



Annual Report 2024-25

SaskCancer.ca

Sask
cancer
AGENCY

The Saskatchewan Cancer Agency acknowledges Saskatchewan as the traditional territory of the First Nations people and the homeland of the Métis.

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Letter of Transmittal

The Honourable Jeremy Cockrill
Minister of Health
Government of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3

Dear Minister Cockrill:

We are honoured to submit 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, 2025.

Guided by our strategic plan, we have made significant strides in enhancing patient access, advancing treatment capabilities, and fostering meaningful relationships. Over the past year, we achieved many significant milestones, including:

- meeting national standards for waitlist and treatment times – all patients are seen and treated within acceptable timeframes;
- being granted *Accreditation with Commendation* from Accreditation Canada;
- growing our CAR-T program with encouraging response rates – patients are able to receive curative therapies without leaving the province;
- successfully implementing recommendations from the Provincial Auditor for drug management and our cancer screening programs;
- collaborating with the Saskatchewan Health Authority to improve surgical services planning for cancer patients;
- announcing plans to move forward to the design phase of a new Saskatoon Cancer Patient Lodge; and
- securing seats for Saskatchewan students at the School of Radiation Therapy at CancerCare Manitoba/University of Winnipeg.

The Cancer Agency continues to face similar staffing challenges experienced by health-care providers across the country, and recruitment is an ongoing priority. As an organization, we embrace innovation, demonstrated in our approaches to cancer screening and patient care. This past year, the Cancer Agency implemented an Oncology Assistant program, with hiring underway. Oncology Assistants are physicians who will support direct patient care and help manage patient workload under the supervision of oncologists.

We are proud of the work Cancer Agency staff, physicians, researchers and volunteers do every day to help cancer patients lead longer and fuller lives. With our partners in health care and patient advisors, we see limitless possibilities in what we can achieve together in the years to come.

Respectfully,



Ron Waschuk
Board Chair



Ron Waschuk
Board Chair



Deb Bulych
President and
Chief Executive Officer



Deb Bulych
President and Chief Executive Officer

What We Do

The Saskatchewan Cancer Agency (SCA) is a provincial health-care organization with a legislated mandate to provide cancer control for approximately 1.25 million people in the province.

The Cancer Agency has a long history of providing cancer control since 1930. With more than 1,000 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 and 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; and*
- *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;
- access to clinical trials; and,
- 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.

What We Do

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).

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; and,
- a commitment to health equity.

RESEARCH

At the SCA, we aim to foster research across the continuum of cancer care that addresses the unique and diverse needs of our population; generates innovative and implementable solutions that improve cancer outcomes; and strengthens the delivery of cancer services across Saskatchewan.

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 Nations communities offering screening mammograms;
- Screening Program for Cervical Cancer, which started in 2003; and,
- Screening Program for Colorectal Cancer, which started in 2009.

Volume Statistics

Saskatchewan Cancer Agency – 2024–25 Facts



Our Team

1,031

Total number of SCA employees

89

Total number of SCA physicians



Patient Care

8,984

New patients seen this year by the SCA

364

Number of patients enrolled in clinical trials

20

Number of patients who received CAR T therapy in Saskatchewan.



Treatments Delivered

38,987

Total radiation treatment visits

28,251

Total chemotherapy treatments delivered

28

Allogeneic transplants

42

Autologous transplants

Total number of stem cell transplants



Improving Access

5,998,433

Number of kilometres saved in patient travel from 12 rural COPS locations.



Screening Programs

35,075

Total number of screening mammograms performed

64,439

Total number of Pap tests completed for cervical cancer screening.

74,357

Total number of FIT kits completed for colorectal cancer screening.

Patient and Family Advisory Council



*Backrow (left to right): Sharon Miller, Elaine Halvorsen, Katie Melnick, Jill Shumay
Front row (left to right): Trenna Derdall (Co-Chair), Les Oystryk, Susan Hoffart (Co-Chair)
Missing: Kristen Fiolleau, Luba Lubenko, Robert Wick*

The Patient and Family Advisory Council (PFAC) is a formal group comprised of patients and family. In 2024-25, PFAC placed a strong emphasis on advisor and stakeholder satisfaction. Through the Council's annual self-evaluation, conversations emerged around whether members felt their contributions were truly making an impact. This prompted reflection and a desire for more meaningful feedback.

