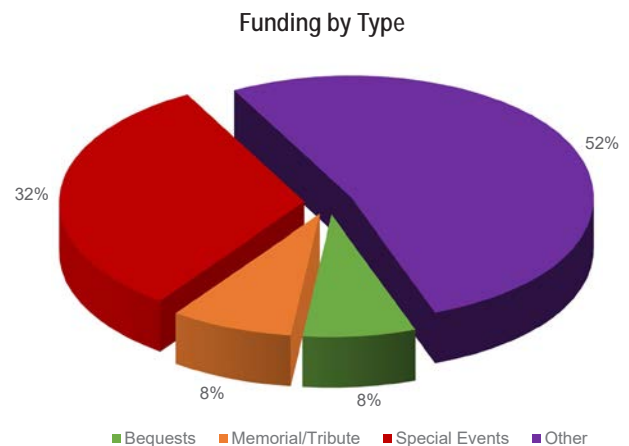
SASKATCHEWAN'S GENEROSITY

The Cancer Agency has been a registered charity since 2001 and accepts donations from individuals, organizations and third-party events to help provide care for patients or support early detection of cancer, fund research, and provide health promotion.

During 2017-18, the Cancer Agency continued to gratefully accept donations for its work. While not an exhaustive list, gifts received this year helped:

- Fund cancer research
- Support breast cancer screening
- Redevelop the Saskatoon Cancer Centre
- Provide patient comfort
- Purchase advanced medical imaging and treatment planning equipment for radiation therapy
- Support the Cameco Touchdown for Dreams Program, fulfilling the dreams of seven women

During the fiscal year, the Cancer Agency had 4,338 donors and received 4,831 gifts totaling more than \$2.4 million.



A NEW BEGINNING

The Cancer Agency has been fortunate to have dedicated individuals and organizations who want to help support our work. Having an arms-length charitable foundation provides the best opportunity to steward these donors and share how their funds are making an impact in supporting cancer treatment, research, screening, and health promotion.

Work towards transferring fundraising from the Cancer Agency, to an arms-length charitable organization continues to evolve. In February of 2018, the Cancer Foundation of Saskatchewan's volunteer board hired a CEO who will lead the organization and guide the direction of fundraising activities. Once the Foundation has received its charitable number from the Canada Revenue Agency they will be in a position to formally launch and take on the role of supporting the work of the Cancer Agency.

“ We look forward to having a strong relationship with the Cancer Foundation of Saskatchewan as our fundraising partner. Together with the Cancer Foundation and donors, we can make a difference for people in this province. ”

Dr. Jon Tonita, CEO

Volume Statistics

Number of New Patient Appointments	2014-15	2015-16	2016-17	2017-18
Allan Blair Cancer Centre				
- Medical oncology	1,570	1,448	1,425	1,395
- Radiation oncology	1,327	1,317	1,389	1,413
- Pediatric oncology	13	22	14	11
- Hematology	203	232	230	272
Total	3,113	3,019	3,058	3,091
Saskatoon Cancer Centre				
- Medical oncology	1,501	1,600	1,779	1,799
- Radiation oncology	1,477	1,455	1,591	1,590
- Pediatric oncology	43	40	32	43
- Hematology	348	353	392	429
Total	3,369	3,448	3,794	3,861
Provincial				
- Medical oncology	3,071	3,048	3,204	3,194
- Radiation oncology	2,804	2,772	2,980	3,003
- Pediatric oncology	56	62	46	64
- Hematology	551	585	622	701
Total new patient appointments	6,482	6,467	6,852	6,962

Radiation Therapy Workload	2014-15	2015-16	2016-17	2017-18
Allan Blair Cancer Centre				
- Treatment sessions started	960	946	959	974
- Fractions (number of treatment sessions)	17,605	16,749	17,891	17,440
- Fields (number of beams delivered)	107,563	93,736	88,018	83,296
Saskatoon Cancer Centre				
- Treatment sessions started	1,054	933	1,023	1,045
- Fractions (number of treatment sessions)	20,650	19,777	19,148	18,520
- Fields (number of beams delivered)	109,302	75,389	69,762	68,463
Provincial				
Total treatment sessions started	2,014	1,879	1,982	2,019
Total fractions (number of treatment sessions)	38,255	36,526	37,039	35,960
Total fields (number of beams delivered)	216,865	169,125	157,780	151,759

Review Patient Appointments	2014-15	2015-16	2016-17	2017-18
Allan Blair Cancer Centre				
- Systemic oncology	16,488	15,655	17,607	18,047
- Radiation oncology	5,185	5,475	6,021	6,135
- Pediatric oncology	800	763	812	719
Total	22,473	21,893	24,440	24,901
Saskatoon Cancer Centre				
- Systemic oncology	17,317	17,592	20,187	21,533
- Radiation oncology	7,265	7,014	6,829	7,004
- Pediatric oncology	1,350	1,645	1,544	1,466
Total	25,932	26,251	28,560	30,003
Provincial				
- Systemic oncology	33,805	33,247	37,794	39,580
- Radiation oncology	12,450	12,489	12,850	13,139
- Pediatric oncology	2,150	2,408	2,356	2,185
Total review appointments	48,405	48,144	53,000	54,904

Chemotherapy Treatments	2014-15	2015-16	2016-17	2017-18
Allan Blair Cancer Centre				
- Treatment visits	9,318	9,683	9,889	9,460
- Number of patients	1,288	1,266	1,258	1,295
Saskatoon Cancer Centre				
- Treatment visits	11,055	11,458	11,906	11,972
- Number of patients	1,534	1,528	1,566	1,606
Provincial				
Total treatment visits	20,373	21,141	21,795	21,432
Total number of patients	2,822	2,794	2,824	2,886*

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

Stem Cell Transplants	2014-15	2015-16	2016-17	2017-18
Number of allogeneic transplants	22	9	25	14
Number of autologous transplants	53	40	42	40
Number of patients sent out of province	2	0	0	0

Access	2014-15				2015-16				2016-17				2017-18			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Days Between Referral and First Appointment (90th percentile)																
- Medical oncology	69	73	72	71	69	72	75	68	77	79	74	83	83	80	75	70
- Radiation oncology	49	60	53	71	48	45	57	51	48	50	50	58	55	77	58	76
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	15	15	12	12	13	11	13	13	11	13	14	13	10	12	11	13
- Radiation therapy	16	15	15	20	20	19	18	19	17	18	16	18	17	14	17	20

Volume Statistics

Pharmacy Services	2014-15	2015-16	2016-17	2017-18
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	26,666	24,658	24,381	24,166
- Saskatoon Cancer Centre	28,128	32,431	32,402	32,953
Total	54,794	57,089	56,783	57,119
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	3,034	2,459	2,980	2,367
- Saskatoon Cancer Centre	2,931	3,208	4,462	2,945
Total	5,965	5,667	7,442	5,312
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	22,944	21,875	21,406	20,027
- Saskatoon Cancer Centre	25,415	24,468	25,323	23,864
Total	48,359	46,343	46,729	43,891
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	5,644	7,042	6,734	5,856
- Through the Saskatoon Cancer Centre	4,622	5,790	7,084	6,480
Total	10,266	12,832	13,818	12,336

Community Oncology Program of Saskatchewan	2014-15	2015-16	2016-17	2017-18
Number of patients	1,877	1,786	1,899	1,868
Number of treatment visits	12,153	12,948	13,106	12,106
Number of kilometres saved in patient travel	3,735,707	3,953,018	4,067,360	3,852,188

Telehealth Appointments	2014-15	2015-16	2016-17	2017-18
Allan Blair Cancer Centre appointments	1,059	2,175	2,895	3,039
Saskatoon Cancer Centre appointments	629	1,170	2,828	3,818
Total	1,688	3,345	5,723	6,857
Number of kilometres saved in patient travel (provincial)	589,692	1,554,680	2,295,365	2,748,408

Clinical Trials	2014-15	2015-16	2016-17	2017-18
Number of patients enrolled to a clinical trial	136	89	131	150
Per cent of new patients enrolled	3.4%	2.2%	3.4%	3.6%

Safety	2014-15	2015-16	2016-17	2017-18
Sick leave hours per FTE	62.34	65.72	67.56	66.22
Wage-driven premium hours per FTE	16.95	14.21	13.59	14.36
Lost time workplace injuries per 100 FTEs	0.63	0.62	0.6	0.59
Critical Incidents	1*	1**	2	0
Falls	19 patients	12 patients	16 patients	12 patients
	11 staff	13 staff	13 staff	11 staff
Total falls	30	25	29	23

*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.

