



Annual Report 2023-24

SaskCancer.ca

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cancer
AGENCY

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

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Letter of Transmittal

The Honourable Everett Hindley
Minister of Health
Government of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3



Dear Minister Hindley:

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, 2024.

This past year has seen a continued focus on initiatives to improve internal systems that will result in enhanced patient care. We are in the final phases of the Clinical Management System project, which will eliminate the reliance on a paper patient chart. This massive project has been in the works for nearly a decade and our Board of Directors is pleased to see the electronic patient record on the horizon.

Work continued on the models of care initiatives, dedicated to improving efficiency and sustainability in cancer control delivery. The three projects under this umbrella—First Nations and Métis Cancer Strategy, Monoclonal Gammopathies Care Pathway, and Rapid Diagnosis of Gastrointestinal Cancers—all focus on improving health inequities and access to care, particularly for Indigenous and northern Saskatchewan residents. These projects have provided avenues and opportunities for the Cancer Agency to build relationships and learn from underserved populations on how we can better meet their needs.

The Cancer Agency has faced the same staffing challenges experienced by health-care organizations across the country, and recruitment is an ongoing priority. This past year, the Agency has worked with partners, post-secondary institutions, and professional and student associations to bolster recruitment efforts and raise the Cancer Agency's profile with potential candidates.

As a board, we are proud of the Cancer Agency's accomplishments over the past year and we look forward in anticipation as the results of this hard work come to fruition. On behalf of the board, we are pleased to present this report which illustrates the experience, dedication and care that Saskatchewan residents can rely upon when they come through our doors.

Respectfully,

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

Ron Waschuk
Board Chair

Message from the President and CEO

As President and CEO at the Saskatchewan Cancer Agency, I am proud to lead an incredible team of caring individuals who are committed to providing safe and high-quality cancer care to the people of Saskatchewan. Our history of cancer control at the Cancer Agency is guided by a rich 90+ year legacy of serving the community, and it is a privilege to carry forward this tradition of excellence.

Reflecting on the past year, I'm inspired by the dedication of our teams who have worked tirelessly to make a positive impact on the lives of our patients and their families. While maintaining daily operations, we have achieved significant milestones in our strategic initiatives and high operational priorities. We continue pushing forward with enhancements to our Clinical Management System, including the integration of the final component of Drug Computerized Provider Order Entry. Our research support initiative and our screening software upgrade, CanCheck, are both progressing. We are constantly striving for innovation and efficiency, all while maintaining a focus on patient safety.

Recruitment and retention remain a key priority for the Cancer Agency, and we are actively addressing this challenge to ensure we have the best team in place to deliver safe and exceptional care.

In 2023-24, we are pleased to add 18 new drug programs and 18 new indications to our formulary. This commitment to enhancing treatment options demonstrates our unwavering dedication to improving outcomes for cancer patients.

One of the highlights of the year was the treatment of three patients within our province for Chimeric antigen receptor (CAR) T-cell therapy, eliminating the need for them to travel outside of our province for care.

As the Cancer Agency continues to grow and evolve, so does our need for space. To address this challenge, we have secured additional office space for our administrative staff. This provides more space for clinical staff within the cancer centres and ensures seamless continuity of patient care.

Cancer control is a collective effort, and we are grateful for the ongoing support and collaboration of our partners in health, government, and beyond. Together, we are making strides in updating facilities, supporting screening programs, and enhancing care models to better serve our community.

This annual report celebrates the remarkable achievements of our dedicated employees, whose passion and commitment drive our success. Together, we've overcome challenges, celebrated wins both big and small, and made significant progress in the fight against cancer. I'm looking forward to another year of growth, innovation, and dedication.



A handwritten signature in black ink that reads "Deb Bulych". The signature is fluid and cursive, with a large initial "D" and "B".

Deb Bulych
President and Chief Executive Officer

What We Do

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

The Cancer Agency has a long history of providing cancer control since 1930. With more than 950 employees, we have a large team with expertise in different fields related to cancer control and each staff member is committed to providing clients, patients and families with safe and high-quality treatment, early detection and prevention programs, and innovative research. Our employees are also committed to continuously improving our delivery of programs and services.

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

- *The Cancer Agency Act*
- *The Health Information Protection Act*
- *The Local Authority Freedom of Information and 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.
- Management of all adult solid and blood-borne tumours. Treatment and assessment through the Stem Cell Transplant and Cellular Therapy Program for patients with advanced blood and circulatory system cancers.
- Out-patient systemic and radiation therapy.

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

PATIENT LODGES

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

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

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

What We Do

CANCER PREVENTION

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

This is achieved through:

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

RESEARCH

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

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

EARLY DETECTION

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

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

What We Do

PATIENT AND FAMILY-CENTRED CARE



Back row: Susan Hoffart, Sharon Miller, Robert Wick, Elaine Halvorsen, Sandra Strachan
Front row: Jill Shumay, Trena Derdall, Suzanne Keen, Nicola Rosaasen
Missing: Luba Lubenko, Les Oystryk

The Patient and Family Advisory Council (PFAC) is a formal group comprised of patients, family members, caregivers and Cancer Agency staff from across Saskatchewan. Established in 2011, PFAC aims to integrate the voice of patients and families with those of the care team and staff to ensure exceptional care and service.

This year, PFAC focused on reestablishing connections with staff from various departments including pharmacy, supportive care, finance and the Cancer Agency's senior leadership team. An ex-officio member of the Board participates in PFAC meetings to serve as a connection between the Board of Directors and the work of PFAC. Some notable achievements for PFAC during this fiscal year include:

- Strengthened PFAC orientation and onboarding processes for new advisors, including a mentorship program.
- Welcomed five new advisors to the Council.
- Engaged in reviewing eight documents, including policies, and participated in 15 internal committees/working groups, excluding general Council or Executive meetings.
- Developed three KPIs (Keep PFAC Inspired) to monitor the impact and successes throughout the fiscal year.
- Contributed to the Cancer Agency's strategic initiatives and key operational priorities.
- Held an ex-officio membership on the Board of Directors Quality, Safety and Risk Committee.

Governance

OUR VISION

A healthy population free from cancer.

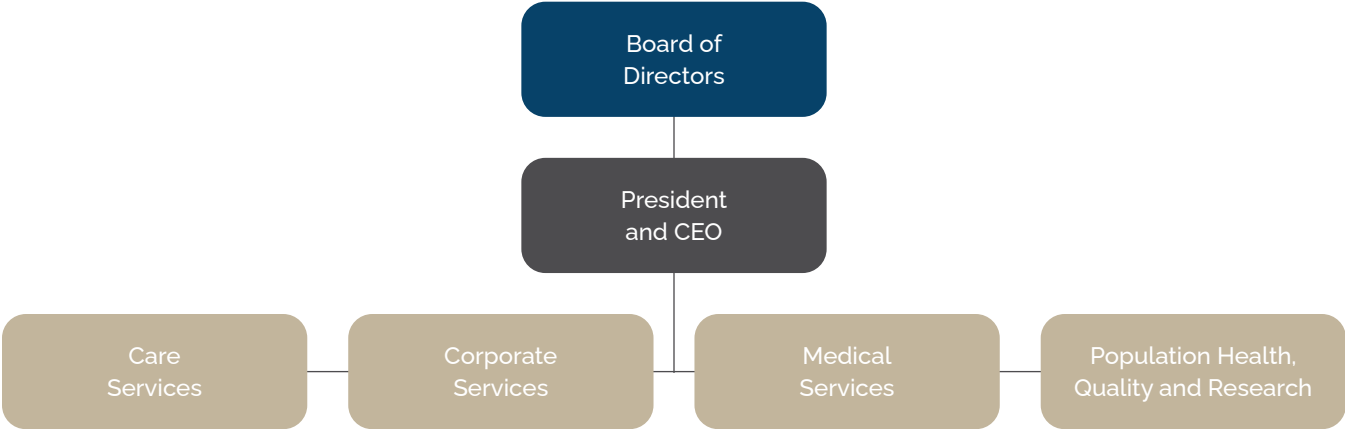
OUR MISSION

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

OUR VALUES

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

OUR STRUCTURE



Governance

BOARD OF DIRECTORS



*Back row: Catherine Gryba, Gordon Wyatt, Tom Lukiwski, Marilyn Rice, Cheryl Cook
Front row: Howard Crofts, Kelly Scott, Ron Waschuk, Don Ravis*

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

The responsibilities of the Board include:

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

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

As overseer of a \$236.8 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 members sit on standing committees that are designed to help strengthen the Cancer Agency's accountability to the people of this province.

Governance

Finance and Audit Committee

Chair:

- Howard Crofts

Members:

- Kelly Scott
- Cheryl Cook
- Gordon Wyatt

Governance and Human Resources Committee

Chair:

- Kelly Scott

Members:

- Don Ravis
- Tom Lukiwski
- Catherine Gryba

Quality, Safety and Risk Committee

Chair:

- Don Ravis

Members:

- Howard Crofts
- Marilyn Rice

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

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

Strategic Plan

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

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

In 2020, the SCA implemented its first three-year rolling strategic plan. This format provides more flexibility to allow the SCA to adapt the plan as circumstances change year over year. In 2023-24, some strategic initiatives were removed from the plan while others were added as priorities shifted.

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

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

THREE-YEAR ROLLING STRATEGIC PLAN: 2023-26 LONG-TERM GOALS

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



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

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

Strategic Plan

PROGRESS IN 2023-24

In 2023-24, the Saskatchewan Cancer Agency (SCA) made significant progress on its strategic and high operational priorities, outlined below.

STRATEGIC PRIORITIES

CLINICAL MANAGEMENT SYSTEM

Goal:

The SCA is continuing its path to implementing a clinical management system (CMS) to create an electronic medical record, reducing the need to maintain and manage paper charts. The CMS will also make it possible for physicians to issue orders remotely. This is a multi-year project consisting of several sub-projects.

Actions:

- Implemented electronic nursing assessment tools.
- Physicians can order external prescriptions to community pharmacies electronically.
- A new linear accelerator has been installed at the Saskatoon Cancer Centre.
- The General Hematology Waitlist project is near completion with an anticipated go-live in May 2024.
- Approximately 2,200 chemotherapy orders were reviewed and 120 oral regimens were created electronically.
- SCA Physician Notes are now available in MySaskHealthRecord.

Results:

- Nurses, pharmacists, doctors and other clinicians have real-time access to patient information resulting in better patient care.
- There are 76 providers who are issuing, on average, 1,500 external prescriptions each month.
- MedAccess is the trusted repository for the General Hematology program's patient information for electronic billing with the Ministry of Health.

What does this mean for patients?

- Care providers have access to relevant patient information at the right time and at the right place.
- When patients arrive at the cancer centre for their appointment or present at the ER, there is a reduction in the time spent searching for patient information, cancer drug and drug interaction information.
- Cancer patients have 24/7 access to their information in MySaskHealthRecord.

Strategic Plan

MODELS OF CARE - DISEASE SITE GROUPS (DSG)

Goal:

The SCA is undertaking a multi-year project to revise the service delivery model for oncology care in Saskatchewan to improve the quality and sustainability of care, from prevention to survivorship. Establishing Disease Site Groups (DSGs) for breast, gastrointestinal (GI), genitourinary (GU), gynecological and lung cancer ensures the right providers are working together to provide the right care at the right time and in the right place. These five groups cover about 70 per cent of the physician caseload at the SCA.

This past year, the SCA continued to design, build and implement disease site clinics while furthering the development of DSGs.

Actions:

- Held patient survivorship education sessions for family physicians on bone health in prostate cancer patients, cancer patient thrombosis, and screening for gynecological malignancies.
- Conducted patient and care provider satisfaction surveys for all major sites to assess the impact of new processes with group triage rounds and the disease site-specific clinic model.
- Engaged the Pharmacy team on improving and expanding their role in the disease site-specific clinics (DSSC) model.
- Developed guidelines on the appropriate use of virtual care appointments.
- Developed a nurse practitioner model of care.
- Completed a quality improvement (QI) project on breast cancer, titled Timeline from Diagnosis to Start of Adjuvant Chemotherapy for Breast Cancer Patients in Saskatchewan; QI projects are in-progress for other disease sites.
- Developed programs for hiring oncologist assistants and transitioning eligible clinical associates to attending physicians.
- Drafted provincial terms of references for the Systemic Therapy Quality Improvement committee and Morbidity and Mortality rounds.
- Established a funding approval framework for molecular biomarker testing in the province.
- Started the process for monitoring the timeline for clinical trials activation.
- Explored options for accessing dihydropyrimidine dehydrogenase (DPD) testing to help identify patients at risk of developing significant side effects from some types of chemotherapy.