Patient and Family Advisory Council

In response, the PFAC Executive worked to develop thoughtful, data-informed questions that could better capture the Council's influence, as well as an implementation plan.

Over the past year, the Council also experienced some membership changes, and the PFAC Executive made significant efforts to ensure all vacant seats were filled.

Key accomplishments from this fiscal year include:

- Welcomed two new advisors to the Council.
- Reviewed seven documents/packages and contributed to 15 SCA committees or working groups (excluding general Council and Executive meetings). Examples of committee involvement include:
 - Saskatoon Cancer Centre Radiation Therapy Basement Renovation Project
 - Accreditation – Clinical Working Group
 - Radiation Therapy Patient Education Materials Review
 - Optimizing Patient Scheduling/Reducing Wait Times Project
 - First Nations and Métis Culturally Responsive Advisory Committee and Sub-Committees
 - Lung Screening and Prevention Steering Committee
- Participated in the SCA internal career fair.
- Played an active role in the Cancer Agency's Accreditation Canada 2024 survey.
- Developed three new goal measurements for the upcoming year.
- Contributed to strategic initiatives and key operational priorities across the Cancer Agency.
- Maintained an ex-officio seat on the Board of Directors' Quality, Safety and Risk Committee.

Cancer Foundation of Saskatchewan



Left to right: Nora Yeates, CEO of the Cancer Foundation of Saskatchewan, and Denise Budz, Vice-President of Care Services for the Saskatchewan Cancer Agency.

The Cancer Foundation of Saskatchewan was created in January 2019 as the fundraising partner of the Saskatchewan Cancer Agency. In that time, the Foundation has raised nearly \$25 million to support cancer patients and their families in Saskatchewan.

This past year alone, outstanding support from people across Saskatchewan has resulted in more than \$5.2 million donated to the Foundation's mission: *We raise funds to support the cancer care needs of the people of Saskatchewan.*

In March 2024 the Government of Saskatchewan announced a reduction in the age of eligibility for breast screening. Shortly after, the Foundation and its partners announced a \$3.2 million campaign to add additional equipment to ensure equitable access for all women who qualify for screening. After already providing \$2 million to replace the current screening bus, which is more than 20 years old, people across the province stepped up to support a second one.

A major focus this past year was the creation and installation of donor walls at each of the cancer centres. These walls serve as a lasting tribute to lifetime, monthly, legacy, special event and tribute donors, reinforcing the Foundation's commitment to recognition and stewardship. Unveiled in October 2024, they will be updated each spring to reflect giving from the previous calendar year.

Cancer Foundation of Saskatchewan

Other ways donors have been able to support through their generosity:

- \$367,000 for research grants;
- more than \$35,000 toward food for patients undergoing chemotherapy;
- more than \$79,000 for grocery and fuel gift cards, taxi services and patient parking;
- more than \$17,000 for cable TV, internet and newspaper subscriptions for those visiting the cancer centres and patient lodges;
- nearly \$25,000 for Christmas hampers to make the holidays a little brighter for families;
- more than \$40,000 for the purchase of 20 new Staxi Chairs (used in chemotherapy) at the Saskatoon Cancer Centre to help patients travel through the building.

Donor contributions will allow the Foundation to complete the purchase and installation of new chairside technology for 29 chemotherapy chairs and 27 vital signs monitors for the Allan Blair Cancer Centre. In addition, we received funding for 17 vital signs monitors in Saskatoon. In total, the Foundation disbursed more than \$1.847 million to the Agency in 2024-25.

The Foundation looks forward to working closely with Agency partners and valued donors to enhance cancer care for Saskatchewan patients and their families.

Governance

OUR VISION

A healthy population free from cancer.