Volume Statistics

Number of Influenza Vaccines (provincial)	2014-15	2015-16	2016-17	2017-18
Patients	944	827	669	729
Family and caregivers	575	574	453	350
Staff	599	408	410	427
Total	2,118	1,809	1,532	1,506

Screening Program for Breast Cancer	2014-15	2015-16	2016-17	2017-18
Number of screening mammograms on the mobile unit	8,137	9,022	8,266	8,973
Number of screening mammograms at the Regina centre	10,999	10,305	11,304	10,732
Number of screening mammograms at the Saskatoon centre	8,803	8,613	8,961	8,684
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	10,205	10,314	9,990	9,666
Total	38,144	38,254	38,521	38,055
	April 2013-March 2015	April 2014-March 2016	April 2015-March 2017	April 2016-March 2018
Participation rate	41.0%	40.3%	40.3%	39.7%

Screening Program for Cervical Cancer	2014-15	2015-16	2016-17	2017-18
Number of Pap tests completed in the Saskatchewan Health Authority	100,257	97,628	95,244	94,291
	April 2012-March 2015	April 2013-March 2016	April 2014-March 2017	April 2015-March 2018
Participation rate (non-hysterectomy corrected)	55.6%	55.2%	55.2%	54.4%

Screening Program for Colorectal Cancer	April 2013-March 2015	April 2014-March 2016	April 2015-March 2017	April 2016-March 2018
Number of people who have completed at least one fecal immunochemical test (FIT)	148,466	154,831	160,711	158,007
Participation rate	48.9%	50.0%	51.1%	49.3%



Volume Statistics

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2017-18 Amount Awarded
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
Identifying targets for combination therapy with Entinostat in triple negative breast cancer	Dr. Keith Bonham	2017-19	\$200,000	\$100,000
Adherence to oral chemotherapies among pediatric oncology patients using medication event monitoring systems (MEMS)	Dr. Amy Morris	2017-19	\$38,282	\$24,628
Role of the bone marrow microenvironment in multiple myeloma development and progression	Dr. Julie Stakiw	2017-19	\$199,200	\$99,600
Identifying EphB6-deficient breast cancer tumors for clinical trials	Dr. Sunil Yadav	2017-19	\$163,350	\$81,675
Identifying biomarkers and developing molecular probes for radioimmunotherapy of breast cancer	Dr. Arun Sudarsan	2017-19	\$83,000	\$41,000
Targeting cancer progression genes upregulated in CREB3L1-deficient breast cancer cells	Dr. Shari Smith	2017-19	\$60,000	\$45,000

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2017-18 Amount Awarded
New therapies for luminal A and triple negative breast cancer	University of Saskatchewan	Dr. Deborah Anderson	2017-18	\$100,000	\$100,000
Advanced live cell imaging and protein purification systems for studying protein trafficking and signaling in breast cancer cells	Canadian Foundation for Innovation	Dr. Deborah Anderson	2013-18	\$634,542	\$11,422
Polokinese and drug resistance in pancreatic cancer	Cancer Research Society	Dr. Franco Vizeacoumar	2017-19	\$120,000	\$60,000
Overcoming therapeutic drug resistance in human breast cancer	University of Saskatchewan	Dr. Franco Vizeacoumar	2017-18	\$30,000	\$30,000
Targeting Chromosomal instability by synthetic dosage lethality	University of Saskatchewan	Dr. Franco Vizeacoumar	2017-18	\$100,000	\$100,000
Synthetic dosage lethality of Polo-like kinase 1 in colorectal cancer	Saskatchewan Health Research Foundation	Dr. Franco Vizeacoumar	2015-18	\$119,901	\$39,967
High throughput molecular imaging platform	Canadian Foundation for Innovation	Dr. Franco Vizeacoumar	2015-20	\$1,259,322	\$22,668
Functional dissection of epigenetic silencing machinery	Natural Sciences and Engineering Research Council	Dr. Franco Vizeacoumar	2014-20	\$200,000	\$40,000
Distinct regulation of T cell fate and memory via differentially IL-2- and IL-7-activated mTORC1-KIF13A-M6PR axis and AMPK-FOXO-Eomes pathway	Canadian Institutes of Health Research	Dr. Jim Xiang	2017-21	\$480,000	\$120,000
Beneficial cytotoxic T lymphocytes response derived from irreversible electroporation (IRE-NanoKnife) of pancreatic cancer for improvement of IRE-ablation cancer therapy	Saskatchewan Health Research Foundation	Dr. Jim Xiang	2017-18	\$50,000	\$50,000
Research Excellence Award to support his research program	University of Saskatchewan	Dr. Jim Xiang	2017-18	\$50,000	\$50,000

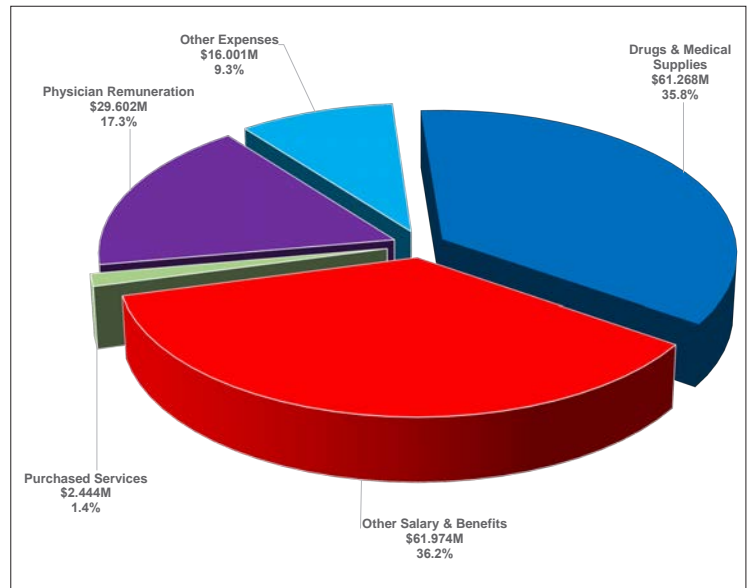
Financial Summary

In 2017-18, the Saskatchewan Cancer Agency's Operating Fund received revenues of \$171.293 million and incurred expenditures of \$171.289 million resulting in an excess of revenues over expenses of \$.005 million. The positive financial position was the result of higher than anticipated drug rebates and unbudgeted physician and other vacancy savings. As noted in the chart, 90.7 per cent of the Cancer Agency's expenditures in 2017-18 were for salaries, benefits, medical tests and drugs.

In 2017-18, the Cancer Agency funded five new drug programs (lenvatinib, blinatumumab, siltuximab, cobimetinib, palbociclib), 10 new indications for existing drugs (panitumumab, bevacizumab for colorectal and ovarian cancers, ibrutinib for mantle cell lymphoma and chronic lymphocytic leukemia, everolimus, pembrolizumab for second line and first line non-small cell lung cancer, nivolumab, ruxolitinib) and a new formulation for an existing drug (rituximab sub-cutaneous).

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 2017-18 were higher than anticipated. The cost sustainability strategy of national price negotiations is expected to continue in future years.

As patients continue to live longer with cancer, the associated increase in staff workload and expansion of services is resulting in ongoing space pressures at our two cancer clinics. In 2017-18, the Cancer Agency completed 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, is now used mainly for patient chemotherapy treatments. The new space has improved patient flow and increased the number of chemo chairs for patients.



Also in 2017-18, phase two of the renovation at the facility located at McOrmond Drive in Saskatoon was completed. This renovation brought the Screening Program for Breast Cancer into University Heights and resulted in having all of the Agency's early detection programs in one facility, which is beneficial for clients. Additional formal space planning for the clinics for the next five years also began in 2017-18 and will be completed in 2018-19.

Advances in cancer treatments and technology continue to emerge, which creates pressure to acquire new equipment. The annual planning process for capital equipment helps us to identify the highest priority areas for allocation of capital funding and to communicate funding needs to the Ministry of Health. The Cancer Foundation of Saskatchewan was incorporated in 2017-18. The Cancer Foundation is an arms-length foundation that will help support the Cancer Agency's purchase of capital equipment in the future by providing targeted fundraising and donations.

In 2017-18, the Cancer Agency installed a new high energy linear accelerator treatment machine at the Saskatoon Cancer Centre and will begin treating patients early in the 2018-19 fiscal year on the new machine. As well, the Cancer Agency began planning for the next scheduled linear accelerator replacement, which will be in Regina in 2019-20.



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
President and Chief Executive Officer



Margaret Lewis
Chief Financial Officer

May 17, 2018



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, 2018, 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 for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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, 2018, 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.