Results:

- Family physicians and nurse practitioners better understand the cancer survivorship care required for their patients.
- Quality of care and outcomes are improved with better coordination, communication and standardization of practices.
- Access to care is improved with same-day appointments/less patient travel, improved clinical trial access and enhanced provider capacity.
- Clinics are more focused and give providers greater opportunities to collaborate.

Strategic Plan

What does this mean for patients?

- Patients receive better supportive survivorship care from their family physicians and nurse practitioners.
- Patients travel less often to the cancer centres due to the appropriate use of virtual care appointments and seeing multiple care providers on the same day.
- Patients experience improved quality of care with more streamlined and coordinated care pathways.

MODELS OF CARE – CANADIAN PARTNERSHIP AGAINST CANCER (CPAC) PROJECTS

Goal for the First Nations & Métis Cancer Strategy:

This project is co-funded with the Canadian Partnership Against Cancer (CPAC) to develop a First Nations and Métis cancer strategy for Saskatchewan. The First Nations & Métis Cancer Strategy will work with communities to better understand their experiences with cancer services and begin to co-create a plan to address the gaps.

Actions for the First Nations & Métis Cancer Strategy:

This project is in its early stages and work this past year focused on completing the planning phase.

- The SCA joined researchers from the University of Saskatchewan and Métis Nation—Saskatchewan (MN—S) to examine the impact of Métis cultural activities on cancer prevention. The SCA is working with the Federation of Sovereign Indigenous Nations (FSIN) to develop First Nations health-care accreditation/certification standards. Knowledge Keepers have shared guidance on SCA initiatives to improve the recruitment and retention of First Nations and Métis staff.
- Internal education efforts in the SCA continue, guided by the First Nations and Métis Cultural Responsiveness Advisory Committee (FNMCRAC). In September, the SCA rolled out its First Nations and Métis Engagement Guidelines, developed with the support of Knowledge Keepers and the FNMCRAC.
- Learning opportunities in cultural responsiveness (CR) were offered to SCA staff throughout the year. This included access to Cultural Humility training with the Aboriginal Friendship Centres of Saskatchewan and the promotion of learning opportunities and activities for the National Day for Truth and Reconciliation on September 30.
- The SCA continues to build relationships with First Nations and Métis educational institutions and students. Core competencies are now included in SCA job postings about understanding First Nation and Métis history, reconciliation and the importance of providing culturally responsive and safe care.

Results for the First Nations & Métis Cancer Strategy:

- Building and strengthening relationships with First Nations and Métis partners is a pre-requisite for co-creating a First Nations and Métis cancer strategy in the province.
- The SCA has been intentional in attending community events to build relationships with First Nations and Métis people and communities, and to provide employees with community engagement opportunities and experience.
- Having CR resources and learning opportunities available to leaders and staff is building awareness of the importance of ensuring Indigenous perspectives and worldviews are heard and valued in all SCA work.

Strategic Plan

What does this mean for patients?

- Leaders and staff committed to continuous CR learning will improve the likelihood that First Nations and Métis patients will receive care they consider to be culturally safe and appropriate.
- Strong and respectful relationships with First Nations and Métis people and communities will support efforts to promote participation in cancer prevention and screening programs.

Goal for Monoclonal Gammopathies Care Pathway:

This project is co-funded with CPAC to demonstrate a new care pathway from diagnosis to end-of-life for patients in northern communities with complex monoclonal gammopathy care requirements. The model will provide patient navigation, early pain and symptom management, and palliative care supports to address system-related issues causing delays and health-care inequities.

Actions for Monoclonal Gammopathies Care Pathway:

This project is in its early stages and work this past year focused on completing the planning phase.

- Hired a project coordinator to support the planning work.
- A First Nations and Métis working group meeting was held with Knowledge Keepers, patients/families/caregivers and other health-system stakeholders to share experiences and ideas for addressing challenges and barriers of myeloma cancer care for patients in remote and rural areas in northern Saskatchewan.
- Held focus group meetings with various health-care providers to learn from their experiences and ideas.
- Engaged with individual patients to learn from their perspectives and experiences.

Results for Monoclonal Gammopathies Care Pathway:

- A plan was developed for co-designing and demonstrating a new care pathway for patients in northern communities.
- A proposal document was submitted to CPAC requesting funding support for the implementation phase.

What does this mean for patients?

- Patients have timelier access to appointments, diagnosis and referrals to specialists resulting in better clinical outcomes.
- Patients have improved equity and quality of care and health-care experiences with streamlined communications, coordinated multidisciplinary and culturally appropriate care, enhanced access to navigation services and supportive care, and reduced anxiety and fear.

Goal for Rapid Diagnosis of Upper Gastrointestinal Cancers:

This project is co-funded with CPAC to demonstrate a new model for rapidly diagnosing cases of suspected upper gastrointestinal cancers in a northern community. The model will provide patient navigation and address system-related issues that are causing delays in timely diagnosis and referrals to specialists.

Strategic Plan

Actions for Rapid Diagnosis of Upper Gastrointestinal Cancers:

This project is in its early stages and work this past year focused on completing the planning phase.

- Hired a project coordinator to support the planning work.
- Developed a high-level community/stakeholder engagement plan.
- Engaged community members and patients/families/caregivers of a few northern communities, as well as primary care providers and health-care specialists, to understand their health-care needs and priorities, and determine their level of interest and support for this project.
- Developed criteria for referrals to the rapid diagnosis program.

Results for Rapid Diagnosis of Upper Gastrointestinal Cancers:

- A plan was developed for co-designing and demonstrating a new rapid diagnosis program with two northern communities.
- A proposal document was submitted to CPAC requesting funding support for the implementation phase.

What does this mean for patients?

- Patients have timelier access to appointments, diagnosis and referrals to specialists resulting in better clinical outcomes.
- Patients have improved equity and quality of care and health-care experiences with streamlined communications, coordinated multidisciplinary and culturally appropriate care, enhanced access to navigation services and supportive care, and reduced anxiety and fear.

Strategic Plan

RESEARCH SUPPORT PROGRAM

Goal:

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

Actions:

- Staffing – Recruitment for specific roles has begun to develop the SCA's research program and improve support for research, including a Director of Research Development & Strategy, a Provincial Manager of Research Support, a Research Approval Coordinator and a Research Facilitator.
- Data Access – A survey was conducted to identify gaps and opportunities for improving the SCA's existing data access process for research.
- Clinical Trials – The SCA is working with our partners at the University of Saskatchewan and the Saskatchewan Health Authority to improve our processes for clinical trial research, including providing support for the development of clinical trials by SCA physicians.
- Strengthening Partnerships – Conversations are underway between the University of Saskatchewan and the SCA to explore the development of a Saskatchewan Cancer Research Institute.
- Research Funding – The SCA is partnering with the Cancer Foundation of Saskatchewan to improve the ways we direct fundraising efforts and target donations towards research.
- Increased Academic Profile – SCA physicians led a successful application to the University of Saskatchewan requesting that the status of Oncology within the College of Medicine be elevated from a division to a department.

Results:

- A Provincial Manager of Research Support has been hired and is developing required policies, processes, and resourcing to get the new department of Research Development & Strategy operational, including a new Research Support Unit.
- Information gathered on improvements required for the data access process has been gathered and will be incorporated.
- Two SCA physicians (one at the Saskatoon Cancer Centre and one at the Allan Blair Cancer Centre in Regina) have been awarded funding from the College of Medicine to dedicate a portion of their time towards research activities.
- The Department of Oncology at the College of Medicine, University of Saskatchewan was initiated in 2022. The application was approved by the College of Medicine Faculty Council, Academic Committee, Planning and Priority Committee, the University of Saskatchewan Council, and the Board of Governors. With the approval by the Senate of the University of Saskatchewan in April 2024, the Department of Oncology has been officially established.

What does this mean for patients?

- Research is a key component for providing the best care to patients. Increasing our understanding of what cancer is, how to treat it, how to diagnose it and how to prevent it can help improve the quality and length of the lives of those living with cancer, as well as decrease the impact of the disease on patients, families and communities.

Strategic Plan

HIGH OPERATIONAL PRIORITIES

In 2023-24, the SCA continued work on several key initiatives that are strategically and operationally vital.

DATA ANALYTICS STRATEGY

Goal:

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

Actions:

- The data and analytics high operational priority team continues to build and enhance the infrastructure to support SCA-wide analytics needs.
- A demonstration dashboard was built and is online. Testing of this business intelligence tool is ongoing.
- A data governance framework was created and approved.
- A privacy impact assessment was completed to facilitate analytics work. We are working on mitigating potential risks raised.
- Working on next steps on the dashboard development.

Results:

- Learning from the demonstration dashboard work will allow for accelerated progress and enhancement of dashboard/analytic support across the organization.

What does this mean for patients?

- Improving and enhancing data access and analytics allows us to better evaluate, plan and improve the quality and effectiveness of our services. This enables us to meet and anticipate patient and family needs in a seamless and timely manner.

Strategic Plan

LUNG SCREENING AND PREVENTION

Goal:

Establish a comprehensive lung screening and prevention program in Saskatchewan, focused on the early detection and prevention of lung cancer. This high-quality program is designed to be evidence-based, collaborative, community-informed, person-centred and responsive.

Actions:

- Identified the IT infrastructure necessary to support lung screening, and started on the development of this system.
- Initiated a feasibility assessment for a mobile CT scanner in collaboration with SHA partners.
- Engaged with the CPAC OncoSim modelling team to understand projected volumes and impacts of program decisions.
- Community engagement efforts in northern communities have been pivotal in understanding the barriers faced by those most at risk for lung cancer. These efforts include collaborating on program development and engaging with clinicians, health system and community partners to progress the key decisions required to launch the first phase of the program.
- Liaising with other Canadian jurisdictions for knowledge and resource sharing, and the development of current and future state pathways has been enriched by capturing lived experiences through engagement, surveys and chart reviews.

Results:

- Developed a nurse navigation framework to support participants through the lung screening journey.
- Dr. Martin Tammëmagi, former Scientific Lead for the Ontario Lung Screening Program, developed a risk prediction model using Canadian-specific data, enhancing its relevance for our program.
- Highlighted our program's approach to community co-development and governance structure at the World Indigenous Cancer Conference in Australia and the CPAC Pan-Canadian Lung Screening meeting in Ottawa.
- Gained valuable insights into the barriers that affect those most at risk of lung cancer, fostering relationships and collaborations with community members, clinicians and health system partners.
- Created a draft Smoking Cessation Framework with key provincial partners, and finalized a decision on the Lung Nodule Management protocol (LungRADS) that will be used.

What does this mean for patients?

- The development of the lung screening and prevention program is a significant step forward. It is critical for detecting lung cancer early, thereby reducing mortality rates and improving outcomes for lung cancer patients.
- The governance structure of this program ensures that it is co-developed with communities and partner organizations, focusing on equity and evidence to meet the unique needs of Saskatchewan's residents.

Strategic Plan

RECRUITMENT AND RETENTION STRATEGY

Goal:

Attract and retain skilled staffing resources to fulfil the mandate of the SCA. Implement new and enhance existing recruitment initiatives, as well as remove barriers to recruitment and retention.

Actions:

- Human Resources (HR) has a full staffing complement.
- Four new HR consultants and two coordinators joined the HR department this year.
- Organizational Development (OD) has hired a manager and a consultant.
- The First Nations and Métis Relations department has been created. Manager and consultant roles have been established, with the manager role being staffed this year and the consultant role to be staffed next fiscal year.
- HR has rolled out coaching for engagement to the organization.
- Prepared job profiles to highlight hard-to-recruit positions, which are distributed at recruitment events and shared digitally whenever possible.
- Staff in various specialties attended different recruitment events, based on audience, across Canada.
- Hosted two career fair events at our cancer centres in fall 2023, which included tours of our clinical sites.
- Worked collaboratively with the Saskatchewan Healthcare Recruitment Agency (SHRA) in attending national recruitment events across Canada.
- Partnered with Saskatchewan Polytechnic to present to students and do mock interviews.
- Obtained a Labour Market Impact Assessment (LMIA), with support from Medical Affairs.
- Established a United Kingdom recruitment working group, which is in the process of developing a recruitment campaign featuring testimonials from SCA employees who have immigrated to Saskatchewan from the United Kingdom.

Results:

- A full staffing complement for HR has enabled the department to provide enhanced coaching and guidance to employees, managers and leaders. It has also allowed for more engagement in recruitment efforts, including a greater SCA presence at events in Saskatchewan and nation-wide.
- With the creation of the First Nations and Métis Relations department, the SCA is positioned to further develop relationships with Indigenous communities and organizations to support recruitment efforts.
- The LMIA allows the SCA to access a wider pool of candidates for filling vacancies, and supports our United Kingdom recruitment strategy.