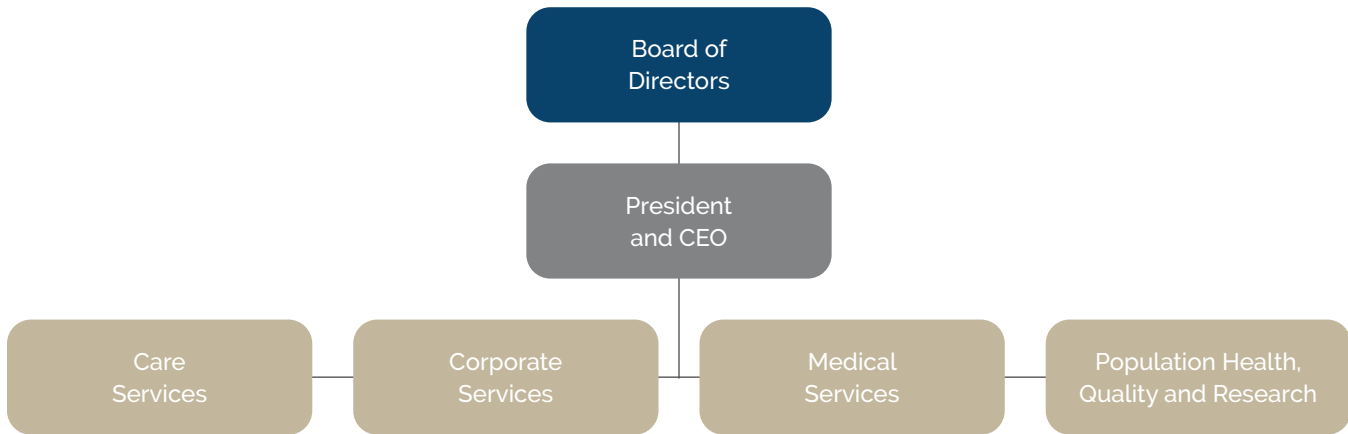
OUR MISSION

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

OUR VALUES

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

OUR STRUCTURE



BOARD OF DIRECTORS

The Cancer Agency 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;

Governance

- establishing and maintaining relationships with key stakeholders; and
- maintaining effective governance, including annual evaluation of the board and committee effectiveness.

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 \$268.1 million operating budget, the Board brings strong financial stewardship to the Cancer Agency. To be successful for such a large and 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.

Finance and Audit Committee

Chair:

- Howard Crofts

Members:

- Cheryl Cook
- Tom Lukiwski
- Don Ravis

Governance and Human Resources Committee

Chair:

- Kelly Scott

Members:

- Cheryl Cook
- Tom Lukiwski
- Gordon Wyatt
- Catherine Gryba (resigned June 12, 2024)

Quality, Safety and Risk Committee

Chair:

- Gordon Wyatt

Members:

- Howard Crofts
- Don Ravis
- Kelly Scott
- Marilyn Rice (resigned September 30, 2024)

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.

Strategic Plan

As the organization in Saskatchewan responsible for cancer care, the 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, eHealth Saskatchewan and the Saskatchewan Healthcare Recruitment Agency, we strive to deliver safe, continuous person-centred care.

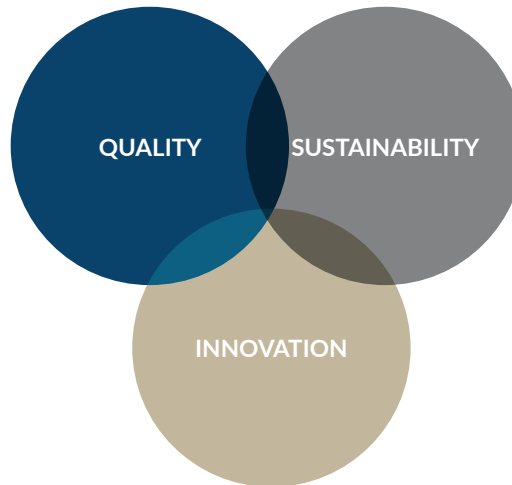
In 2024, the SCA departed from its three-year rolling strategic plan to create a single-year strategic plan. This decision was made after discussion and consultation between SCA leadership and the Board of Directors. We aimed to align our strategic plan reporting process with our budget planning process this year.