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

Judy Ferguson, FCPA, FCA
Provincial Auditor

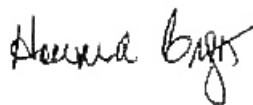
Regina, Saskatchewan
May 17, 2018

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31**

	Operating Fund	Restricted Funds			Total 2018	Total 2017
		Capital Fund	Research Fund	Trust Fund		
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	\$ 2,934,611	\$ 9,215,340	\$ 803,792	\$ 3,957,128	\$ 16,910,871	\$ 20,806,809
Accounts receivable:						
- Ministry of Health – General Revenue Fund	287,500	---	---	---	287,500	287,500
- Other	5,549,261	---	---	287,785	5,837,046	5,411,919
Inventory	8,833,421	---	---	---	8,833,421	7,028,359
Prepaid expenses	1,183,829	---	---	1,000	1,184,829	1,259,516
Due (to) from other funds	306,665	(117,427)	---	(189,238)	---	---
	<u>19,095,287</u>	<u>9,097,913</u>	<u>803,792</u>	<u>4,056,675</u>	<u>33,053,667</u>	<u>34,794,103</u>
Long-term investments (Schedule 1)	---	---	---	1,417,501	1,417,501	1,420,001
Tangible capital assets (Note 4)	---	25,076,938	---	---	25,076,938	23,941,734
Total Assets	<u>\$ 19,095,287</u>	<u>\$ 34,174,851</u>	<u>\$ 803,792</u>	<u>\$ 5,474,176</u>	<u>\$ 59,548,106</u>	<u>\$ 60,155,838</u>
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	\$ 7,137,789	\$ 3,151,584	\$ ---	\$ 21,259	\$ 10,310,632	\$ 7,226,389
Accrued salaries	1,770,001	---	---	---	1,770,001	2,065,655
Vacation payable	1,468,782	---	---	1,424	1,470,206	1,487,482
Deferred revenue (Note 7)	3,509,782	---	---	---	3,509,782	4,164,389
	<u>13,886,354</u>	<u>3,151,584</u>	<u>---</u>	<u>22,683</u>	<u>17,060,621</u>	<u>14,943,915</u>
Long-Term Liabilities						
Employee future benefits (Note 9)	2,608,700	---	---	---	2,608,700	2,501,500
Total Liabilities	<u>16,495,054</u>	<u>3,151,584</u>	<u>---</u>	<u>22,683</u>	<u>19,669,321</u>	<u>17,445,415</u>
Fund Balances						
Invested in tangible capital assets	---	25,076,938	---	---	25,076,938	23,941,734
Externally restricted (Schedule 2)	---	754,999	803,792	3,546,603	5,105,394	8,383,483
Internally restricted (Schedule 3)	---	5,191,330	---	1,904,890	7,096,220	7,789,625
Unrestricted	2,600,233	---	---	---	2,600,233	2,595,581
Fund balances	<u>2,600,233</u>	<u>31,023,267</u>	<u>803,792</u>	<u>5,451,493</u>	<u>39,878,785</u>	<u>42,710,423</u>
Total Liabilities & Fund Balance	<u>\$ 19,095,287</u>	<u>\$ 34,174,851</u>	<u>\$ 803,792</u>	<u>\$ 5,474,176</u>	<u>\$ 59,548,106</u>	<u>\$ 60,155,838</u>
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.)

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

	Operating Fund 2018	Capital Fund 2018	Research Fund 2018	Trust Fund 2018	Total 2018	Total 2017
REVENUES						
Ministry of Health – General Revenue Fund	\$ 168,892,712	\$ 515,000	\$ ---	\$ ---	\$ 169,407,712	\$ 166,166,001
Grants	895,831	---	---	---	895,831	1,048,385
Donations and bequests	---	---	---	2,469,356	2,469,356	2,433,999
Investment income	97,637	97,068	8,614	75,059	278,378	231,572
Other revenues	1,407,261	179,230	---	---	1,586,491	2,106,344
	<u>171,293,441</u>	<u>791,298</u>	<u>8,614</u>	<u>2,544,415</u>	<u>174,637,768</u>	<u>171,986,301</u>
EXPENSES						
Salaries and employee benefits	91,575,847	---	---	165,285	91,741,132	88,333,878
Drugs and medical supplies	61,268,378	---	---	---	61,268,378	55,517,944
Purchased services	2,443,952	---	---	---	2,443,952	2,515,651
Other expenses	16,000,612	---	---	774,205	16,774,817	18,972,845
Research grants (Schedule 4)	---	---	846,890	---	846,890	533,820
Amortization	---	4,314,090	---	---	4,314,090	4,542,267
Loss/(gain) on disposal of tangible capital assets	---	80,147	---	---	80,147	67,412
	<u>171,288,789</u>	<u>4,394,237</u>	<u>846,890</u>	<u>939,490</u>	<u>177,469,406</u>	<u>170,483,817</u>
Excess (deficiency) of revenues over expenses	<u>\$ 4,652</u>	<u>\$ (3,602,939)</u>	<u>\$ (838,276)</u>	<u>\$ 1,604,925</u>	<u>\$ (2,831,638)</u>	<u>\$ 1,502,484</u>

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

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

	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
2018					
Fund balance, beginning of year	\$ 2,595,581	\$ 33,493,184	\$ 1,149,656	\$ 5,472,002	\$ 42,710,423
Excess (deficiency) of revenues over expenses	4,652	(3,602,939)	(838,276)	1,604,925	(2,831,638)
Interfund transfers (Note 8)	---	1,133,022	492,412	(1,625,434)	---
Fund balance, end of year	<u>\$ 2,600,233</u>	<u>\$ 31,023,267</u>	<u>\$ 803,792</u>	<u>\$ 5,451,493</u>	<u>\$ 39,878,785</u>
2017					
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	<u>\$ 2,595,581</u>	<u>\$ 33,493,184</u>	<u>\$ 1,149,656</u>	<u>\$ 5,472,002</u>	<u>\$ 42,710,423</u>

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

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

	Operating Fund		Restricted Funds				
	Total 2018	Total 2017	Capital Fund 2018	Research Fund 2018	Trust Fund 2018	Total 2018	Total 2017
Cash provided by (used in):							
Operating Activities:							
Excess (deficiency) of revenues over expenses	\$ 4,652	\$ 741,584	\$ (3,602,939)	\$ (838,276)	\$ 1,604,925	\$ (2,836,290)	\$ 760,900
Net change in non-cash working capital (Note 3)	(1,766,268)	897,526	2,800,398	32,250	(995,476)	1,837,172	611,890
Amortization of tangible capital assets	---	---	4,314,090	---	---	4,314,090	4,542,267
Loss on disposal of tangible capital assets	---	---	80,147	---	---	80,147	67,412
	<u>(1,761,616)</u>	<u>1,639,110</u>	<u>3,591,696</u>	<u>(806,026)</u>	<u>609,449</u>	<u>3,395,119</u>	<u>5,982,469</u>
Capital activities:							
Purchase of tangible capital assets:							
Buildings/construction/land	---	---	(1,301,281)	---	---	(1,301,281)	(770,119)
Leasehold improvements	---	---	(55,275)	---	---	(55,275)	(898,943)
Equipment	---	---	(4,172,885)	---	---	(4,172,885)	(4,578,588)
	---	---	<u>(5,529,441)</u>	---	---	<u>(5,529,441)</u>	<u>(6,247,650)</u>
Investing Activities:							
Purchase of investments	---	---	---	---	(470,000)	(470,000)	(500,000)
Disposal of investments	---	2,000,000	---	---	470,000	470,000	1,393,000
	---	<u>2,000,000</u>	---	---	---	---	<u>893,000</u>
Net increase (decrease) in cash and short-term investments during the year	(1,761,616)	3,639,110	(1,937,745)	(806,026)	609,449	(2,134,322)	627,819
Cash and short-term investments, beginning of year	4,696,227	3,057,117	10,020,063	1,117,406	4,973,113	16,110,582	13,482,763
Interfund transfers (Note 8)	---	(2,000,000)	1,133,022	492,412	(1,625,434)	---	2,000,000
Cash and short-term investments, end of year	<u>\$ 2,934,611</u>	<u>\$ 4,696,227</u>	<u>\$ 9,215,340</u>	<u>\$ 803,792</u>	<u>\$ 3,957,128</u>	<u>\$ 13,976,260</u>	<u>\$ 16,110,582</u>
Amounts in cash balances:							
Cash and short-term investments	<u>\$ 2,934,611</u>	<u>\$ 4,696,227</u>	<u>\$ 9,215,340</u>	<u>\$ 803,792</u>	<u>\$ 3,957,128</u>	<u>\$ 13,976,260</u>	<u>\$ 16,110,582</u>

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

SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS For the Year Ended March 31, 2018

1. Legislative Authority

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

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

2. Significant Accounting Policies

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. The financial statements do not present a statement of remeasurement gains and losses because the Cancer Agency does not currently hold any of the financial instruments that remeasurement pertains to.