Strategic Plan

What does this mean for patients?

- Ongoing recruitment efforts ensure the SCA is positioned to continue providing Saskatchewan residents with access to timely, safe and high-quality cancer care.
- Building relationships with Indigenous communities and organizations lays the foundation to promote education and careers in health-care to a diverse audience which will help to establish a more representative workforce.
- Attending recruitment events raises the SCA's profile and presents opportunities to connect with professionals and students to promote the SCA as an employer of choice.
- Obtaining an LMIA has removed some barriers to recruitment, which makes it easier to fill vacancies with candidates near and far.

CANCHECK

Goal:

Upgrade our screening programs' software systems to a modern, unified platform. This upgrade addresses the critical risks associated with outdated and unsupported legacy systems, and ensures enhanced functionality and adaptability for evolving screening needs.

Actions:

- The SCA has made foundational progress in initiating a major upgrade of our software systems, beginning with the design of a new, modern platform and embarking upon development.
 - ▶ This includes designing and developing aspects of the software system to manage communication, demographics and functionality that are common across the screening programs.
- Interim adjustments have been made to our current systems in response to revised cervical screening guidelines which introduced Human Papillomavirus (HPV) testing to detect HPV in a Pap test sample. These adjustments ensure uninterrupted, compliant and effective screening services during the transition.

Results:

- The transition to a modern software platform is set to enhance our system's reliability and functionality, allowing for the integration of new technologies and capabilities which were previously not possible.
- The new system introduces operational efficiencies and health system benefits, positioning the SCA to better meet current and future cancer screening needs.

What does this mean for patients?

- Clients can expect continued high standards of reliability and efficiency. The modernized system ensures seamless integration and operational continuity of the latest screening protocols.
- Our ability to adapt technical changes to the screening program (e.g. guidelines) and support a new screening program (lung) ensures that clients receive seamless screening services.
 - ▶ Our enhanced system supports adaptations to changes in cancer screening and the addition of new programs such as lung screening, ensuring patients receive uninterrupted and effective services.

Volume Statistics

Number of New Patient Appointments	2020-21	2021-22	2022-23	2023-24
Allan Blair Cancer Centre				
- Medical oncology	1,810	1,912	1,877	1,990
- Radiation oncology	1,389	1,455	1,618	1,604
- Pediatric oncology	*	*	*	*
- Hematology	325	280	361	336
Total	3,524	3,647	3,856	3,930
Saskatoon Cancer Centre				
- Medical oncology	2,038	2,060	1,997	2,189
- Radiation oncology	1,667	1,703	1,793	1,963
- Pediatric oncology	*	*	*	*
- Hematology	496	504	515	533
Total	4,201	4,267	4,305	4,685
Provincial				
- Medical oncology	3,848	3,972	3,874	4,179
- Radiation oncology	3,056	3,158	3,411	3,567
- Pediatric oncology	*	*	*	*
- Hematology	821	784	876	869
Total new patient appointments	7,725	7,914	8,161	8,615

*Saskatoon Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Jim Pattison Children's Hospital in 2019. Allan Blair Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Regina General Hospital May 2, 2022.

Radiation Therapy Workload	2020-21	2021-22	2022-23	2023-24
Allan Blair Cancer Centre				
- Treatment sessions started	1,147	1,238	1,577	1,398
- Fractions (number of treatment sessions)	17,078	16,752	18,647	18,255
- Fields (number of beams delivered)	46,779	43,986	46,959	49,514
Saskatoon Cancer Centre				
- Treatment sessions started	1,273	1,329	1,516	1,418
- Fractions (number of treatment sessions)	18,096	17,131	18,788	18,240
- Fields (number of beams delivered)	46,151	43,550	47,158	47,051
Provincial				
Total treatment sessions started	2,420	2,567	3,093	2,816
Total fractions (number of treatment sessions)	35,174	33,883	37,435	36,495
Total fields (number of beams delivered)	92,930	87,536	94,117	96,565

Review Patient Appointments	2020-21	2021-22	2022-23	2023-24
Allan Blair Cancer Centre				
- Systemic oncology	22,855	23,647	26,081	27,208
- Radiation oncology	7,233	7,707	7,756	7,746
- Pediatric oncology	*	*	*	*
Total	30,088	31,354	33,837	34,954
Saskatoon Cancer Centre				
- Systemic oncology	26,481	28,184	30,785	33,037
- Radiation oncology	5,745	6,445	5,775	6,864
- Pediatric oncology	*	*	*	*
Total	32,226	34,629	36,560	39,901
Provincial				
- Systemic oncology	49,336	51,831	56,866	60,245
- Radiation oncology	12,978	14,152	13,531	14,610
- Pediatric oncology	*	*	*	*
Total review appointments	62,314	65,983	70,397	74,855

*Saskatoon Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Jim Pattison Children's Hospital in 2019. Allan Blair Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Regina General Hospital May 2, 2022.

Chemotherapy Treatments	2020-21	2021-22	2022-23	2023-24
Allan Blair Cancer Centre				
- Treatment visits	11,010	11,881	12,316	12,227
- Number of patients	1,490	1,539	1,629	1,625
Saskatoon Cancer Centre				
- Treatment visits	11,900*	13,007	13,764	14,153
- Number of patients	1,594*	1,752	1,838	1,909
Provincial				
Total treatment visits	22,910	24,888	26,080	26,430
Total number of patients	3,084	3,291	3,467	3,534

*Saskatoon Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Jim Pattison Children's Hospital in 2019. Allan Blair Cancer Centre pediatric oncology was moved to the Saskatchewan Health Authority Regina General Hospital May 2, 2022.

Stem Cell Transplants	2020-21	2021-22	2022-23	2023-24
Number of allogeneic transplants	30	25	23	28
Number of autologous transplants	61	58	42	38
Number of patients sent out of province	0	0	0	0

Chimeric Antigen Receptor (CAR) T-cell Therapy	2021-22	2022-23	2023-24
Number of CAR-T Therapy Completed	4	6	3
Number of patients sent out of province	4	6	0

Volume Statistics

Access	2020-21				2021-22				2022-23				2023-24			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Days Between Ready to See to First Appointment (90th percentile)																
- Medical oncology	44	26	31	43	37	34	28	28	26	28	27	29	29	34	39	41
- Radiation oncology	36	26	27	34	30	31	27	30	34	30	33	31	35	41	35	40
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	16	14	15	15	14	15	14	14	14	14	13	13	13	14	15	14
- Radiation therapy	22	18	20	19	19	20	19	20	20	20	20	20	21	19	20	21

Pharmacy Services	2020-21	2021-22	2022-23	2023-24
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	28,710	29,121	32,098	32,983
- Saskatoon Cancer Centre	35,534	36,125	38,356	38,734
Total	64,244	65,246	70,454	71,717
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	1,926	1,889	1,455	1,294
- Saskatoon Cancer Centre	2,734	3,237	2,683	2,674
Total	4,660	5,126	4,138	3,968
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	22,578	22,453	23,640	23,131
- Saskatoon Cancer Centre	26,799	26,908	27,646	28,280
Total	49,377	49,361	51,286	51,411
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	7,183	7,574	8,897	10,015
- Through the Saskatoon Cancer Centre	9,722	8,754	9,499	11,817
Total	16,905	16,328	18,396	21,832

Community Oncology Program of Saskatchewan	2020-21	2021-22	2022-23	2023-24
Number of patients	2,128	2,405	2,566	2,648
Number of treatment visits	14,391	15,018	15,737	17,106
Number of kilometres saved in patient travel	4,641,812	4,820,234	5,047,367	5,586,170

Telehealth Appointments/Virtual Care	2020-21	2021-22	2022-23	2023-24
Allan Blair Cancer Centre appointments	25,050*	25,176	25,977	23,613
Saskatoon Cancer Centre appointments	31,879*	32,022	28,721	27,269
Total	56,929*	57,198	54,698	50,882

*Provincial Telehealth services ceased operations mid-March 2020 and resumed on case-by case September 2020. The vast majority of appointments reported in the table above were delivered virtually either with a video application or by phone to patients in both rural and urban settings. Sixty-one per cent of the appointments provided by physicians were provided virtually in 2023-24.

Volume Statistics

Clinical Trials	2020-21	2021-22	2022-23	2023-24
Number of patients enrolled to a clinical trial	81	108	136	213
Per cent of new patients enrolled	1.9%	2.4%	2.8%	4.2%

Safety	2020-21	2021-22	2022-23	2023-24
Sick leave hours per FTE	56.39	67.14	82.11	74.34
Wage-driven premium hours per FTE	9.57*	13.62	14.96	15.93
Lost time workplace injuries per 100 FTEs	0.99*	0.54	0.26	0.00
Critical Incidents	1	0	1	4
Falls	20 patients	15 patients	6 patients	8 patients
	11 staff	10 staff	8 staff	13 staff
Total falls	31	25	14	21

Screening Program for Breast Cancer	2020-21*	2021-22	2022-23	2023-24
Number of screening mammograms on the mobile unit	1,365	5,228	6,412	7,577
Number of screening mammograms at the Regina centre	7,058	8,121	7,237	7,924
Number of screening mammograms at the Saskatoon centre	4,699	7,255	7,829	8,141
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	7,234	6,416	6,976	7,620
Total	20,356	27,020	28,454	31,262
	April 2019-March 2021*	April 2020-March 2022*	April 2021-March 2023	April 2022-March 2024
Participation rate	29%	25%	29%	30%

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

Screening Program for Cervical Cancer	2020-21*	2021-22	2022-23	2023-24**
Number of Pap tests completed in the Saskatchewan Health Authority	65,705*	78,261	77,220	66,243
	April 2018-March 2021*	April 2019-March 2022*	April 2020-March 2023*	April 2021-March 2024**
Participation rate (non-hysterectomy corrected)	48.5%	47.0%	48.3%	50.2%

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

** Updated cervical guidelines on November 6, 2023; screening age changed from 21–69 to 25–69 years of age.

Screening Program for Colorectal Cancer	2020-21 *	2021-22	2022-23	2023-24
Number of fecal immunochemical tests (FIT) completed**	71,873	74,967	76,391	74,899
	April 2019-March 2021*	April 2020-March 2022*	April 2021-March 2023	April 2022-March 2024
Participation rate	41.6%	41.1%	42.0%	41.6%

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

** The number of FIT tests completed is now reported on an annual basis (fiscal year), rather than biennially as in previous periods. This adjustment was made in 2023-24 and aligns with reporting across the other screening programs.

Volume Statistics

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2023-24 Amount Awarded
Contribution of CREB3L1-deficiency to metastatic properties in lung squamous cell carcinoma	Dr. Deborah Anderson	2022-24	\$200,000	\$100,000
Mapping synthetic lethal interactions using high density CRISPR/Cas9 screens	Dr. Franco Vizeacoumar	2022-24	\$200,000	\$100,000
Irreversible electroporation combined with electro-immunotherapy	Dr. Jim Xiang	2022-24	\$200,000	\$100,000
Effect of adjunct dexamethasone on insulin resistance and its correlation with outcomes in women with early stage breast cancer	Dr. Osama Ahmed	2022-24	\$113,126	\$56,563
Is immune modulation the basis for microbeam radiation effect? Characterizing the findings of randomized canine brain tumor study	Dr. Vijayananda Kundapur	2022-24	\$140,303	\$92,045
Breast Cancer Tumoroids to study the role of Hypoxia and Cancer Stem Cells in Drug Resistance	Dr. Dean Chamberlain	2023-25	\$200,000	\$100,000
Enhancing the Quality of CLL patient care using Optical Genomic Mapping and Minimal Residual Disease Monitoring	Dr. Shruthi Ganeshappa Kodad	2023-25	\$102,852	\$51,426