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

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

Strategic Plan: 2024-25 Long-term Goals

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



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

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

Strategic Plan

PROGRESS IN 2024-25

The following is a snapshot of the progress the Saskatchewan Cancer Agency (SCA) made in 2024-25 on its strategic initiatives and high operational priorities.

Strategic Initiatives

Drug Computerized Provider Order Entry (Drug CPOE)

Goal:

Implement a Drug Computerized Provider Order Entry (Drug CPOE) system as part of the transition to a comprehensive electronic medical record. This project focuses on incorporating all prescribed, dispensed and administered medications within SCA treatment units (excluding clinical trial protocols) which will enhance patient safety and streamline medication management.

What does this mean for patients?

- SCA care teams can directly order and transmit a patient's external prescriptions electronically to the patient's pharmacy.
- Patients can expect fewer errors as community pharmacists no longer need to interpret various handwriting styles.
- In Regina, the majority of the patients having oral take home prescriptions filled at the SCA no longer need to handle their prescription to deliver it to the pharmacy, as it is transmitted immediately upon order entry by the provider.
- When patients arrive at the cancer centre for their appointment, there is less time spent searching for patient information, cancer drug and drug interaction information.
- In Regina, patients are also experiencing a new chairside technology during chemotherapy treatment which provides a source of entertainment and learning for the patient and will support the staff in chair side drug administration and recording. This initiative will also be implemented in Saskatoon once space within the treatment unit is obtained.

Actions:

- In Regina, new workflows were established to support oral electronic prescribing and dispensing, and were fully rolled out.
- Chairside technology was selected and installed in the Regina Systemic Therapy Treatment Unit (chemotherapy).

Results:

- Work on Drug CPOE was paused in December 2024, interrupting the implementation in Saskatoon. The pause was necessary to allow the project team to redirect its efforts towards a major upgrade for the SCA's electronic medical record system to further support Drug CPOE and other functionality implementations. Drug CPOE work will resume once this system upgrade is completed.

Strategic Plan

First Nations and Métis Cancer Strategy

Goal:

Collaborate with partners to better understand the experiences of Indigenous people receiving cancer services, and develop a First Nations & Métis Cancer Strategy.

What does this mean for patients?

- Leaders and staff committed to continuous cultural responsiveness learning improves 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 timely participation in cancer prevention and screening programs.

Actions:

- Internal work at the SCA continues, guided by the First Nations and Métis Cultural Responsiveness Advisory Committee. The committee held an in-person meeting in November at Dakota Dunes, which included ceremony. The gathering also outlined plans to develop a First Nations & Métis Patient Experience subgroup to supplement the three existing committee subgroups: Employee Education, Community Engagement, and Recruitment.
- The SCA engaged a consulting firm to conduct a baseline assessment on how effectively the organization works with Indigenous partners. Community partners shared positive feedback about their relationships with the SCA and expressed interest working more closely and collaboratively.
- The SCA worked with the Federation of Sovereign Indigenous Nations to host a two-day First Nations Cancer Forum in Saskatoon in March.
- In support of the First Nations & Métis Cancer Strategy, one-time funding from the Canadian Partnership Against Cancer allowed the purchase and framing of 140 works of art (featuring Indigenous artists from Saskatchewan), as well as First Nations and Métis-focused photography, videos, graphic design elements, and branding guidelines for the SCA.

Results:

- As we conclude the first year of this four-year project, we are continuing to focus on building and strengthening relationships with First Nations and Métis partners, which is a prerequisite 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 cultural responsiveness 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

Interstitial Gynecological Brachytherapy

Goal:

Develop an interstitial high dose rate (HDR) gynecological brachytherapy program in Saskatchewan. This program will eliminate the need for women to travel out-of-province for treatment as the gold standard of care will now be available close to home.

What does this mean for patients?