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. The Capital Fund also includes any donated 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. Expenses consist primarily of research grants.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations 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.

Expenses consist primarily of purchases of patient comfort and patient education items, fund development costs and purchases of non-capital equipment. Transfers occur between the trust and capital and/or research funds when donations are intended for and spent on capital asset purchases or research grants.

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.

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) Cash and short-term investments

Cash and short-term investments consist of balances with financial institutions which have an initial term to maturity of 90 days or less. Short-term investments are recorded at fair value.

d) Long-term 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.

e) Inventory

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

f) 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.

g) Employee Future Benefits

i) Pension plan:

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

ii) Disability income plan:

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

iii) Accumulated sick leave benefit liability:

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

h) Measurement Uncertainty

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, accrual of costs for services provided by the Saskatchewan Health Authority and the estimates of the useful lives of tangible capital assets.

i) Financial Instruments

Cash, 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, 2018, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2017 – none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

j) Leases

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

k) Adoption of Public Sector Accounting Standards

On April 1, 2017, the Cancer Agency adopted Public Sector Accounting standards PS 2200 Related Party Disclosures, PS 3210 Assets, PS 3320 Contingent Assets, PS 3380 Contractual Rights and PS 3420 Inter-Entity Transactions.

Adoption of these standards has not resulted in any disclosure changes.

l) New accounting standard not yet in effect

A new Canadian public sector accounting standard is not yet in effect for governments and has not been applied in preparing these financial statements. The Cancer Agency plans to adopt this new standard on the effective date and is currently analyzing the impact this will have on these financial statements.

The following standard will become effective as follows:

- PS 3430 Restructuring Transactions (effective April 1, 2018) is a new standard defining a restructuring transaction and establishing guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction.

m) Planned 2018-19 adoption of accounting standards

Effective April 1, 2018, the Cancer Agency will adopt full Canadian public sector accounting standards without the use of the standards set forth in Sections PS 4200 to 4270.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2018	2017	Capital Fund	Research Fund	Trust Fund	Total 2018	Total 2017
(Increase) in accounts receivable	\$ (150,951)	\$ (1,339,712)	\$ ---	\$ ---	\$ (274,176)	\$ (274,176)	\$ (64)
(Increase) in inventory	(1,805,062)	(230,852)	---	---	---	---	---
(Increase) decrease in prepaid expenses	43,437	(704,678)	---	32,250	(1,000)	31,250	(32,250)
(Increase) decrease in due (to) from other funds	(105,513)	199,937	794,944	---	(689,430)	105,514	(199,938)
Decrease in financial instruments	---	805	---	---	2,500	2,500	13,792
Increase (decrease) in accounts payable	1,111,192	126,876	2,005,454	---	(32,404)	1,973,050	830,903
(Decrease) in accrued salaries	(295,654)	(1,065,840)	---	---	---	---	---
(Decrease) in vacation payable	(16,310)	(73,562)	---	---	(966)	(966)	(553)
Increase (decrease) in deferred revenue	(654,607)	3,895,952	---	---	---	---	---
Increase in employee future benefits	107,200	88,600	---	---	---	---	---
	<u>\$ (1,766,268)</u>	<u>\$ 897,526</u>	<u>\$ 2,800,398</u>	<u>\$ 32,250</u>	<u>\$ (995,476)</u>	<u>\$ 1,837,172</u>	<u>\$ 611,890</u>

4. Tangible Capital Assets

	March 31, 2018			March 31, 2017
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	\$ 280,297	\$ ---	\$ 280,297	\$ 280,297
Buildings	25,461,847	20,514,987	4,946,860	3,976,511
Leasehold Improvements	19,084,422	13,381,236	5,703,186	6,376,316
Equipment and Furniture	46,342,099	32,195,504	14,146,595	13,308,610
	<u>\$ 91,168,665</u>	<u>\$ 66,091,727</u>	<u>\$ 25,076,938</u>	<u>\$ 23,941,734</u>

Work in progress amount included in the assets above is \$694,420 (2017 - \$1,649,585). This amount was not amortized in 2017/18.

5. Contractual Obligations

a) Tangible Capital Asset Acquisitions

At March 31, 2018, contractual obligations for acquisition of tangible capital assets are \$335,704 (2017 - \$587,294).

b) Operating Leases

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

2019	1,799,157
2020	1,740,095
2021	1,767,074
2022	1,769,591
2023	1,769,591

c) Contracted Health Services Operators

The Cancer Agency continues to contract on an ongoing basis with the Saskatchewan Health Authority to provide some services such as lab tests, diagnostic radiology, housekeeping and maintenance services. Services provided in the year ending March 31, 2018 will continue to be contracted for the following fiscal year. In the year ended March 31, 2018, the Cancer Agency contracted services amounting to \$7,475,551 (2017 - \$7,736,298). Note 10 provides supplementary information on the Saskatchewan Health Authority.

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

As at March 31, 2018	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	\$ 1,000	\$ 1,000	\$ ---	\$ ---
- Lymphoedema education	2,849	2,849	---	---
- Drug contingency	4,000,000	575,000	---	3,425,000
Total Ministry of Health	4,003,849	578,849	---	3,425,000
Other Government of Saskatchewan Initiatives				
3sHealth – Smart Pump Program	\$ 74,812	\$ 14,962	\$ ---	\$ 59,850
Total Other Government of Saskatchewan	74,812	14,962	---	59,850
Non-Government of Saskatchewan Initiatives				
Other revenue received in advance	\$ 85,728	\$ 99,927	\$ 39,131	\$ 24,932
Total Non-Government of Saskatchewan	85,728	99,927	39,131	24,932
Total Deferred Revenue	\$ 4,164,389	\$ 693,738	\$ 39,131	\$ 3,509,782

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, research grants and reassigning fund balances to support certain activities.

2017-18 Financial Statements

	2018			
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Tangible capital asset purchases	\$ ---	\$ 1,133,022	\$ ---	\$ (1,133,022)
Research grants	---	---	492,412	(492,412)
Total	\$ ---	\$ 1,133,022	\$ 492,412	\$ (1,625,434)

	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)

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	2018 Total	2017 Total
Number of active members	77	717	794	786
Member contribution rate, percentage of salary	7.7% - 10%	7.25%		
Cancer Agency contribution rate, percentage of salary	8.62% - 11.2%	7.25%		
Member contributions (thousands of dollars)	\$489	\$3,861	\$4,350	\$4,113
Cancer Agency contributions (thousands of dollars)	\$548	\$3,936	\$4,484	\$4,243

Note - Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2018. Inactive members are not reported by the Agency.

b) Disability Income Plans

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

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

	PEBA	SGEU	2018 Total	2017 Total
Number of active members	146	693	839	823
Member contribution rate, percentage of salary	0.97%	1.50%		
Cancer Agency contribution rate, percentage of salary	1.17%	0%		
Member contributions (thousands of dollars)	\$262	\$606	\$868	\$776
Cancer Agency contributions (thousands of dollars)	\$286	---	\$286	\$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:

	2018	2017
Discount rate (per annum)	2.80%	2.50%
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

	2018	2017
Accrued benefit obligation, beginning of year	\$ 2,501,500	\$ 2,412,900
Cost for the year		
Current period benefit costs	355,800	350,000
Interest expense	63,900	59,700
Actuarial (gains) losses	9,700	11,000
Benefits paid during the year	(322,200)	(332,100)
Accrued benefit obligation, end of year	\$ 2,608,700	\$ 2,501,500

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. Schedule 6 outlines the Cancer Agency's key senior management salaries and board expenses for the fiscal year.

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.

	2018	2017
Expenses		
Saskatchewan Health Authority	\$ 7,485,551	\$ 7,736,298
Public Employees Pension Plan	3,936,235	3,786,986
3sHealth	2,474,280	2,759,252
Other related parties	4,129,852	4,071,864
Total related party expenses	\$ 18,025,918	\$ 18,354,400
Prepaid Expenses		
Other related parties	\$ 188,411	\$ 285,117
Total related party prepaid expenses	\$ 188,411	\$ 285,117
Accounts Payable		
Saskatchewan Health Authority	\$ 874,832	\$ 1,082,941
Other related parties	1,173,184	384,983
Total related party payable	\$ 2,048,016	\$ 1,467,924

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 Saskatchewan 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.