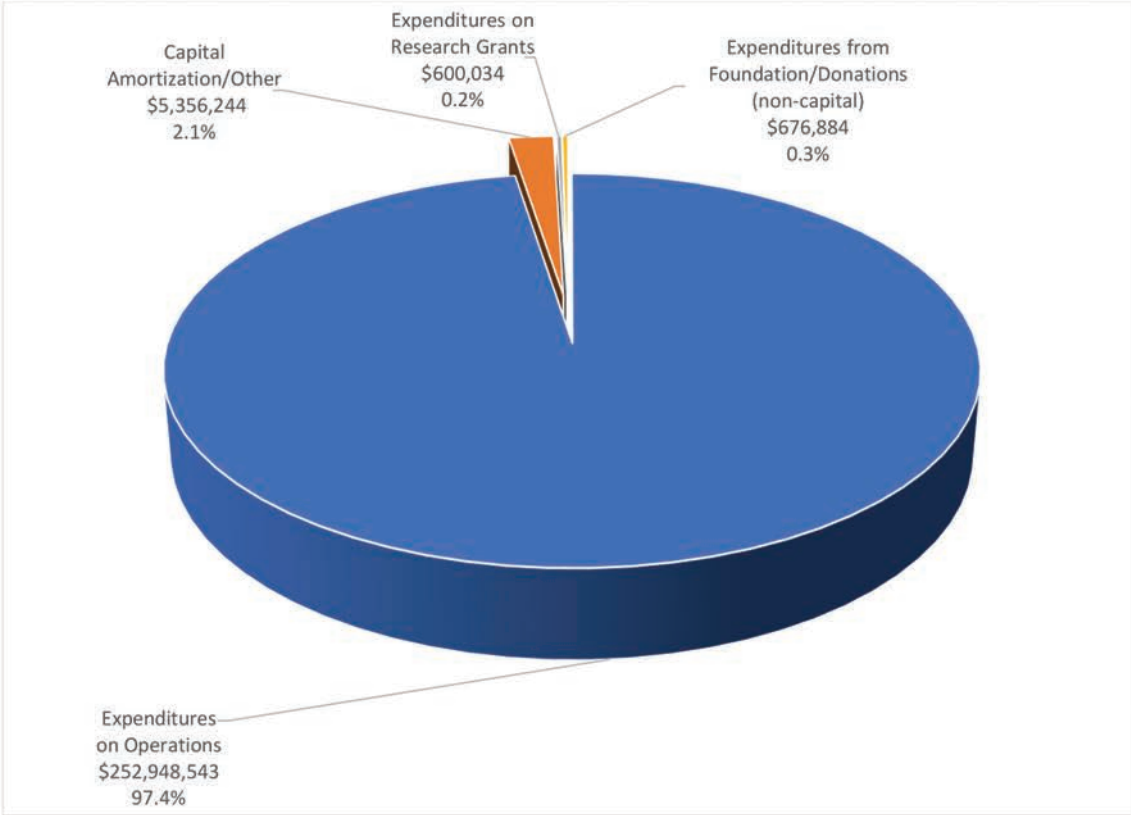
Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2023-24 Amount Awarded
A systematic genome wide effort to identify and validate targetable synthetic dosage lethal interactions of mitotic kinases in cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-24	\$592,875	\$118,575
Systematic profiling of circular RNAs essential for the survival of cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-24	\$573,750	\$114,750
Targeting the EphA2 receptor in triple-negative breast cancer.	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2018-24	\$558,452	\$139,613
Simulated microgravity blocks osteoblastic differentiation and mineralization leading to bone loss via suppressing the FAK/RhoA-regulated Wnt pathway	Natural Sciences and Engineering Research Council	Dr. Jim Xiang	2019-24	\$180,000	\$36,000
Identification of therapeutically relevant targets in telomerase overexpressing prostate cancer	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2021-26	\$983,026	\$98,303
Exploring the nerve-tumor interface to identify novel therapeutic targets for cancer.	Saskatchewan Health Research Foundation	Dr. Franco Vizeacoumar (co-PI) Dr. Anand Krishnan (PI)	2021-24	\$120,000	\$40,000
Development of 3D tissue engineered tumour microtissue models for precision medicine.	Saskatchewan Health Research Foundation	Dr. M. Dean Chamberlain	2022-25	\$120,000	\$40,000
Targeting EphB6 deficiency in breast cancer	College of Medicine, University of Saskatchewan (CoMBridge)	Dr. Franco Vizeacoumar (co-PI) Dr. Andrew Freywald (PI)	2022-24	\$40,000	\$20,000
Exploring DDX41 synthetic lethality in MDS / AML	Cancer Research Society / The Leukemia & Lymphoma Society of Canada (LLSC)	Dr. Yuliang Wu (PI) Dr. Franco Vizeacoumar (co-PI) Dr. Mark Bosch (co-PI)	2023-25	\$200,000	\$100,000
Targeting mitochondrial fission machinery in tumor-initiating cells	Cancer Research Society (CRS)	Dr. Scot Leary (PI) Dr. Franco Vizeacoumar (co-app) Dr. Andrew Freywald (co-app)	2022-24	\$120,000	\$60,000
Targeting metastatic breast cancer	College of Medicine, University of Saskatchewan (CoMBridge)	Dr. Deborah Anderson	2023-25	\$50,000	\$25,000

Financial Summary

Financial Summary

In 2023-24, the Cancer Agency received revenues of \$265.772 million and incurred expenditures of \$259.582 million, resulting in an excess of revenues over expenditures of \$6.190 million. The following chart gives a breakdown of the total expenditures in 2023-24:



Oncology drugs account for a significant portion of the Cancer Agency’s annual expenditures. The Cancer Agency implemented 18 new oncology drug programs and 18 new indications for existing drugs during the fiscal year. All new drugs/indications were reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR), and subsequently negotiated by the pan-Canadian Pharmaceutical Alliance (pCPA). Salaries and Benefits account for most non-drug operating costs.

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

Management Report

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

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

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

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



Deb Bulych
President and Chief Executive Officer



Braden Giblett
Chief Financial Officer

Date

May 17, 2024

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

Opinion

We have audited the financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2024, and the statement of operations, statement of changes in net financial assets (debt) and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2024 and the results of its operations, changes in its net financial assets (debt), and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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Independent Auditor's Report



PROVINCIAL AUDITOR
of Saskatchewan

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

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

Regina, Saskatchewan
May 17, 2024

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

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

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2023-24 Financial Statements

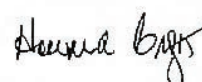
Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	<u>2024</u>	<u>2023</u>
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 14,788,781	\$ 18,926,987
Accounts receivable:		
- Ministry of Health – General Revenue Fund	3,849,021	250,000
- Other	<u>27,769,080</u>	<u>17,864,391</u>
Total Financial Assets	<u>\$ 46,406,882</u>	<u>\$ 37,041,378</u>
LIABILITIES		
Accounts payable	\$ 15,658,693	\$ 16,796,775
Accrued salaries	6,637,299	2,300,310
Vacation payable	1,919,537	1,621,035
Deferred revenue (Note 7)	247,115	261,495
Employee future benefits (Note 8)	<u>3,637,400</u>	<u>3,435,500</u>
Total Liabilities	<u>28,100,044</u>	<u>24,415,115</u>
NET FINANCIAL ASSETS	<u>18,306,838</u>	<u>12,626,263</u>
NON-FINANCIAL ASSETS		
Tangible capital assets (Note 4)	31,811,808	32,226,640
Inventory held for use	22,428,423	21,232,880
Prepaid expenses	<u>1,462,526</u>	<u>1,733,753</u>
Total Non-Financial Assets	<u>55,702,757</u>	<u>55,193,273</u>
ACCUMULATED SURPLUS	<u>\$ 74,009,595</u>	<u>\$ 67,819,536</u>
Contractual Obligations (Note 5)		



Ron Waschuk
Board Chair



Howard Crofts, FCPA, FCA
Finance and Audit Committee Chair

2023-24 Financial Statements

Statement 2

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

	Budget 2024 (Note 11)	2024	2023
REVENUES			
Ministry of Health	\$ 229,687,605	\$ 257,015,179	\$ 228,424,620
Grants	2,517,539	2,903,003	2,753,568
Donations	-	652,195	878,442
Investment income	498,100	1,204,455	739,336
Other revenues	2,572,545	3,996,932	3,206,400
	<u>235,275,789</u>	<u>265,771,764</u>	<u>236,002,366</u>
EXPENSES (Schedule 3)			
Clinical services	47,756,800	54,140,104	45,348,547
Care services	51,078,786	50,184,309	45,031,926
Pharmacy & drugs	99,075,664	108,445,111	90,947,159
Population health	18,216,855	17,237,524	19,870,833
Research	1,383,921	1,368,937	1,311,476
Corporate services	21,054,581	20,096,042	18,459,385
Other expenses	2,843,748	8,109,678	6,023,796
Restructuring transaction (Note 14)	-	-	706,650
	<u>241,410,355</u>	<u>259,581,705</u>	<u>227,699,772</u>
Annual surplus (deficit)	(6,134,566)	6,190,059	8,302,594
ACCUMULATED SURPLUS, BEGINNING OF YEAR	<u>67,819,536</u>	<u>67,819,536</u>	<u>59,516,942</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ 61,684,970</u>	<u>\$ 74,009,595</u>	<u>\$ 67,819,536</u>

2023-24 Financial Statements

Statement 3

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

	Budget 2024 (Note 11)	2024	2023
Annual surplus (deficit) (Statement 2)	\$ (6,134,566)	\$ 6,190,059	\$ 8,302,594
Net acquisition of tangible capital assets (Note 4)	(20,484,522)	(4,938,399)	(6,907,856)
Amortization of tangible capital assets (Note 4)	4,000,000	5,339,931	3,518,840
Loss on disposal of tangible capital assets	-	13,300	112,989
Restructuring transaction (Note 14)	-	-	706,650
	<u>(22,619,088)</u>	<u>6,604,891</u>	<u>5,733,217</u>
Net (increase) in inventory	-	(1,195,543)	(1,284,915)
Net (increase) decrease in prepaid expenses	-	271,227	(142,979)
CHANGE IN NET FINANCIAL ASSETS (DEBT)	<u>(22,619,088)</u>	<u>5,680,575</u>	<u>4,305,323</u>
NET FINANCIAL ASSETS, BEGINNING OF YEAR	<u>12,626,263</u>	<u>12,626,263</u>	<u>8,320,940</u>
NET FINANCIAL ASSETS (DEBT), END OF YEAR	<u>\$ (9,992,825)</u>	<u>\$ 18,306,838</u>	<u>\$ 12,626,263</u>

2023-24 Financial Statements

Statement 4

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

	<u>2024</u>	<u>2023</u>
Cash provided by (used in):		
OPERATING ACTIVITIES		
Annual surplus (Statement 2)	\$ 6,190,059	\$ 8,302,594
Net change in non-cash working capital (Note 3)	(10,743,097)	(1,896,826)
Amortization of tangible capital assets (Note 4)	5,339,931	3,518,840
Loss on disposal of tangible capital assets	13,300	112,989
Restructuring transaction (Note 14)	-	706,650
	<u>800,193</u>	<u>10,744,247</u>
CAPITAL ACTIVITIES		
Purchase of tangible capital assets (Note 4)	<u>(4,938,399)</u>	<u>(6,907,856)</u>
Net increase (decrease) in cash and cash equivalents during the year	(4,138,206)	3,836,391
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>18,926,987</u>	<u>15,090,596</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 14,788,781</u>	<u>\$ 18,926,987</u>

2023-24 Financial Statements

SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2024

1. LEGISLATIVE AUTHORITY

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

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

a) Basis of accounting

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

b) Revenue recognition

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

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

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

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

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

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

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c) Cash and cash equivalents

Cash and cash equivalents consist of bank accounts with financial institutions and any investments with a term to maturity of 90 days or less. Balances are recorded at fair value.

d) Inventory held for use

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

e) Tangible capital assets

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

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

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

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

f) Non-financial assets

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

g) Employee future benefits

(i.) *Pension plan:*

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

(ii.) *Disability income plan:*

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

(iii.) *Accumulated sick leave benefit liability:*

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

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h) Measurement uncertainty

In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known. Significant items subject to such estimates and assumptions include the accrual of payroll and benefit costs including those related to CBA negotiations, accrual of costs for services provided by the Saskatchewan Health Authority and the estimates of the useful lives of tangible capital assets.

i) Financial instruments

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

Financial instruments in the fair value category are recorded at their initial transaction price/cost less any impairments which approximates their fair value to the short-term nature of these items.

j) Leases

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

k) Deferred revenue

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

l) Prepaid expenses

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

m) New accounting standards in effect

A number of Canadian public sector accounting standards became effective April 1, 2023. The Cancer Agency's adoption of PS 3400 Revenue, PS 3160 Public Private Partnerships, and PSG-8 Purchased Intangibles did not impact its financial statements.

n) Future changes in accounting policies

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

(i.) Conceptual Framework (effective April 1, 2026) replaces Financial Statement Concepts, Section PS 1000, and Financial Statement Objectives, Section PS 1100, which will be withdrawn.

(ii.) PS 1202 Financial Statement Presentation (effective April 1, 2026) a new standard ensuring increased understanding of financial statements and the indicators within them, and provides improved accountability information for users.

The Cancer Agency plans to adopt these new standards on the effective date and is currently analyzing the impact this will have on its financial statements.