- The development and implementation of an interstitial HDR gynecological brachytherapy program allows patients in Saskatchewan to receive safe, effective, high-quality brachytherapy without the need to travel outside the province, ensuring convenience and comfort during treatment.
- Improved outcomes: Brachytherapy significantly improves survival in patients treated for cervical cancer.
- Effective treatment: The treatment delivers radiation to the cervix inside the body using an applicator and interstitial needles placed directly into the cancer, which allows radiation to be targeted to more of the tumour while protecting the surrounding tissues and organs as much as possible.

Actions:

- Recruitment and project team development and training of multidisciplinary team completed.
- Completed workflow and procedure development.
- Saskatoon's program is operating in Phase 1 (the use of hybrid therapy, which combines the standard applicator with additional interstitial needles). As of March 31, 2025, two patients have successfully completed treatment.
- Clinical training with additional team members and trauma-informed care framework is underway.

Results:

- The program's progress and development with enhanced procedures and training is ongoing.

Strategic Plan

High Operational Priorities

In 2024-25, the SCA continued work on several key initiatives that are strategically and operationally critical.

Optimizing Patient Scheduling/Reducing Patient Wait Times

Goal:

Streamline outpatient appointment scheduling to minimize patient waits, maximize efficiencies, balance workload and optimize resource allocation.

What does this mean for patients?

- Patients have timelier access to appointments with minimal delays and need for rescheduling. Reduced waiting between appointments with different specialties seeing patients on the same day.
- Patients will experience improved quality of care with better health outcomes supported by improved flow and timeliness of appointments and clinic processes, and enhanced flexibility to accommodate urgent demands.

Actions:

- Project team members and content experts were recruited.
- Current state scheduling and data reporting processes were documented.
- We drafted a project communications plan and communicated updates to health-care providers and staff.
- We held team meetings to identify and trial process improvement ideas.

Results:

- Health-care providers, staff and patient advisors have proposed and started trialing process improvement ideas.
- Process improvements that have been tested will be implemented to reduce patient and provider delays, enhance efficiencies, balance workloads, optimize resources and improve overall workflow.

Strategic Plan

Lung Cancer 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.

What does this mean for patients?

- Developing the lung screening and prevention program will help Saskatchewan keep pace with other screening programs across the country. Detecting lung cancer early is critical to reducing mortality rates and improving health outcomes at a population level.
- 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.

Actions:

- We finalized policies, workflows and processes.
- The team designed a smoking cessation framework with key provincial partners, including the Saskatchewan Health Authority.
- Community engagement efforts in northern communities have been pivotal in understanding the barriers faced by those most at risk for lung cancer. These efforts included collaborating on program development and engaging with clinicians, health system and community partners to progress the key decisions required to launch the program's first phase.
- Development and preparation of IT infrastructure – known as CanCheck – for the launch of the lung screening program is underway.
- A variety of materials were developed to promote the program and target high-risk individuals. Patient and community input was solicited and considered in the development of these materials.

Results:

- The program established two launch communities (and catchment areas) to support the northeast and southwest regions of the province. Work continues to finalize and prepare for the program launch.

Strategic Plan

CanCheck

Goal:

Upgrade SCA screening program 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.

What does this mean for patients?

- Clients will receive enhanced, uninterrupted service to Saskatchewan cancer screening programs that is sustainable for the long term.
- Saskatchewan residents can have confidence that our cancer screening programs are planning for the future, and our technical systems will be able to grow and adapt as national screening guidelines change.

Actions:

- This project is a collaboration between the cancer screening programs and our Information Management Services team.
- Much of the year was focused on the development of employee facing screens and interfaces and security design, as well as rigorous testing by the team to identify opportunities for improvement.
- The software deployment was organized into smaller, targeted releases to ensure success at every stage.
- The first release occurred on March 15, 2025, and focused on the software elements that are common to all screening programs (breast, cervical, colorectal, lung).
- Work has also begun to migrate information from the old system to the new one.

Results:

- The new system introduces operational efficiencies and health system benefits, positioning the SCA to better meet current and future cancer screening needs. This work is ongoing.