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

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Cancer Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Agency's receivables are from Saskatchewan 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:

	2018	2017
Cash and short-term investments	\$ 16,910,871	\$ 20,806,809
Accounts receivable		
Ministry of Health – General Revenue Fund	287,500	287,500
Other	5,837,046	5,411,919
Investments	1,417,501	1,420,001
	<u>\$ 24,452,918</u>	<u>\$ 27,926,229</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:

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

ii) Interest rate risk:

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

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

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

As of March 31, 2018, 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 \$244,529 (2017 - \$279,262), approximately 17.3% of the value of investments (2017 - 19.7%).

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, 2018, the Cancer Agency has a cash balance of \$16,910,871 (2017-\$20,806,809).

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 approximate their fair values due to the short-term maturity of these financial instruments.

12. Budget

Schedule 5 compares actual results to the 2017-18 budget plan approved by the Cancer Agency's Board of Directors on May 16, 2017.

13. Collective Bargaining Agreement

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

14. Cancer Foundation of Saskatchewan

In 2017-18, the Cancer Foundation of Saskatchewan (Foundation), an arms-length foundation, was incorporated. This foundation will support the Cancer Agency by raising funds for capital equipment, patient comfort items and other priority needs. The Foundation is currently waiting for charitable status to be approved by the Canada Revenue Agency, then it will begin to operate. The Foundation has a Board of Directors and a Chief Executive Officer that were appointed/hired during 2017-18. The Cancer Agency provided the Foundation with a \$250,000 loan from unreceipted pharmaceutical donations during 2017-18 to enable the Foundation to meet preliminary obligations. The loan was advanced on commercial terms repayable to the Cancer Agency.

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF CASH AND INVESTMENTS
As at March 31, 2018**

	<u>Amortized Cost</u>	<u>Maturity Date</u>	<u>Effective Rate</u>	<u>Coupon Rate</u>
Restricted Investments				
Cash & short-term investments				
Royal Bank of Canada	\$ 13,976,260	---	1.45%	---
Long-term investments				
Royal Bank of Canada GIC	500,000	10/24/18	1.45%	1.45%
Bank of Nova Scotia Bond	447,501	03/14/19	2.41%	2.46%
Royal Bank of Canada GIC	470,000	01/15/19	1.85%	1.85%
	<u>1,417,501</u>			
Total restricted investments	<u>\$ 15,393,761</u>			
Unrestricted Investments				
Cash & short-term investments				
Royal Bank of Canada	\$ 2,934,611	---	1.45%	---
Long-term investments				

Total unrestricted investments	<u>\$ 2,934,611</u>			
Restricted & Unrestricted Investments				
Total cash & short-term investments	\$ 16,910,871			
Total long-term investments	<u>1,417,501</u>			
Total Investments	<u><u>\$ 18,328,372</u></u>			

Schedule 2

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2018**

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers and Other	Balance End of Year
Capital Fund	\$ 4,001,696	\$ 563,534	\$ (3,810,231)	\$ ---	\$ 754,999
Research Fund	1,149,656	8,614	(846,890)	492,412	803,792
Trust Fund	3,232,131	1,914,745	(453,255)	(1,147,018)	3,546,603
Total	\$ 8,383,483	\$ 2,486,893	\$ (5,110,376)	\$ (654,606)	\$ 5,105,394

Schedule 3

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2018**

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers and Other	Balance End of Year
Capital Fund	\$ 5,549,754	\$ 227,764	\$ (586,187)	\$ ---	\$ 5,191,331
Trust Fund	2,239,871	629,670	(486,235)	(478,416)	1,904,890
Total	\$ 7,789,625	\$ 857,434	\$ (1,072,422)	\$ (478,416)	\$ 7,096,221

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2018**

	<u>2018</u>	<u>2017</u>
Identifying targets for combination therapy with Entinostat in triple negative breast cancer	100,000	---
Bone marrow microenvironment in multiple myeloma development and progression	99,600	---
Identifying EphB6-deficient breast cancer tumours for clinical trials	81,675	---
Cancer progression genes upregulated in CREB3L1-deficient breast cancer cells	45,000	---
Biomarkers & developing molecular probes for radioimmunotherapy of breast cancer	41,000	---
Adherence to oral chemo among pediatric patients using MEMS	24,628	---
Structure and function of p85 protein, regulator of the P13K pathway	100,000	100,000
Predicting and preventing relapses in non-Hodgkin's lymphoma	100,000	100,000
Exploring the cancer therapeutic relevance of protein phosphatase 2A	100,000	100,000
Transgene 41BBL-engineered T cell based vaccine stimulates potent therapeutic immunity against HER2-positive tumour in double transgenic HLA-A2/HER2 mice and trastuzumab-resistant BT474 breast cancer in humanized DKO/hHsc mice	99,737	99,737
Systematic identification of therapeutically relevant targets for cancer	32,250	10,750
Exploiting the synthetic dosage lethal interactions of polo-like kinase 1 for triple negative breast cancer therapeutics	23,000	23,333
Systematic approach to define chemical genetic interactions of HDAC inhibitors in breast cancer cells	---	100,000
Total Grants	<u>\$ 846,890</u>	<u>\$ 533,820</u>

SASKATCHEWAN CANCER AGENCY COMPARISON OF ACTUAL TO BUDGET For the Year Ended March 31, 2018

	Operating Fund		Restricted Funds					
	Actual	Budget (Note 12)	Capital Fund		Research Fund		Trust Fund	
	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES								
Ministry of Health - General Revenue Fund	\$ 168,892,712	\$ 171,448,000	\$ 515,000	\$ 2,415,000	\$ ---	\$ ---	\$ ---	\$ ---
Grants	895,831	825,000	---	---	---	---	2,469,356	2,193,917
Investment income	97,637	59,820	97,068	45,000	8,614	3,845	75,059	53,914
Other revenues	1,407,261	1,507,053	179,230	---	---	---	---	---
	<u>171,293,441</u>	<u>173,839,873</u>	<u>791,298</u>	<u>2,460,000</u>	<u>8,614</u>	<u>3,845</u>	<u>2,544,415</u>	<u>2,247,831</u>
EXPENSES								
Salaries and employee benefits	91,575,847	93,463,059	---	---	---	---	165,285	319,014
Drugs and medical supplies	61,268,378	61,704,513	---	---	---	---	774,205	953,112
Purchased services	2,443,952	2,618,950	---	---	846,890	848,890	---	---
Other expenses	16,000,612	16,053,351	4,314,090	4,500,000	---	---	---	---
	<u>171,288,789</u>	<u>173,839,873</u>	<u>4,394,237</u>	<u>4,500,000</u>	<u>846,890</u>	<u>848,890</u>	<u>939,490</u>	<u>1,272,126</u>
Excess of revenues over expenses	4,652	---						
Interfund transfers (Note 8)	---	---						
Net increase (decrease) in fund balance	<u>\$ 4,652</u>	<u>\$ ---</u>	<u>\$ (2,469,917)</u>	<u>\$ 190,095</u>	<u>\$ (345,864)</u>	<u>\$ (352,633)</u>	<u>\$ (20,509)</u>	<u>\$ (1,746,802)</u>
			(3,602,939)	(2,040,000)	(838,276)	(845,045)	1,604,925	975,705
			<u>1,133,022</u>	<u>2,230,095</u>	<u>492,412</u>	<u>492,412</u>	<u>(1,625,434)</u>	<u>(2,722,507)</u>

**SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OF**

**BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2018**

Board Members	2018						2017
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustainance Expenses	Other Expenses	Total ⁽¹⁾	Total
Board Chair:							
Waschuk, Ronald	\$ 9,960	\$ 6,188	\$ 8,325	\$ 12,527	---	\$ 37,000	\$ 36,061
Board Members:							
Crofts, Howard	---	3,988	525	1,088	---	5,601	7,033
Finnie, Doug	---	3,338	875	2,595	---	6,808	5,742
Streelasky, Dr. Walter	---	2,500	1,538	3,858	---	7,896	8,615
Ravis, Don	---	3,600	688	2,450	---	6,738	5,344
Ahmed, Zeba	---	650	---	413	---	1,063	2,470
Chabot, Lionel	---	2,013	1,225	2,756	---	5,994	7,375
Stang, Frances	---	1,888	1,750	3,407	---	7,045	6,582
Total	\$ 9,960	\$ 24,165	\$ 14,926	\$ 29,094	\$ ---	\$ 78,145	\$ 79,222

(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.

**SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES
For the Year Ended March 31, 2018**

Senior Employees	2018			2017
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Scott Livingstone, Chief Executive Officer ⁽³⁾	\$ 107,491	\$ 2,768	\$ 110,259	\$ 282,559
Dr. Jon Tonita, Chief Executive Officer ⁽⁴⁾	84,184	3,225	87,409	---
Dr. Monica Behl, Senior Medical Officer	502,671	---	502,671	512,861
Corey Miller, Vice-President, Care Services ⁽⁵⁾	163,959	---	163,959	219,608
Deb Bulych, Vice-President, Care Services ⁽⁵⁾	51,170	---	51,170	---
Dr. Jon Tonita, Vice-President, Population Health, Quality & Research ⁽⁴⁾	147,782	600	148,382	203,553
Lauren Donnelly, Vice-President, Corporate Services	189,351	---	189,351	201,634
Total	\$ 1,246,608	\$ 6,593	\$ 1,253,201	\$ 1,420,215

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

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

(3) Scott Livingstone left the Cancer Agency effective August 24, 2017. His earnings are included here up to that date.

(4) Dr. Jon Tonita acted as interim CEO until November 27, 2017 when he became the permanent CEO. His earnings as CEO are included from November 27 onward. For the period from April 1 to November 27, his earnings are included in the Vice-President, Population Health, Quality & Research line.

(5) Corey Miller left the Cancer Agency on December 10, 2017. Deb Bulych was named as interim Vice-President, Care Services and was still in that role as of March 31, 2018. Her earnings are included here for that period.

Payee Disclosure List

For the year ended March 31, 2018

Personal Services

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

Jenelle Abbs-West	\$ 92,766	Maitland Blackwell	\$ 88,296
Nazir Ahmad	249,651	Jonathan Blazeiko	88,150
Raheel Ahmed	64,609	Carina Bodnar	67,313
Shahid Ahmed	437,910	Timothy Bodnarchuk	94,902
Melody Albus	50,004	Deborah Boehm	72,259
Andrew Alexander	142,471	Darryl Boehm	124,304
Magdi Ali	305,098	Susan Bollinger	50,038
S Kaiser Ali	494,286	Rachel Bolt	78,189
Joanne Allen	89,522	Keith Bonham	152,877
Karen Almasi	88,522	Gabriel Bonnell	65,353
Sara Alton	72,012	Brennan Bosch	104,185
Riaz Alvi	120,473	Kelsie Boszak	72,492
Saima Alvi	270,132	Theresa Bradel	204,207
Robin Anderson	69,891	Nicole Braun	87,941
Deborah Anderson	181,735	Ron Brecht	109,073
J. Joe Andreas	97,302	Marlene Brenzil	80,765
Kaitlin Arnold	62,859	Sheri Briggs	102,312
Sheila Ash	64,459	Aleksandra Britton	78,916
Tehmina Asif	422,373	Rhonda Brockman	80,971
Rebecca Aspen	119,809	Chandra Broley	57,152
Ericka Auditor	72,712	Kelsey Brose	444,735
Patricia Babiy	53,117	Shardelle Brown	88,350
Richelle Bailey	68,871	Kara Browne	73,332
Julie-Ann Baisley	89,495	Bryan Brunet	442,527
Sara Baker	85,260	Lydia Bruse	51,294
Tammy Barilla	59,620	Denise Budz	137,452
Stacy Barlow	52,124	Sharlene Bukurak	54,654
Christopher Barnardo	87,307	Deborah Bulych	145,881
Kimberly Basey	51,965	Ada Bunko	87,755
Mitchell Basiove	67,473	Christine Burke	51,931
Cindy Beaule	53,135	Amber Burks	55,440
Craig Beckett	194,162	Sandra Byblow	92,522
Monica Behl	502,671	Lorna Campbell	89,915
Kim Belhumeur	82,645	Karen Carmichael	51,466
Renee Belitski	138,328	Corrine Casavant	67,377
Janice Belous	88,619	Heather Cattet	88,099
Sandra Bernauer	87,157	Alison Caza	57,912
Wayne Berzolla	94,420	Kali Chabot	101,050
Debashish Bhowmik	57,990	Haji Chalchal	459,927
Tara Bilash	81,369	Ayesha Chandna	284,076
Julia Billett	85,504	Penny Cherepuschak	52,052
Megan Black	89,326	Susan Cherland	56,665

Payee Disclosure List

Lindsay Cherniawsky	\$ 65,387	Lynn Dwernychuk	\$ 107,784
Heather Choquette	104,080	Theresa Dyczkowski	84,787
Kendra Christenson	81,188	Laurie Edmunds	81,011
Rebecca Clark	69,554	Trent Edwards	96,396
Kimberly Clayton	89,422	Karen Efthimiou	104,868
Scott Cole	90,003	Shaylin Eger	77,705
Dena Colleaux	87,418	Ali El-Gayed	447,608
Sheldon Conklin	65,855	Assem El-Sayed	352,468
Darcy Cook	89,265	Christina Eling	57,511
Denise Corbin	70,159	Naglaa Elsayed	279,901
Kenapha Cousins	51,997	Mohamed Emara	299,389
Sarah Cowan	88,314	Azure English	104,093
Noah Cowin	94,455	Karen Enns	77,987
Amanda Crane	90,916	Heather Erickson	90,429
Gavin Cranmer-Sargison	193,172	Lina Esmail	89,436
Sharon Crawford	51,814	Abdulhaki Esvedi	240,725
Cody Crewson	84,905	Carly Falkenstein	72,278
Justine Crittenden	87,805	Xiao Yan Fan	54,769
Deborah Cross	64,725	Delee Farrow	80,479
Jolene Crump	66,982	Merle Farthing	57,777
Christine Dacey Dudey	61,271	April Fay	94,602
Suzanne Dallorto	95,507	Robyn Federko	94,346
Patricia Danyluk	111,776	Jillian Fensom	110,035
Laci Davies	77,914	Michelle Ferguson	444,297
Martie Davies	91,322	Sajjad Ferozdin	88,690
Karen Davis	103,383	Kerri Fiddler	88,588
Jennifer Dawes	99,688	Susan Field	69,936
Lana Dean	104,745	Wanda Fiessel	94,037
Mary Deane	85,156	Monica Filipchuk	80,840
Kathryn Decker	51,928	Kelli Finlay	70,607
Allison Decker	91,647	Jennifer Fisher	80,886
Peng Deng	94,906	Jackie Florizone	62,235
Peter Derrick	95,249	Barbara Flowers	107,672
Jenna Deruiter	78,885	Lacey Fondrick	51,931
Michelle Deschamps	111,590	Yvonne Fong	101,232
Tim Deters	94,300	Chelsey Fontaine	111,879
Carmen Dewald	58,447	Christel Foord	64,047
Greg Dionne	88,537	Bertha Foote	51,380
Carla Dishko	50,443	Dominique Fortin	110,777
Leanne Dockray	72,873	Lisa Foster	98,469
Wojciech Dolata	446,727	Jenna Foulds	62,788
Courtney Dolha	57,533	Pauline Fox	88,785
Mandi Donald	50,850	Leslie Francis	55,066
Lauren Donnelly	189,351	Tracy Frank	88,561
Laura Drever	147,855	Donald Gardiner	446,515
Dana Duchscher	95,149	Kevin Garratt	115,396
Karla Dumais	72,755	Helen Gartner	88,155

Payee Disclosure List

Erinn Gatin	\$ 51,596	Mussawar Iqbal	\$ 451,127
Barbara Gawley	58,204	Mohammed Islam	89,243
Shawn Geisler	65,210	Waleed Sabry Ismail	450,378
Khloe George	53,100	Rose Jackson	70,324
Theresa George	55,644	Amanda Jacobson	50,830
Janet George	90,479	Brenda Jameson	152,795
Laurie Gerber	60,788	Miroslav Jancewicz	447,156
Kathy Gesy	136,627	Tracie Janzen	81,314
Nicole Gibney	55,829	Andrew Jelovic	87,605
Lisa Glass	133,177	Norine Johnson	87,551
Shannon Glenister	87,563	Shannon Jones	69,787
Frances Glover	81,954	Brenda Jones	104,491
Carlene Good	89,554	Bryan Jorgensen	105,546
Sandra Goodman-Chartier	88,504	Alison Judd	90,854
Genny Goodyear	57,714	Susan Kaban	65,361
Hadi Goubran-Messiah	464,779	Mirit Kaldas	66,117
Denise Gray-Lozinski	69,521	Melodie Keffer	67,022
Terry Greene	81,292	Carol Kennedy	56,249
Chelsea Greenwald	64,515	Donna Kennedy	72,079
Sasa Grubor	87,507	Annette Kerviche	66,371
Courtney Hackywicz	71,566	Lisa Keuler	83,198
Kimberly Hagel	125,849	Muhammad Khan	430,743
Kamal-Uddin Haider	437,910	Marg Kindrachuk	71,469
Karen Hala	83,039	Donna Kish	88,437
Dayna Hamilton	79,193	Sara Kliewer	69,646
James Haney	137,452	Aleksander Kolosnjaji	93,609
M. Mansoor Haq	511,504	Erica Kondra	98,729
Caroline Hart	107,834	Megan Koolen	50,569
James Hastings	97,698	Judy Kosloski	72,084
Jo-Anne Hautz	93,128	Rachelle Kosokowsky	81,536
Bradley Havervold	121,644	Cindy Kovacs	94,462
Wanda Hawryluk	58,728	Beverly Kowbel	106,295
Brandi Hegyi	57,980	Serena Kozie	84,420
Arlene Heinrich	87,366	Helena Krakalovich	52,384
Laura Herasymuik	55,133	Carie Kreis	58,080
Chandra Herle	71,102	Dana Kroeker	90,443
Jenny Ho	65,551	Lana Kruger	95,680
Raelene Hobson	88,602	Vijayananda Kundapur	500,291
Debra Hodgins	108,301	Sherry Kuyek	87,089
Edith Holzapfel	93,595	Jill Lacey	104,504
Blaire Hopkins	53,555	Kevin Lacey	178,577
Janelle Hordos	96,374	David Laing	57,439
Shyanne Hornseth	76,426	Serena Landry	80,844
Shauna Houshmand	87,158	Nicole Lamontagne	65,930
Jillian Hughes	61,575	Taralyn Landstad	55,285
Amanda Hume	65,762	Danielle Langston	108,205
Nicole Ingenthron	81,212	Becky Laursen	87,526