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3. NET CHANGE IN NON-CASH WORKING CAPITAL

	2024	2023
(Increase) in accounts receivable	\$(13,503,710)	\$ (2,837,195)
Increase (decrease) in accounts payable	(1,138,082)	3,780,427
Increase (decrease) in accrued salaries	4,336,989	(1,352,679)
Increase (decrease) in vacation payable	298,502	(35,433)
(Decrease) in deferred revenue	(14,380)	(235,752)
Increase in employee future benefits	201,900	211,700
(Increase) in inventory held for use	(1,195,543)	(1,284,915)
(Increase) decrease in prepaid expenses	271,227	(142,979)
	<u>\$(10,743,097)</u>	<u>\$ (1,896,826)</u>

4. TANGIBLE CAPITAL ASSETS

	Land and Improvements	Buildings	Leasehold Improvements	Equipment and Furniture	2024	2023 (restated) ¹
Cost, beginning of year	\$ 280,297	\$ 27,866,221	\$ 21,788,222	\$ 51,634,550	\$ 101,569,290	\$ 98,952,752
Additions	-	1,728,794	1,386,727	1,822,878	4,938,399	6,907,856
Adjustments	-	-	-	47,147	47,147	1,875,232
Restructuring (Note 14)	-	-	-	-	-	(2,130,922)
Disposals	-	-	-	(763,030)	(763,030)	(4,035,628)
Cost, end of year	<u>280,297</u>	<u>29,595,015</u>	<u>23,174,949</u>	<u>52,741,545</u>	<u>105,791,806</u>	<u>101,569,290</u>
Accumulated amortization, beginning of year	-	21,932,141	16,249,698	31,160,811	69,342,650	69,295,489
Amortization	-	498,988	708,266	4,132,677	5,339,931	3,518,840
Adjustments	-	-	-	24,359	24,359	1,875,232
Restructuring (Note 14)	-	-	-	-	-	(1,424,272)
Disposals	-	-	-	(726,942)	(726,942)	(3,922,639)
Accumulated amortization, end of year	<u>-</u>	<u>22,431,129</u>	<u>16,957,964</u>	<u>34,590,905</u>	<u>73,979,998</u>	<u>69,342,650</u>
Net Book Value	<u>\$ 280,297</u>	<u>\$ 7,163,886</u>	<u>\$ 6,216,985</u>	<u>\$ 18,150,640</u>	<u>\$ 31,811,808</u>	<u>\$ 32,226,640</u>

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¹In 2021-22, the SCA incorrectly recorded the disposal of a piece of equipment. This asset had no net book value. This adjustment reflects the SCA adding the cost and amortization back into its financial records.

Work in progress amount included in the assets above is \$2,868,400 (2023 - \$5,520,961).

5. CONTRACTUAL OBLIGATIONS

a) Tangible capital asset acquisitions

At March 31, 2024, contractual obligations for acquisition of tangible capital assets are \$5,672,001 (2023 - \$6,245,646).

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

2024-25	3,220,869
2025-26	3,232,220
2026-27	2,904,511
2027-28	2,586,786
2028-29	1,383,566

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, 2024 will continue to be contracted for the following fiscal year. In the year ended March 31, 2024, the Cancer Agency contracted services amounting to \$8,399,197 (2023 - \$9,998,106).

6. CANCER PATIENT LODGES

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

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7. DEFERRED REVENUE

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non-Government of Saskatchewan Initiatives				
Clinical Trials Awards	\$ 145,677	\$ 30,000	\$ -	\$ 115,677
U of S - Gynecology Academic Services	17,099	17,099	-	-
CCS - Data Transformation	70,640	-	-	70,640
Myeloma Canada - Identifying Gaps in Care	-	-	8,154	8,154
AstraZeneca				
Mainstreaming Project	-	-	10,000	10,000
Enhancing Peri-Operative Care	-	-	30,000	30,000
Canadian Partnership Against Cancer				
Cervical Cancer Screening	12,268	104,372	92,104	-
Northern Inter-Tribal Health Authority	12,644	-	-	12,644
Canadian Cancer Strategy for Cancer Control	3,167	168,096	164,929	-
Total Deferred Revenue	\$ 261,495	\$ 319,567	\$ 305,187	\$ 247,115

8. EMPLOYEE FUTURE BENEFITS

a) Pension plan

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

- (i.) Public Employees Pension Plan (PEPP) is a defined contribution pension plan and is the responsibility of the Government of Saskatchewan. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and employee benefits in Schedule 3.
- (ii.) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services at a ratio of 1.12 to 1. Pension expense for the year is included in salaries and employee benefits in Schedule 3. The last actuarial valuation was performed as at December 31, 2022 and the results have been extrapolated to December 31, 2023.

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			2024	2023
	SHEPP	PEPP	Total	Total
Number of active members	190	762	952	935
Member contribution rate, percentage of salary	8.10% - 10.70%	7.60%		
Cancer Agency contribution rate, percentage of salary	9.07% - 11.98%	8.76%		
Member contributions (thousands of dollars)	\$ 1,092	\$ 4,545	\$ 5,637	\$ 5,281
Cancer Agency contributions (thousands of dollars)	\$ 1,224	\$ 5,401	\$ 6,625	\$ 6,191

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2024. Inactive members are not reported by the Cancer Agency.

b) Disability income plans

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

Public Employees Disability Income Plan – Disability income plan for out-of-scope staff, administered by Plannera Pensions and Benefits (Plannera). 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 this plan is included in salaries and employee benefits in Schedule 3 and is equal to the contribution amount below.

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

			2024	2023
	Public Employees Plan	SGEU	Total	Total
Number of active members	185	792	977	960
Member contribution rate, percentage of salary	0.97%	1.50%		
Cancer Agency contribution rate, percentage of salary	1.17%	0.00%		
Member contributions (thousands of dollars)	\$ 312	\$ 718	\$ 1,030	\$ 971
Cancer Agency contributions (thousands of dollars)	\$ 365	\$ -	\$ 365	\$ 359

c) Accumulated sick leave liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected unit credit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. An actuarial extrapolation was completed on March 31, 2024. Key assumptions used as inputs into the actuarial calculation are as follows:

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	2024	2023
Discount rate (per annum)	4.30%	3.90%
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		
Age 20	4.80%	4.80%
Age 25	4.10%	4.10%
Age 30	3.90%	3.90%
Age 35	3.70%	3.70%
Age 40	2.90%	2.90%
Age 45	2.50%	2.50%
Age 50	2.40%	2.40%
Age 55	2.70%	2.70%
Age 60 and over	2.70%	2.70%

	2024	2023
Accrued benefit obligation, beginning of year	\$ 3,435,500	\$ 3,223,800
Cost for the year		
Current period benefit costs	488,700	503,300
Interest expense	142,500	115,300
Actuarial losses	33,700	49,000
Benefits paid during the year	(463,000)	(455,900)
Accrued benefit obligation, end of year	\$ 3,637,400	\$ 3,435,500

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9. RELATED PARTY TRANSACTIONS

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

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

10. FINANCIAL INSTRUMENTS

a) Significant terms and conditions

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

b) Financial risk management

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

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

c) Credit risk

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

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

	2024	2023
Cash and cash equivalents	\$ 14,788,781	\$ 18,926,987
Accounts receivable		
Ministry of Health - General Revenue Fund	3,849,021	250,000
Other	27,769,080	17,864,391
	<u>\$ 46,406,882</u>	<u>\$ 37,041,378</u>

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

Management reviews accounts receivable to determine if a valuation amount is necessary to reflect impairment in collectability. For March 31, 2024, the Cancer Agency does not deem one as necessary.

d) Market risk

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

(i.) *Foreign exchange risk:*

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

(ii.) *Interest rate risk:*

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

Financial assets and financial liabilities with variable interest rates expose the Cancer Agency to cash flow interest rate risk. The Cancer Agency is exposed to interest rate fluctuations on interest it earns in its bank account and any investments it holds.

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, 2024, 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 \$464,069 (2023 - \$370,414).

(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. All of its financial instrument liabilities are due and payable within one year. 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, 2024, the Cancer Agency has a cash and cash equivalents balance of \$14,788,781 (2023 - \$18,926,987).

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(iv.) *Fair value:*

Financial instruments are categorized as level 1 in the fair value hierarchy (based on observable inputs) and have not changed from the prior year. The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

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

As at March 31, 2024, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2023 – none).

11. BUDGET

The 2023-24 budget plan was approved by the Cancer Agency's Board of Directors on May 19, 2023.

12. COLLECTIVE BARGAINING AGREEMENT

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

13. CANCER FOUNDATION OF SASKATCHEWAN

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

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14. RESTRUCTURING TRANSACTIONS

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

The Cancer Agency is responsible for the planning, organization, delivery, and evaluation of cancer care services throughout Saskatchewan in collaboration with SHA and other health care organizations. On April 1, 2022 the SHA assumed responsibility of the ongoing operation of mammography examination and interpretation services associated with the Breast Cancer Screening Program from the Cancer Agency. This included capital assets owned by the Cancer Agency which were used to provide these services.

Additionally, a subsequent transfer of capital assets related to the mobile mammography bus was made effective March 31, 2023. No such transfer was made in 2023-24.

From the date of the transfer to March 31, 2023, the Cancer Agency received \$3 million in funding from the Ministry of Health for the Breast Cancer Screening Program. The Cancer Agency transferred the funding to the SHA during 2022-23. The Cancer Agency received no funding for this program in 2023-24.

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

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

	<u>2024</u>	<u>2023</u>
Carrying amount of assets transferred:		
Tangible capital assets transferred at April 1, 2022	\$ -	\$ 686,033
Tangible capital assets transferred at March 31, 2023	-	<u>20,617</u>
Total net carrying amount transferred	<u>\$ -</u>	<u>\$ 706,650</u>

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Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULES OF

BOARD MEMBER REMUNERATION For the Year Ended March 31, 2024

Board Members	2024					2023
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total ⁽¹⁾	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 3,956	\$ 1,763	\$ 4,686	\$ 20,365	\$ 26,164
Board Members:						
Crofts, Howard	-	5,794	316	1,112	7,222	7,371
Ravis, Don	-	3,350	375	1,199	4,924	6,663
Scott, Kelly	-	3,108	488	1,808	5,404	6,354
Lukiwski, Tom ⁽²⁾	-	2,300	375	1,725	4,400	4,104
Rice, Marilyn ⁽³⁾	-	2,674	538	1,621	4,833	3,231
Wyatt, Gordon ⁽⁴⁾	-	3,688	763	2,314	6,765	5,612
Gryba, Catherine ⁽⁵⁾	-	1,288	-	114	1,402	756
Cook, Cheryl ⁽⁶⁾	-	2,788	300	1,127	4,215	675
Finnie, Doug ⁽⁷⁾	-	-	-	-	-	2,069
Total	\$ 9,960	\$ 28,946	\$ 4,918	\$ 15,706	\$ 59,530	\$ 62,999

(1) Board Member remuneration will fluctuate from member to member based on the number of Board and committee meetings that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province. The time commitment and therefore the level of remuneration is higher for those who are chairs of the Board committees.

(2) Tom Lukiwski was appointed to the Board on June 16, 2022.

(3) Marilyn Rice was appointed to the Board on June 16, 2022.

(4) Gordon Wyatt was appointed to the Board on June 16, 2022.

(5) Catherine Gryba was appointed to the Board on November 30, 2022.

(6) Cheryl Cook was appointed to the Board on November 30, 2022.

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

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Schedule 2

SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2024

Senior Employees	2024			2023
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Dr. Jon Tonita, Chief Executive Officer ⁽³⁾	\$ -	\$ -	\$ -	\$ 61,290
Deb Bulych, Chief Executive Officer ⁽⁴⁾	282,231	8,078	290,309	260,853
Dr. Shazia Mahmood, Vice-President, Medical Services	527,085	-	527,085	530,073
Denise Budz, Vice-President, Care Services ⁽⁵⁾	212,796	-	212,796	155,618
Kevin Wilson, Vice-President, Population Health, Quality & Research ⁽⁶⁾	233,390	-	233,390	233,235
Karen Efthimiou, Vice-President, Population Health, Quality & Research ⁽⁷⁾	35,577	-	35,577	-
Ron Dufresne, Vice-President, Corporate Services	224,456	878	225,334	207,383
Total	\$ 1,515,535	\$ 8,956	\$ 1,524,491	\$ 1,448,452

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

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

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

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

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

(6) Kevin Wilson left the Agency on December 14, 2023.

(7) Karen Efthimiou started with the Agency on January 22, 2024.