Payee Disclosure List

Jane Le	\$ 57,898	Kelly Mentanko	\$ 93,595
Duc Le	446,634	Corey Miller	163,959
Jessica Leask	80,987	Natalya Milner	101,701
Angela Legare	50,606	Lisa Moens	61,683
Dawn Lewis	55,552	Jennifer Monteith	82,562
Margaret Lewis	136,708	Abeer Musa	272,395
Allen Li	84,331	Lori Muz	92,504
Derek Liu	130,880	Gopinath Narasimhan	98,489
Scott Livingstone	110,259	Rebekah Neufeld	80,321
Kevin Lobzun	97,083	Lauren Neufeld	87,051
Rebecca Logan	98,364	Leah Neufeld	94,418
Jacqueline Longworth	92,924	Lisa Newton	75,269
Sheri Luoma	52,111	Kara Nicholson	103,130
Sharon Luterbach	78,393	Sharon Nickel	91,188
Ketsia Ly	87,421	Linda Nilson	204,207
Janice MacDonald	80,210	Gail Nistor	64,553
Colin MacDonald	87,787	Syed Noor	68,991
Wanda MacDonald	103,194	Carla Norman	92,654
Kathy MacEdward	94,399	Tracy Nygaard	67,441
Francesca Macera	58,446	Esther Olarinmoye	65,787
Matt Magosse	89,433	Natasha Olesen	96,818
Pearl Mah Vuong	65,349	Colleen Olson	110,825
Shazia Mahmood	479,007	Darcie Oneill	88,005
Mary-Ellen Mann	88,296	Ibraheem Othman	436,016
Justin Manz	67,372	Chantel Otitoju	83,764
Dolores Martens	53,327	Melody Paculan	52,987
Stacy Martin	66,588	Kristen Padbury	90,460
Chantel Martin	101,770	Reg Padbury	157,765
Alexandra Martinson	110,549	Jignesh Padia	93,595
Kane Matcyk	51,119	Amy Paiva	90,369
Colin Matheson	59,288	Anna-Liza Palmer	51,931
Karen McAuley	93,839	Leah Palmer	99,186
Colleen McBride	53,827	Shrey Patel	60,296
Cheryl McDougall	64,163	Charmi Patel	63,943
Christine McDougall	86,256	Trisha Patron	68,701
Denise McEwen	75,135	Janet Patterson	87,607
Stephanie McGinn	72,297	Laurie Pearce	75,827
Cherith McGregor	80,709	Derek Pearson	405,459
Sarah McIvor	88,390	Julius Pekar	139,948
Courtney McKay	81,760	Devon Pelletier	88,338
Jennifer McKenzie	95,478	Lindsay Pelzer	68,627
Jessica McLean	93,137	Robert Penley	99,646
Denise McMurphy	55,192	Stephanie Penna	78,873
Laurie McVicar	88,595	Chantal Perry	93,172
Asif Mehmood	84,331	Annamae Perry	104,707
Mary Mendoza	75,172	Carolyn Petersen	86,708
Jackie Mensch	102,502	Deanne Pettigrew	67,125

Payee Disclosure List

Leah Phillips	\$ 110,764	Delinda Schwanzenberger	\$ 92,441
Pamela Pidwerbesky	53,058	Shauna Sebastian	91,722
Bonnie Piercy	66,488	Janelle Seidler	58,720
Joan Pierlot	111,124	Taralyn Selch	82,908
Jaimie Piper	94,646	Hyunjung Seo	53,979
Harriette Pituley	111,077	Judy Shaw	80,040
Lenore Pollock	89,420	Patty Shinkewski	74,446
Nadine Poulton	75,742	Laureen Shufлита	62,997
Katrina Power	88,888	Shavon Shull	52,667
Manu Prashar	58,878	Jo Anne Sigurdson	113,819
Bernadette Procyk	65,017	Jennifer Simon	56,644
Coralee Prodaehl	57,183	Nicole Singh	51,451
Kahekashan Qureshi	319,469	Varun Singh Thakur	135,534
Ghazala Radwi	60,092	John Sirdar	95,645
David Ramos Moguel	66,289	Lynn Skelly	107,291
Allie Reich	51,111	James Smetaniuk	72,699
Brian Reichert	103,128	Lauralee Smith	73,534
Stacey Reid	88,162	Angela Smith	82,636
Colyn Rempel	60,814	Jocelyne Smith	108,225
Maeghan Richard	90,883	Lisa Sorsdahl	78,680
Mardel Richards	92,452	Madison Sotnikow	58,759
Yvonne Ripplinger	61,075	Osama Souied	222,315
Karen Robb	71,185	Michelle St. Pierre	54,486
Kathy Robertson	89,003	Kyle Stacey	65,010
Laura Robson	61,007	Joann Starosta	88,734
Brittany Rodger	66,324	Elaine Stewart	88,056
Tiffany Rohel	78,730	Christine Stinson	71,087
Kelsey Rosenkranz	75,428	Stacey Stoppler	54,477
Donald Roszell	114,176	Kimberley Stott	83,986
Laurie Rumpel	105,841	Heather Strachan	50,975
Nancy Russell	62,864	Chantal Strawson	58,140
Elaine Russell	70,947	Irene Stroshein	65,680
Darla Russill	57,482	Karly Struck	54,537
Susan Ryan	90,901	Heather Stuart-Panko	108,359
Sanjeev Saini	88,757	Renee Stuckel	83,097
Amer Sami	440,346	Reezwan Sumar	66,642
Shannon Sapieha	86,262	Vinita Sundaram	282,276
Sabuj Sarker	77,612	Shwetank Swaroop	78,501
Matthew Sauder	79,999	Rhonda Sweet	92,701
Jennifer Scherman	108,441	Landon Switzer	89,842
Colette Schiltz	96,139	Patricia Tai	444,297
Dakota Schmidt	51,732	Melba Tayab	52,643
Bruce Schmidt	61,668	Sarah Taylor	72,042
Darren Schmidt	87,461	D. Arron Taylor	114,498
Danielle Schultz	52,262	Wendie Templeton	71,093
Irmgard Schumann	94,447	Raquel Tenezaca	57,486
Lyndon Schwartz	103,854	Lindsay Tessier	84,211