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Schedule 3

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2024

	Budget 2024 (Note 11)	2024	2023
EXPENSES			
Salaries and employee benefits	\$ 105,823,685	\$ 107,725,978	\$ 97,608,434
Drugs and medical supplies	90,088,664	99,156,845	82,210,379
Contracted staff and physicians	20,683,570	23,535,010	21,092,925
Amortization	4,000,000	5,339,931	3,518,840
Other expenses	3,886,892	6,936,773	6,819,345
Purchased services	3,591,900	3,955,035	3,246,409
Rent of buildings	3,023,776	2,976,457	2,317,443
Repairs and maintenance	2,876,631	2,773,415	2,755,973
Professional fees	2,536,604	2,538,971	2,113,884
Office supplies and other office costs	2,454,924	2,440,147	2,485,629
Clinical and other supplies	1,121,713	1,134,618	1,172,320
Research grants	600,034	600,034	404,821
Grants to Third Party	413,210	116,021	740,067
Housekeeping and laundry	308,752	339,170	393,664
Loss on disposal of tangible capital assets	-	13,300	112,989
Restructuring transaction (Note 14)	-	-	706,650
	<u>\$ 241,410,355</u>	<u>\$ 259,581,705</u>	<u>\$ 227,699,772</u>

Payee Disclosure Lists

FOR THE YEAR ENDED MARCH 31, 2024

Personal Services

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

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
ABBS-WEST	JENELLE	98,964	BELL	JOEY	55,240
ADAM	LISA	144,955	BENDICO	SAMAHLEE	57,569
ADIGUN	NIKE	87,720	BER	JACLYN	61,327
AFZAL	SAADIA	73,415	BERGAN	NICOLE	77,326
AHMAD	NAZIR	271,125	BERNAUER	SANDRA	87,072
AHMED	SHAHID	466,047	BERZOLLA	WAYNE	99,629
ALBAR	JULIA	69,291	BIEVER	BREANNA	74,477
ALEXANDER	ANDREW	66,054	BILASH	TRISTAN	86,396
ALI	MAGDI	369,123	BLACK	MEGAN	99,401
ALLAN	JOYCE	98,165	BLAZEIKO	COURTNEY	100,253
ALMASI-TAIT	KAREN	105,169	BLAZEIKO	JONATHAN	95,334
ALSAFAR	NOURA	269,574	BOECHLER	LUKE	112,742
ALTON	SARA	95,235	BOEHM	DARRYL	158,170
ALVI	RIAZ	146,060	BOERSMA	JOHN	100,492
AMIN	MARGIBEN	64,973	BOLT	RACHEL	102,446
ANDERSON	DEBORAH	197,179	BONNELL	GABRIEL	68,689
APPADU	SRIVENKATESSA	70,772	BORTIS	JANELLE	115,841
ASH	SHEILA	69,039	BOSCH	BRENNAN	133,128
ASPEN	REBECCA	149,295	BOSCH	MARK	465,125
AUDITOR	ERICKA	101,131	BOTT	JESSICA	55,788
BABIY	PATRICIA	57,013	BOURASSA	AMY	79,954
BADEN	HUSSEIN	531,539	BOUVIER	KYLA	63,434
BAISLEY	JULIE-ANN	105,121	BOYKO	RILEY	71,699
BANMAN	TERESA	72,300	BRADBURN	SHELAN	55,130
BARKWAY	CARLY	65,194	BRADEL	THERESA	181,319
BARKWAY	SARAH	119,289	BRENZIL	MARLENE	86,274
BARLOW	STACY	66,761	BRIGGS	SHERI	107,033
BASEY	KIMBERLY	55,176	BRITTON	ALEKSANDRA	123,291
BASIOVE	MITCHELL	73,024	BROCKMAN	RHONDA	86,444
BASTOCK	BRIANNA	59,231	BROLEY	CHANDRA	61,518
BATTIESTE	KEMBURLIN	50,127	BROSE	KELSEY	468,359
BAYFIELD ASH	NICOLA	146,635	BROWNE	KARA	81,246
BAZYLEWSKI	ALYSHA	54,201	BRUNET	BRYAN	454,863
BAZYLEWSKI	PAUL	68,790	BRUSE	LYDIA	87,570
BEAULE	CINDY	59,337	BUATOIS	MELANIE	81,007
BECK	LEANNE	51,387	BUDD	TANYA	65,524
BECKETT	CRAIG	206,487	BUDZ	DENISE	212,796
BECKING	COLLEEN	81,908	BULYCH	DEBORAH	290,309
BEEBE	LARAE	86,502	BUMPHREY	JACQUIE	51,888
BEISEL	THOMAS	99,813	BUNKO	ADA	104,096
BELHUMEUR	KIM	90,643	BURDETT	SUSAN	54,240
BELITSKI	RENEE	147,433	BURKHART	STACEY	51,210

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
BURKI	SAADIA	52,201	DAVID	JUSTINE	64,567
BUSSIERE	MATTHEW	120,313	DAVIES	LACI	100,657
BYBLOW	SANDRA	98,790	DAWES	JENNIFER	112,792
BYKOVA	MARGARITA	72,872	DDAMBA	JAMES	284,679
CAMPBELL	LORNA	83,913	DECKER	ALLISON	98,369
CAMPBELL	WANDA	54,881	DECKER	KATHRYN	55,108
CANITZ	ANTON	99,629	DELA CRUZ	ELIZABETH	55,361
CARIGNAN	ROBERT	103,073	DELAINEY	TARA	137,552
CARMICHAEL	KAREN	68,361	DELL	PAIGE	77,240
CARR	MICHELLE	55,430	DERDALL	CARSON	94,950
CARRINGTON	RENEE	54,502	DERKACH	AIMEE	52,180
CARSON	BRETT	93,335	DERRICK	PETER	111,081
CASAVANT	CORRINE	78,499	DESCHAMPS	MICHELLE	119,423
CAZA	ALISON	61,688	DIMAGUILA	TERESA	72,617
CHALCHAL	HAJI	491,462	DOCKRAY	LEANNE	61,518
CHAMBERLAIN	DEAN	118,176	DODMAN	JOHN	89,568
CHANDNA	AYESHA	361,276	DOLATA	WOJCIECH	472,204
CHANDRASEKHAR	AMBIKA	90,190	DREVER	LAURA	205,602
CHAUDHARI	BHAVESH	51,446	DRYDEN	ALEXIS	118,315
CHAUDHARY	SIMONE	211,882	DUCHSCHER	DANA	56,960
CHERLAND	SUSAN	100,507	DUFRESNE	RON	225,334
CHIBI	KAITLYN	94,371	DUKE	SARA	79,580
CHINTA REDDY	PRIYANKA	65,146	DUKES	TINA	55,108
CHOQUETTE	HEATHER	113,407	DUNN	KATE	93,159
CHORNAWKA	MOREGAN	61,846	DWERNYCHUK	LYNN	129,398
CHRISTENSON	KENDRA	74,312	DYCKOWSKI	THERESA	103,015
CLARK	REBECCA	82,041	DZIADYK	BROOKE	116,651
CLAYTON	KIMBERLY	103,507	EARIS	TRAVIS	79,116
COCKWILL	RYAN	141,080	EDMUNDS	LAURIE	85,669
COLE	DARELLE	84,137	EDWARDS	TRENT	101,293
COLE	SCOTT	93,674	EGER	SHAYLIN	65,760
CONKLIN	SHELDON	81,036	EL-GAYED	ALI	487,449
CONSTANTINESCU	JENNIFER	69,532	ELSAYED	NAGLAA	138,199
COOK	DARCY	103,298	EL-SAYED	ASSEM	352,030
COONS	RANDI	81,473	EMARA	MOHAMED	366,523
COSFORD	KRISTEN	106,946	ENGLISH	AZURE	123,649
COUSINS	KENAPHA	55,606	ENGLLOT	TEKLA	54,460
COUSINS	SARA ROSE	60,525	ENNS	KAREN	85,771
COVEY	ROXANNE	61,445	ENRIQUEZ	ANNA-LIZA	54,881
COWAN	SARAH	109,747	ERKER	REBECCA	71,391
COWIN	NOAH	96,861	ESMAIL	LINA	101,966
CRAIG	ERNEST	122,052	ESWEDI	ABDULHAKIM	627,879
CRANE	AMANDA	99,138	EWEN PETERSON	LOUISE	63,442
CRANMER-SARGISON	GAVIN	236,741	FARROW	DELEE	86,051
CRERAR KOSHUBA	ROBIN	97,198	FAVEL	MEGAN	69,370
CREWSON	CODY	96,145	FAY	APRIL	102,359
CROSS	DEBORAH	68,724	FENSOM	JILLIAN	135,912
CROZIER	CARLA	84,973	FERGUSON	MICHELLE	180,001
CUACHIN	MARICEL	51,062	FERNER	LINDSAY	111,707
CURRAN	KATLIN	94,848	FIDDLER	KERRI	92,099
DALVI	PRANIL	55,777	FILIPCHUK	MONICA	85,793

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
FIORANTE	JORDAN	81,866	HANSON	CHRISTIN	71,272
FLAMAN	JOSIAH	82,549	HART	CAROLINE	246,797
FLORES	ELNA MARIE	54,934	HASTINGS	JAMES	99,383
FOGAL	STACEY	88,894	HAUGAN	SASHA	80,007
FOLLACK	TYSON	117,209	HAUTCOEUR	ARIELLE	55,454
FONAGY	RHONDA	70,713	HAWKINS	PAMELA	67,329
FONDRICK	LACEY	61,081	HAWRYLUK	WANDA	61,850
FONG	YVONNE	81,223	HAYES	KATHERINE	79,123
FONTAINE	CHELSEY	63,723	HAYES	KYLA	54,081
FOSTER	BRENDA	95,829	HEGYI	BRANDI	68,861
FOSTER	LISA	101,643	HEINRICH	ARLENE	92,288
FOX	PAULINE	100,178	HELFRICK	HEATHER	102,452
FRANK	TRACY	84,870	HENDRIKS	KEELEY	92,911
FREI	MARLA	54,781	HENIN	NEVINE	363,610
FRIEDRICH	KIMBERLY	57,582	HEPTING	JACLYN	101,172
GALLIVAN	ANDREA	66,148	HERASYMUIK	LAURA	59,998
GARRATT	KEVIN	114,235	HERLE	CHANDRA	96,299
GATIN	ERINN	77,253	HETKE	MORGAN	63,402
GEE	OLIVIA	87,274	HICKS	JOLENE	115,387
GEISLER	RYAN	94,764	HIEBERT	BRENDA	62,478
GEISLER	SHAWN	87,111	HO	JENNY	82,053
GENDALL	MONTY	184,874	HOBSON	RAELENE	110,567
GEORGE	JANET	66,922	HODGINS	DEBRA	123,492
GERHARDT	SARA	94,223	HOFFMAN	TANYA	85,503
GERVAIS	AMANDA	98,127	HOLFELD	KYLE	59,099
GIBSON	DELLA	56,146	HOLLICKY	JACQUELINE	50,679
GILLIE	SARAH	97,336	HOPKINS	BLAIRE	53,775
GILLILAND	TAYLOR	67,003	HORDOS	JANELLE	117,351
GIROUX	JASMIN	53,719	HORNSETH	SHYANNE	102,673
GLASS	LISA	100,671	HOUK	GRAHAM	116,964
GLASS	TRACY	56,546	HOUSHMAND	SHAUNA	126,682
GLENISTER	SHANNON	97,307	HUGHES	JILLIAN	113,269
GLUM	JONATHAN	80,537	HUNDEBY	SHANNON	67,844
GOMEZ	SHIRLITA	59,080	HYMERS	TIFFANY	84,588
GOOD	CARLENE	104,414	INGENTHRON	NICOLE	86,455
GOODMAN CHARTIER	SANDRA	85,868	IQBAL	MUSSAWAR	480,556
GOODYEAR	GENNY	63,783	ISAAC	STEPHANIE	93,120
GOUBRAN-MESSIHA	HADI	465,020	ISLAM	MOHAMMED	94,652
GOUGH	MARGOT	102,297	ISMAIL	WALEED SABRY	499,818
GOWRISHANKAR	BRANAWAN	385,246	JACOBSON	AMANDA	116,089
GRAY-LOZINSKI	DENISE	77,576	JAIGOBIN HUDY	BEVERLY	67,486
GREGORY	SHERI	89,345	JAMES	MICHELLE	82,517
GUDMUNDSON	JANELLE	113,030	JAMESON	BRENDA	160,846
GYORFI	KEELY	68,122	JANZ	JESSICA	50,025
GYUG	JORDAN	90,043	JANZEN	TRACIE	86,214
HADLAND	SHANE	102,244	JARVIS	SARAH	96,680
HAGEL	KIMBERLY	463,602	JASKEN	HALEY	85,457
HAIDER	KAMAL-UDDIN	456,847	JELOVIC	ANDREW	92,956
HALA	KAREN	71,941	JESSUP	GREGORY	100,313
HALSTEAD	KELSEY	118,751	JOHNSON	APRIL	91,945
HAMILTON	DAYNA	92,892	JOHNSON	KATE	350,406

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
JOHNSTONE	TERRILEE	61,431	LANDSTAD	TARALYN	54,929
JONES	SHANNON	70,199	LANGSTON	DANIELLE	149,492
JORGENSEN	BRYAN	147,877	LARSEN	DERRICK	73,160
JUDD	ALISON	105,674	LAURSEN	BECKY	107,801
KABAN	SUSAN	69,909	LAZAR	CAITLYN	89,183
KAMINSKI	DOUG	97,676	LEASK	JESSICA	104,778
KARAMAT	MUHAMMAD	87,263	LECHNER	MEGHAN	85,441
KAUR	HARPREET	146,378	LECLAIRE	CAITLIN	82,878
KEFFER	MELODIE	69,991	LEE	SUET YING	75,270
KELL	TRACY	94,733	LEGARE	ANGELA	94,622
KELLER	BROOKE	57,814	LEWIS	MARGARET	119,798
KENNEDY	LISA	88,321	LIANG	VENESSA	114,330
KENT	MACKENZIE	83,255	LISS	SHAVAUN	69,962
KEULER	LISA	95,295	LITTLE	CYNTHIA	99,507
KEVINSEN	KELSEY	100,507	LITZENBERGER	TREIGHTON	63,639
KEYS	MILANA	83,490	LIU	XIA	72,580
KHAN	ASMA	87,875	LIVINGSTONE	CHARLY	96,253
KHAN	MUHAMMAD	467,221	LOBZUN	KEVIN	116,166
KHARE	AJINKYA	100,526	LOGAN	REBECCA	122,194
KILBACK	KRISTIN	100,343	LOMENDA	VANESSA	73,166
KINVIG	SAMANTHA	65,697	LOPEZ	MARIA LORENA	53,112
KIRBY	KRISTEN	79,594	LUCERO	DARLENE	72,914
KIWANUKA	STINTA	78,410	LUOMA	SHERI	69,143
KODAD	SHRUTHI	262,724	MAAS	BENJAMIN	463,286
KOLOSNAJI	ALEKSANDER	115,507	MAC	STEPHANIE	114,782
KOLT	CORY	61,230	MACDONALD	COLIN	93,237
KOOB	TENIELLE	81,079	MACDONALD	JANICE	98,547
KOOLEN	MEGAN	55,708	MACEDWARD	KATHY	97,856
KOROLUK	MELISSA	54,881	MACERA	FRANCESCA	95,904
KOROSCIL	LYNETTE	86,373	MACKAY	JANET	54,039
KORTE	RACHELLE	50,612	MACKIE	JORDYN	95,159
KOSLOSKI	JUDY	76,748	MAGNIEN	KATHERINE	123,111
KOSOKOWSKY	RACHELLE	84,581	MAGOSSE	MATTHEW	95,833
KOSTYNIUK	LINDSAY	100,558	MAH VUONG	PEARL	74,308
KOVACS	CINDY	98,690	MAHMOOD	REHAN	370,090
KOWBEL	BEVERLY	139,844	MAHMOOD	SHAZIA	527,085
KOZIE	SERENA	109,438	MAIER	REBECCA	57,520
KREIS	CARIE	62,047	MAILLOT	LAURELL	72,073
KROEKER	DANA	93,234	MALINOWSKI	SHERI	106,760
KRUGER	LANA	105,488	MAMBIL	ALDRIN	85,189
KRUSHEL	DANA	56,314	MAPLETOFT	SAMANTHA	114,231
KSZYNIUK	KELLI	51,417	MARCHANT	KRISTIN	217,675
KUMAR	SURESH	369,410	MARTEL	JESSICA	93,662
KUNDAPUR	VIJAYANANDA	479,824	MARTIN	CHANTEL	116,567
KUYEK	SHERRY	94,246	MARTIN	STACY	80,504
LACEY	JILL	122,436	MARTIN	TIANNA	77,009
LACEY	KEVIN	178,296	MARTINSON	ALEXANDRA	135,747
LAING	DAVID	92,393	MASARATE	ANNE	50,019
LANDRY	SERENA	85,726	MATHESON	COLIN	54,589

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
MAYBIN	SUSAN	50,873	NISTOR	GAIL	71,609
MCAULEY	KAREN	100,499	NOOR	SYED	370,764
MCCLEAN	STEPHANIE	101,466	NORMAN	CARLA	80,405
MCCORMICK	CECILIA	69,932	NORMAN	PAMELA	67,746
MCCORRISTON	PAIGE	70,479	NSUNGU	HILDE	59,694
MCDOUGALL	ELIZABETH	94,695	NYGAARD	TRACY	76,673
MCDUFF	DESIREE	70,620	O'BRIEN	LAURA	56,865
MCEWEN	DENISE	90,450	ODNOKON	JORDYN	67,972
MCGINN	STEPHANIE	85,175	ODONNELL	KAITLIN	91,582
MCGREGOR	CHERITH	75,178	OKRAINETZ	TYRONE	102,720
MCINNIS	AMY	68,773	OLESEN	NATASHA	108,361
MCIVOR	SARAH	100,734	OMOLE	BUSOLA	58,307
MCKAY	COURTNEY	86,680	ONEILL	DARCIE	83,436
MCKAY	LETITIA	97,669	OTHMAN	IBRAHEEM	487,903
MCKAY	MADDISON	51,612	OTITOJU	CHANTEL	97,915
MCKENZIE	JENNIFER	104,282	OUELLETTE	CORY	86,222
MCLEAN	JESSICA	116,595	OVERLAND	DAVIN	120,843
MCMURPHY	DENISE	57,081	PACULAN	MELODY	68,169
MCVICAR	LAURIE	98,768	PADMANABHAN	ARUNA	54,963
MEENA	KAITLIN	98,150	PAINCHAUD	ALEXANDRA	85,138
MELNYK	ASHLEY	82,703	PALMER	LEAH	113,233
MELSTED	REBECCA	84,706	PAMONAG	ARLENE	55,043
MEMON	MANZOOR	305,701	PANHWAR	AMANULLAH	331,713
MENTANKO	KELLY	99,629	PANKRATZ	MICHAELA	94,747
METZ	MELANIE	51,108	PARR	BRITTANY	55,597
MICHEL	MARISSA	61,979	PASS	DANIELLE	103,880
MILLIGAN	LAURA	54,881	PATEL	YAMINKUMAR	76,862
MILNER	NATALYA	81,973	PATEMAN	JULIE	56,331
MIR	TASKIA	431,164	PATTERSON	JANET	85,954
MITCHELL	LAUREL	98,524	PAUL	ARLENE	55,520
MOENS	LISA	80,081	PAUL	MACKENZIE	56,041
MOLDE	KELLI	91,729	PAUL	TERRY-LYN	50,402
MONTEITH	JENNIFER	57,350	PAVLOV	PETRA	82,297
MOORE	JOCELYN	456,817	PAWAR	PRIYA	56,252
MORTON	DANIEL	168,195	PAYNE	KRYSTLE	54,803
MUMM	AMANDA	52,119	PEARCE	LAURIE	76,378
MUNRO	RILEY	53,045	PEARSON	DEREK	421,419
MURCHISON	MALLORY	95,352	PEDULLA	ANNAMARIA	57,557
MUSA	ABEER	364,070	PEKAR	JULIUS	194,707
MYCHAN	ALENA	56,440	PELLETIER	DEVON	104,168
NADEAU	SARAH	104,966	PELZER	LINDSAY	96,311
NARASIMHAN	GOPINATH	104,041	PENNA	STEPHANIE	99,009
NARGANG	KELLI	50,591	PENNER	MELANIE	88,689
NELSON	ALYSHA	52,291	PERRY	CHANTAL	111,540
NERNBERG	KAITLYN	87,681	PERRY	EMILY	97,000
NEUFELD	LAUREN	87,681	PETARIO	YSABELLE	80,808
NEUFELD	REBEKAH	91,884	PETERSON	NATASIA	67,234
NICHOLSON	KARA	120,435	PHAM	CHANTALE	89,419
NICHOLSON	MATTHEW	447,159	PHILLIPS	LEAH	123,490

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
PICOT	REBECCA	59,832	SCHULTZ	DANIELLE	89,478
PIERLOT	JOAN	117,723	SCHULTZ	KAYLA	50,929
PIPER	JAIMIE	100,303	SCHUMANN	IRMGARD	100,199
POLL	RENISE	74,368	SCHWARTZ	LYNDON	113,731
POLOS	SHELLEY	112,710	SCHWARTZENBERGER	DELINDA	94,472
POMEDLI	BELINDA	72,156	SEBASTIAN	KIMBERLY	89,164
PORTER	CARLIE	57,171	SEBASTIAN	SHAUNA	97,668
POULIOT	KELSEY	105,310	SEBASTIAN-BARNABY	LAURA	92,324
POULTON	NADINE	99,521	SEIDLER	JANELLE	64,744
POWELL	SARA	60,103	SELCH	TARALYN	96,856
POWER	KATRINA	111,703	SHAW	JUDY	96,786
PREVOST	NATASHYA	69,223	SHERIN	DANIELLE	159,909
PRIOR	ANGELA	56,269	SHEVTSOV	DANIELA	59,563
PROCYK	BERNADETT	68,646	SHINKEWSKI	PATTY	69,728
QURESHI	KAHEKASHAN	376,756	SHKABARA	MYROSLAVA	94,725
RAMIREZ MARMOL	ALEXIS	348,550	SHOUMAN	MOHAMED	317,175
RATHGEBER	SARAH	119,825	SHUFLITA	LAUREEN	57,950
REHAN	HINA	366,808	SHULL	SHAVON	63,508
REICH	ALLIE	73,945	SIARKOS	THEODOSIA	94,704
REICHERT	BRIAN	110,387	SIDAK	KARLY	52,347
REID	STACEY	100,974	SIEMENS	TREVOR	85,728
REMPEL	COLYN	65,110	SINCLAIR	YVONNE	101,392
RICHARD	MAEGHAN	99,443	SINGH THAKUR	VARUN	192,106
RICHARDS	MARDEL	97,730	SIRDAR	JOHN	102,239
RISLING	MELINDA	56,141	SMETANIUK	JAMES	74,880
RITCHIE	JENNIFER	60,304	SMITH	AMBER	71,728
ROBSON	LAURA	78,318	SMITH	KAITLYN	96,443
RODGER	BRITTANY	97,292	SOLIMAN	AMIRA	253,828
ROHEL	TIFFANY	70,905	SONG	KATHY	91,642
RONALD	RACHEL	78,595	SOPARLO	AMY	115,881
RORKE	JANICE	54,175	SPOONER	MARGARET	78,465
RUDE	DARLENE	84,915	STAKIW	JULIE	134,615
RUMPEL	LAURIE	117,085	STARK	NICOLE	50,141
RUNDLE	TAMMY	55,108	STEPHENSON	BRITTANY	92,219
RUSSILL	DARLA	68,689	STEWART	KRISTA	74,765
RYAN	SUSAN	117,030	STINKA	KEVIN	86,057
SAINI	SANJEEV	94,784	STOPANSKI	CARINA	79,233
SAMI	AMER	495,047	STOPPLER	STACEY	67,506
SANDERSON	JENNIFER	116,453	STRACHAN	HEATHER	54,881
SANKARANARAYANAN	KADHAMBARI	93,031	STROH	EVAN	90,392
SAPIEHA	SHANNON	100,579	STRUCK	KARLY	58,530
SARETSKY	MERCEDES	64,289	STUCKEL	RENEE	85,938
SARKER	SABUJ	101,365	SUMAR	REEZWAN	91,634
SAUDER	MATTHEW	86,654	SUNDARAM	VINITA	352,030
SAWITSKY	MELISSA	54,542	SWEET	RHONDA	50,808
SAWKA	DENISE	60,592	SWITZER	LANDON	97,992
SCHAAN	CHYANNE	60,312	SYWAK	ASHLEY	88,680
SCHENHER	MEGAN	100,048	TADY	ROBYN	55,634
SCHILTZ	COLETTE	103,982	TAYAB	MELBA	55,757
SCHINDEL	REBECCA	55,406	TENEZACA	RAQUEL	59,829
SCHMIDT	DARREN	92,776	TESSIER	LINDSAY	97,782