Payee Disclosure List

Caroll Thain	\$ 104,868	Jennifer Whelan	\$ 57,381
C. Scot Thiesson	100,713	Cheryl Whiting	121,544
Barbara Thomas	51,803	Alison Whittle	111,124
Anna-Marie Thompson	88,709	Kayla Wild	84,209
Colleen Thurber	76,549	Angela Williams	50,872
Paula Tiefenbach	89,684	Ashley Williams	77,379
Paula Tinline	91,645	Joanne Williams	89,656
Jon Tonita	235,792	Marlo Wilson	57,166
Brenda Toon	88,250	Khristine Wilson	103,484
Michelle Tran	57,534	Carla Woitas	64,797
David Tran	74,854	Valerie Wood	92,701
Diane Treppel	94,420	Nicole Woodrow	89,542
Taisa Trischuk	63,064	Lisa Woodside	58,594
Dominic Turley	93,235	Tanya Woolsey	55,508
Tyna Turner	56,141	Philip Wright	443,623
Alisha Tyacke	76,432	Peter Wyant	104,921
Cara Tymchak	81,383	Jim Xiang	167,781
Joanne Tyndall	93,801	Sunil Yadav	440,534
Sherrill Ullrich	78,704	Jana Young	87,016
Adeola Umoh	53,602	Hanaa Youssef	55,217
Barbara Usher	80,958	Patricia Yuzik	101,113
Mohammad Uz Zaman	64,438	Donna Zaba	82,141
Angela Vandenameele	65,697	Michelle Zahayko	65,697
Jennifer Vandenberg	54,943	Mirjana Zarkovic	456,627
Lisa Vass	50,113	Paula Zatylny	75,415
Niranjan Venugopal	135,925	Terry-Lynn Zerff	122,116
Carissa Villeneuve	93,269	Tong Zhu	98,087
Franco Vizeacoumar	114,913	Brittany Ziegler	59,137
Steven Wacker	114,408	Natasha Zimmer	60,012
Maya Wagner	50,354		
Alana Wall	90,528		
Lana Wallace	51,977		
James Wallace	93,595		
Joyce Warren	102,222		
Gladys Wasylenchuk	137,763		
Pauline Watson	64,459		
Tracy Watts	51,830		
Tamara Weigel	98,015		
Ian Weinrich	85,805		
Linda Weir	137,887		
Cori Wenaus	57,510		
Jeana Wendel	92,288		
Richard Weppler	87,218		
Louise Werner	92,689		
Kimberly Werschler	86,712		
Lindsay Weslowski	58,552		
Anne Westad	101,655		

Payee Disclosure List

For the year ended March 31, 2018

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	\$	524,571	Innovative OncoSolutions Inc.	\$	770,686
Dr. Tahir Abbas Medical Professional Corporation		474,154	Innomar Strategies		468,497
Abbvie Corporation		2,394,538	Insight Canada		79,711
ACEA Biosciences Inc.		59,644	Inverness Consulting		429,923
Adienne Pharma & Biotech		88,550	Dr. Nayyer Iqbal Medical Professional Corporation		515,212
Alberta Health Services		233,221	Jazz Pharmaceuticals Canada Inc. (EUSA Pharma Inc.)		192,144
Allina Health Laboratory		67,720	Jooravan and Rattan Medical Professional Corporation		51,000
Alliance Energy		59,638	Karl Storz Endoscopy Canada Ltd.		71,724
Amgen Canada Inc.		420,971	Kucharczyk, Dr. Michael		119,796
Dr. A. Amjad Medical Professional Corporation		479,206	Lawlor, Dr. B.		76,526
Apobiologix		1,649,231	N. Leong Medical Professional Corporation		468,002
Dr. Muhammad Aslam Medical Professional Corporation		497,695	Carma Lim Medical Professional Corporation		142,613
Associated Radiologists - Saskatoon		334,912	Lynden International Logistics Co.		55,044
Baxter Corporation		545,049	Macquarie Equipment Finance Ltd.		78,959
Baxalta Canada Corporation		226,291	Dr. Rebecca MacKay Medical Professional Corporation		480,289
Bayer Inc.		307,679	Mallinckrodt Canada ULC		163,174
Biomed Recovery & Disposal		86,671	Marsh Canada Ltd.		113,232
Dr. Mark Bosch Medical Professional Corporation Inc.		513,944	Dr. A. Paul Masiowski Medical Professional Corporation		111,000
HBI Office Plus Inc.		60,448	McKesson Canada		15,073,461
Bristol-Myers Squibb Canada		5,493,039	McKesson Distribution Partners		4,195,048
Canadian Blood Services		265,549	Melemary Medical Professional Corporation		481,914
Canadian Medical Protective Association		161,683	Merck Canada Inc.		1,420,894
Canadian Pharmaceutical Distribution Network		25,891,702	Minister of Finance		208,263
CDR Systems Inc.		87,278	Minister of Finance-Central Services		192,286
Celgene Inc.		12,223,044	MLT Aikins LLP		63,663
City of Saskatoon		53,910	Dr. O. Moodley Medical Professional Corporation		431,790
College of Physicians & Surgeons of Saskatchewan		75,255	Dr. C. Mpofo Medical Professional Corporation		556,111
Colliers McClocklin Real Estate Corp.		468,332	NewWest Enterprise Property Group (Sask) Inc.		1,158,073
Covidien		78,541	Novartis Pharma Canada Inc.		3,363,079
Crown Enterprises Ltd.		53,540	Otsuka Canada Pharmaceutical Inc.		74,272
Derby Holdings Ltd.		111,809	Paradigm Consulting Group Inc.		605,203
Diners Club		70,456	Pfizer Canada Inc. Pharmaceutical		733,333
Donaldson Marphil Medical Inc.		108,895	Pharmacy Computer Services Inc.		50,013
Dr. Reddy's Laboratories Canada Inc.		341,994	Prairie Advertising Direct Mail Specialists		1,572,388
Dorie-Anna Dueck Medical Professional Corporation		431,923	Provincial Health Services Authority c/o BC Cancer Agency		154,589
eHealth Saskatchewan		475,274	Prosci Canada ULC		85,874
Eisai Ltd.		164,706	Purolator Courier Ltd.		109,114
Elekta Canada Inc.		244,165	Radiology Associates of Regina		441,436
Essaltani Medical Professional Corporation		457,890	Richardson Duffy Holdings		52,445
ESTI Consulting Services		208,132	Royal Bank Visa - Payment Centre		237,071
Fastprint Saskatoon		74,116	Dr. Evgeny Sadikov Medical Professional Corporation		476,611
Ferring Inc.		475,560	Dr. Muhammad Salim Medical Professional Corporation		537,971
GE Healthcare Canada Inc.		147,625	Sask Power		63,381
Genomic Health Inc.		329,825	Saskatchewan Registered Nurses Association		67,310
Gibbon Heating & A/C Ltd.		69,475	Sask Tel		271,975
GMD Distribution Inc.		391,360	Saskatchewan Health Authority		7,626,801
Grand & Toy Office Products		146,126	Schaan Healthcare Products Inc.		312,529
Gu, Jeffrey		75,000	Schindel Medical Professional Corporation		56,250
Henry Downing Architects		216,969	Dr. David Sheridan Medical Professional Corporation		212,591
Hospira Healthcare Corporation		215,056	Siemens Healthcare Ltd.		211,642
ICU Medical Canada Inc.		51,981	Solvera Solutions		175,406

Payee Disclosure List

Somagen Diagnostics Inc.	\$	586,766
Dr. Julie Stakiw Medical Professional Corporation		497,525
Dr. Derek Suderman Medical Professional Corporation		478,360
Teva Canada Ltd.		398,345
University of Saskatchewan		1,173,285
Dr. Hareesh Vachhrajani Medical Professional Corporation		511,849
Varian Medical Systems		3,425,223
VCM Construction Ltd.		1,403,646
J Venkatesh Health Care Consulting Inc.		278,322
ViTreo Group Inc.		62,752
WBM Office Systems		133,584
West Wind Aviation Ltd. Partnership		70,571
Zaccak Solutions		71,731
Dr. A. Zaidi Medical Professional Corporation		475,190

Transfers

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

Saskatchewan Health Authority - COPS delivery at Battlefords Union Hospital	\$	125,000
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Other Expenditures

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

Great-West Life Assurance Co.	\$	404,618
Public Employees Disability Income Fund - employer's share		318,202
Public Employees Pension Plan - employer's share		3,936,235
Receiver General for Canada:		
- Canada Pension Plan - employer's share		1,844,693
- Employment Insurance - employer's share		796,047
3S Health - Core Dental Plan		525,625
3S Health - Extended Health Care Plans		216,601
3S Health - In-Scope Health & Dental		1,207,484
Saskatchewan Healthcare Employee's Pension Plan - employer's share		548,304
Workers' Compensation Board		695,375

Get in Touch

Saskatchewan Cancer Agency General Reception

639-625-2010

Treatment Centres

Allan Blair Cancer Centre (Regina)

306-766-2213

Saskatoon Cancer Centre

306-655-2662

Hematology Clinic (Regina)

639-625-2016

Lodges

Regina Cancer Patient Lodge

306-359-3166

Saskatoon Cancer Patient Lodge

306-242-4852

Screening Programs

Screening Program for Breast Cancer

1-855-584-8228

Screening Program for Cervical Cancer

1-800-667-0017

Screening Program for Colorectal Cancer

1-855-292-2202

Patient Representative

Quality of Care Coordinator

1-866-577-6489

qcc@saskcancer.ca

Donations

1-844-735-5590

donate@saskcancer.ca

www.saskcancer.ca/donate



info@saskcancer.ca



www.saskcancer.ca



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