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID	LAST NAME	FIRST NAME	AMOUNT PAID
THAUBERGER	JENNA	84,145	WHITTLE	ALISON	118,390
THIRUGNANASAMPANTHAR	VASUKY	75,694	WILHELM	LAURA	55,107
THOMPSON	ANNA-MARIA	58,895	WILLIAMS	ANGELA	54,916
THOMPSON	CHERYLE	153,991	WILLIAMS	JOANNE	91,729
THOMPSON	LINDSEY	60,123	WILLIAMS	MIESHA	51,333
THORPE	JUSTIN	79,373	WILSON	KARLA	83,499
THOUDSANIKONE	MANI	113,988	WILSON	KEVIN	233,390
THUE	DEANNA	94,578	WILSON	MARLO	63,508
THURBER	COLLEEN	82,070	WILSON	MICHAEL	109,439
TIEFENBACH	PAULA	96,300	WILSON	SHANDEL	65,359
TILVE	MADHURA	65,884	WILYMAN	ANDREA	90,777
TINLINE	PAULA	94,657	WOITAS	CARLA	68,427
TOPOLA	MELODY	71,064	WOLLBAUM	RENEE	103,177
TRAN	DAVID	108,984	WOOD	VALERIE	103,853
TRAN	MICHELLE	84,632	WOODROW	NICOLE	94,221
TREMBLAY	COLLEEN	95,365	WOODSIDE	LISA	68,922
TREPPPEL	DIANE	100,839	WOOLSEY	TANYA	103,029
TRIANAFYLLOU	LISA	90,176	WRIGHT	KENDRA	55,416
TYACKE	ALISHA	92,423	WRIGHT	PHILIP	460,760
TYMCHAK	CARA	100,516	WU	SHANSHAN	77,565
TYMCHAK	CHELSEA	77,654	XIANG	JIM	183,373
TYNDALL	JOANNE	102,067	YADAV	SUNIL	477,490
TYRER	DUSTY	72,841	YATHON	HEIDI	85,149
UBELL	HANNA	83,327	YOUNG	JANA	99,299
ULLRICH	SHERRILL	90,204	YOUNIKHA	VIVIAN	60,104
USHER	BARBARA	85,339	YOUSSEF	HANAA	66,664
VALENTINE	LYNSEY	105,460	ZABA	DONNA	93,573
VANDENBERG	JENNIFER	55,174	ZADVORNY	NICOLE	86,906
VANSTONE	MEGAN	98,723	ZAHN	JANELL	82,387
VASS	LISA	80,257	ZARKOVIC	MIRJANA	477,821
VERWEY	MICHELLE	66,245	ZATYLYN	PAULA	80,514
VILLENEUVE	CARISSA	101,513	ZHANG	JING	68,471
VISVANATHAN	BRITTNEY	96,754	ZHU	TONG	103,641
VIZEACOMAR	FRANCO	154,561	ZIEGLER	BRITTANY	58,478
VU	THAO	95,129	ZIMMER	NATASHA	122,988
WACKER	STEVEN	116,605	ZUBRECKI	JILL	88,276
WAGNER	DOMINIQUE	94,509			
WALL	ALANA	85,462			
WALLACE	JAMES	114,702			
WATSON	PAULINE	69,028			
WAYSOME-MCINTYRE	MARION	86,606			
WEBER	SARA	69,829			
WEIGEL	TAMARA	99,581			
WEINRICH	IAN	91,521			
WEPPLER	RICHARD	104,159			
WESTAD	ANNE	101,141			
WEYLAND	LANA	107,367			
WHELAN	JENNIFER	68,515			
WHITBREAD	CRISTA	105,188			
WHITEHOUSE	SONJA	53,570			
WHITING	CHERYL	135,954			

Payee Disclosure Lists

FOR THE YEAR ENDED MARCH 31, 2024

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

	2023-24
1080 Architecture, Planning, & Interiors Ltd.	127,248
1621 Albert Street Development Corp.	322,595
3sHealth	584,064
A&D Wholesale Ltd.	60,700
Dr. Tahir Abbas Medical Professional Corporation	515,415
Abbvie Corporation	2,474,191
Acre Distribution	932,216
Advanced Accelerator Applications Canada	630,000
Agile Walls Inc.	73,298
Dr. Osama Ahmed Medical Professional Corporation	520,201
Alberta Health Services	50,454
Al Duhaiby, Dr. Eman	70,828
Dr. Alhayki Medical Professional Corporation	669,566
Dr. A. Amjad Medical Professional Corporation	571,287
AMTRA Solutions Ltd.	71,550
Apobiologix	1,400,663
Dr. Muhammad Aslam Medical Professional Corporation	631,773
Atom Physics	495,434
Dr. G. Bailey Medical Professional Corporation	111,229
Dr. Ayesha Bashir Medical Professional Corporation	545,131
Baxter Corporation	897,872
Bayer Inc.	168,599
Beckman Coulter Canada LP	83,768
Biomed Recovery & Disposal	147,788
Bioscript Logistics Inc.	230,914
HBI Office Plus Inc.	75,359
Bristol-Myers Squibb Canada	13,285,534
Brown Communications Group	216,062

Payee Disclosure Lists

	2023-24
Dr. Brown Broderick Medical Professional Corporation	670,243
Cameco Corporation	76,113
Canadian Blood Services	493,850
Canadian Pharmaceutical Distribution Network	75,613,126
Cardinal Health Canada	68,515
CDR Systems Inc.	171,993
Celgene Inc.	1,534,228
College of Physicians & Surgeons of Saskatchewan	104,355
Colliers McClocklin Real Estate Corp.	840,500
Con-Test	53,596
Access Information Management of Canada ULC	55,199
Curium Canada Inc.	147,564
Cxtec	77,012
Dell Canada Inc.	378,447
de Souza Institute	59,760
DEX Medical Distribution Inc.	2,155,834
Donaldson Marphil Medical Inc.	83,521
Jubilant Draximage Inc.	88,677
Dr. Reddy's Laboratories Canada Inc.	70,200
Dr. Dorie-Anna Dueck Medical Professional Corporation	497,209
eHealth Saskatchewan	253,678
Elangovan, Dr. Arun	134,773
Elekta Ltd.	564,534
Elite Information Systems & Consulting Inc.	65,757
Essaltani Medical Professional Corporation	506,831
European Courier Services, LLC	63,585
FCI Accelerated Solutions Inc.	56,763
Ferring Inc.	507,958
FORUS Therapeutics Inc.	66,000
Genomic Health Inc.	868,400
Dr. Joshua Giambattista Medical Professional Corporation	501,038
Gilead Sciences Canada, Inc	1,503,565
Grand & Toy Limited	178,282

Payee Disclosure Lists

	2023-24
Graham Construction & Engineering LP	297,949
Greenlee Construction	179,624
Healthmark Ltd.	69,386
Healthcare Insurance Reciprocal of Canada	211,148
Dr. Laura Hopkins Medicine Professional Corporation	690,319
Illumina Canada Inc.	72,173
Innovative OncoSolutions Inc.	1,028,076
Innomar Strategies	553,358
Insight Canada Inc.	256,770
Inspirata Inc.	57,113
Inverness Consulting	944,148
Dr. Nayyer Iqbal Medical Professional Corporation	562,654
Jazz Pharmaceuticals Canada Inc.	903,025
Jim, Brent Dr.	206,939
Dr. Brent Jim Medical Professional Corporation	463,732
Jooravan and Rattan Medical Professional Corporation	60,000
Karl Storz Endoscopy Canada Ltd.	86,141
Dr. M. I. Khan Medical Professional Corporation	550,312
Kn/a HR Consulting	119,795
Dr. DM Le Medical Professional Corporation	496,141
Dr. J.S. Lee Medical Professional Corporation	672,216
Dr. N. Leong Medical Professional Corporation	107,789
Dr. Elaine Liu Medical Professional Corporation	187,696
Dr. Rebecca MacKay Medical Professional Corporation	506,821
Dr. M. Manna Medical Professional Corporation	488,685
Dr. Vickie J. Martin Medicine Professional Corporation	671,893
Marquardt Mechanical ULC	241,601
Dr. Paul Masiowski Medical Professional Corporation	61,500
McKesson Canada	21,982,285
McKesson Distribution Partners	12,916,716
Melemay Medical Professional Corporation	556,616
Merck Canada Inc.	28,094,000
Merit Building Cleaning	63,155

2023-24

Merit Building Cleaning	63,155
Microsoft Canada Inc.	136,657
Minister of Finance	701,463
Dr. O. Moodley Medical Professional Corporation	454,234
NATCO Pharma (Canada) Inc.	147,263
NELCO Worldwide	102,794
NewWest Enterprise Property Group (Sask) Inc.	1,366,028
Optimum Roofing Ltd.	362,553
Dr. Othman Medical Professional Corporation	116,852
Dr. Dilip Panjwani Medical Professional Corporation	557,545
Paradigm Consulting Group LP	232,458
Park Town Enterprises Ltd	371,653
PCL Construction Management Inc.	1,392,366
Peak Mechanical Partnership	110,507
Pfizer Canada Inc. Pharmaceutical	3,680,547
Phoenix Advertising Group Inc.	77,831
Prairie Advertising Direct Mail Specialists	1,514,256
Dr. Oksana Prokopchuk-Gauk Medical Professional Corporation	108,218
Purolator Courier Ltd.	311,644
Dr. Muhammad Salim Medical Professional Corporation	565,085
SAS Institute (Canada) Inc.	91,630
Sask Power	73,151
College of Registered Nurses of Saskatchewan	85,061
SaskTel	132,262
Saskatchewan Health Authority	8,399,197
Schaan Healthcare Products Inc	156,848
Seagen Canada Inc.	3,803,547
Servier Canada Inc.	595,239
Somagen Diagnostics Inc.	616,339
Source Office Furniture & Systems (Regina) Ltd.	60,565
Dr. Osama Souied Medical Professional Corporation	563,520
Source Office Furniture & Systems Ltd.	128,546
Dr. Julie Stakiw Medical Professional Corporation	384,685

Payee Disclosure Lists

	2023-24
Dr. Derek Suderman Medical Professional Corporation	566,438
Sun Nuclear Corporation	57,504
Telus Health	68,457
Terumo BCT (Canada), Inc	109,981
University of Saskatchewan	2,325,177
UpToDate, Inc.	53,338
Varian Medical Systems	1,932,841
J Venkatesh Health Care Consulting Inc.	96,250
Verity Pharmaceuticals Inc.	611,550
Waheed, Dr, Asmara	62,491
WBM Technologies LP	113,025
Dr. Lawrence Woo Medical Professional Corporation	113,220
XMedius Solutions Inc.	58,517
Dr. A. Zaidi Medical Professional Corporation	507,828
Zu.Com Communications Inc.	215,176

Payee Disclosure Lists

Other Expenditures

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

	2023-24
Transfers	
Saskatchewan Health Authority - Pediatric Oncology Program Funding	1,875,090
Saskatchewan Health Authority - Community Oncology Program Funding	1,960,975
Saskatchewan Health Authority - Stem Cell Transplant and Cellular Therapy Program Funding	1,365,019
Other Expenditures	
Listed are payees who received \$50,000 or more for expenditures not included in the above categories.	
Government of Saskatchewan:	
Disability Income Plan - employer's share	381,063
Public Employees Pension Plan:	
Public Employees Disability Income Fund - employer's share	101,890
Public Employees Pension Plan - employer's share	5,332,938
Receiver General for Canada:	
Canada Pension Plan - employer's share	3,020,672
Employment Insurance - employer's share	1,044,744
3s Health:	
3S Health - Core Dental Plan	615,596
3S Health - Extended Health Care Plans	308,264
3S Health - In-Scope Health & Dental	1,491,677
Saskatchewan Healthcare Employee's Pension Plan - employer's share	
SHEPP Pension - employer's share	1,223,033
Workers' Compensation Board:	922,015

Get In Touch

Saskatchewan Cancer Agency General Reception

639-625-2010

Treatment Centres

ALLAN BLAIR CANCER CENTRE (REGINA)

306-766-2213

SASKATOON CANCER CENTRE

306-655-2662

HEMATOLOGY CLINIC (REGINA)

639-625-2016

Lodges

REGINA CANCER PATIENT LODGE

306-359-3166

SASKATOON CANCER PATIENT LODGE

306-242-4852

Screening Programs (toll-free)

SCREENING PROGRAM FOR BREAST CANCER

1-855-584-8228

SCREENING PROGRAM FOR CERVICAL CANCER

1-800-667-0017

SCREENING PROGRAM FOR COLORECTAL CANCER

1-855-292-2202

Patient Representative

QUALITY OF CARE COORDINATOR

1-866-577-6489

qcc@saskcancer.ca

Cancer Foundation of Saskatchewan

1-844-735-5590

info@cancerfoundationsask.ca

www.cancerfoundationsask.ca



info@saskcancer.ca



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