Strategic Plan

Models of Care

Goal:

Use innovation to improve efficiency and sustainability of cancer care delivery while mitigating inequities in access and outcomes for underserved populations.

a) Rapid Diagnosis of Upper Gastrointestinal Cancers

Goal:

This project demonstrates a new model for rapidly diagnosing cases of suspected upper gastrointestinal cancers in a northern Saskatchewan community. The model will provide patient navigation and address system-related issues causing delays in diagnosis and referrals.

What does this mean for patients?

- Patients have timelier access to appointments, diagnosis and referrals to specialists resulting in better clinical outcomes.
- Patients will experience improved equity and quality of care, with better health outcomes, a greater sense of empowerment, and reduced anxiety and fear. This is supported by streamlined communications, coordinated multidisciplinary and culturally appropriate care, and enhanced access to navigation services and supportive care.

Actions:

- Recruited members to the project team, steering committee, community advisory group and clinical advisory group.
- Collaborated with community advisory group in co-designing culturally appropriate education materials for patients on the signs, symptoms and prevention strategies for upper digestive (gastrointestinal) cancers.
- Created materials for a small media campaign targeted to Stanley Mission and Lac La Ronge communities.
- Developed a continuing medical education module for health-care professionals to learn about upper gastrointestinal cancers.
- Created content for a webpage for patients and health-care providers.
- Began developing the navigation pathway for patients.
- Drafted a performance measurement, evaluation plan and a sustainability plan.

Results:

- Information is ready to roll out to patients to enhance their understanding of the signs, symptoms and prevention strategies for upper digestive (gastrointestinal) cancers.
- Health-care professionals will be able to further enhance their understanding of the risk factors, symptoms, investigations, referral pathways, treatment options and surveillance strategies for upper gastrointestinal cancers.

Strategic Plan

b) Monoclonal Gammopathies Care Pathway

Goal:

This project demonstrates a new care pathway from diagnosis to end-of-life for patients in northern Saskatchewan communities with complex monoclonal gammopathy (MG) care requirements. This model will provide patient navigation, early pain and symptom management, and palliative care supports to address system-related issues contributing to delays and health-care inequities.

What does this mean for patients?

- Patients have confidence that they are well-informed about their diagnosis, treatment plan and the care they receive through the dedicated MG Clinic at the Saskatoon Cancer Centre.
- Patients have timelier access to appointments, diagnosis and referrals to specialists resulting in better clinical outcomes.
- Patients have someone to help navigate their journey from the start and throughout the process.
- Patients will experience improved equity and quality of care, with better health outcomes, a greater sense of empowerment, and reduced anxiety and fear. This is supported by streamlined communications, coordinated multidisciplinary and culturally appropriate care, and enhanced access to navigation services and supportive care.

Actions:

- Collaborated with the First Nations and Métis Myeloma Working Group to gather feedback on the development of patient materials, including videos, patient journals and artwork, as well as the design of the patient navigation process.
- Public awareness activities focused on the signs and symptoms of myeloma, with an emphasis on northern Saskatchewan. Radio advertisements in English, Dene and Cree were aired, and the project lead participated in interviews with Indigenous and mainstream radio.
- A social media campaign was also developed.
- The Could It Be Myeloma? handouts and posters were developed and printed, ready to be mailed out.
- The Think Myeloma handout was developed to raise awareness among primary care providers in Saskatoon and northern Saskatchewan about the MG Clinic and to provide information on how to refer patients.
- Information for patients and health-care providers was developed and is available on the SCA website.
- A referral form and pathway have been developed and integrated into both Accuro and Med Access electronic medical record systems to streamline referrals to the Saskatoon and North MG Clinic. This clinic is officially open and primary care providers in Saskatoon and north can refer patients to the clinic.
- Drafted a performance measurement and evaluation plan.

Results:

- Patients have education materials related to myeloma and support resources to help them during their journey, including where to find information about their condition, how to access resources and support, and who to reach out to for support.
- Primary care providers have ability to further understand MG/myeloma and refer patients to the clinic accordingly.

Funded Research Grants

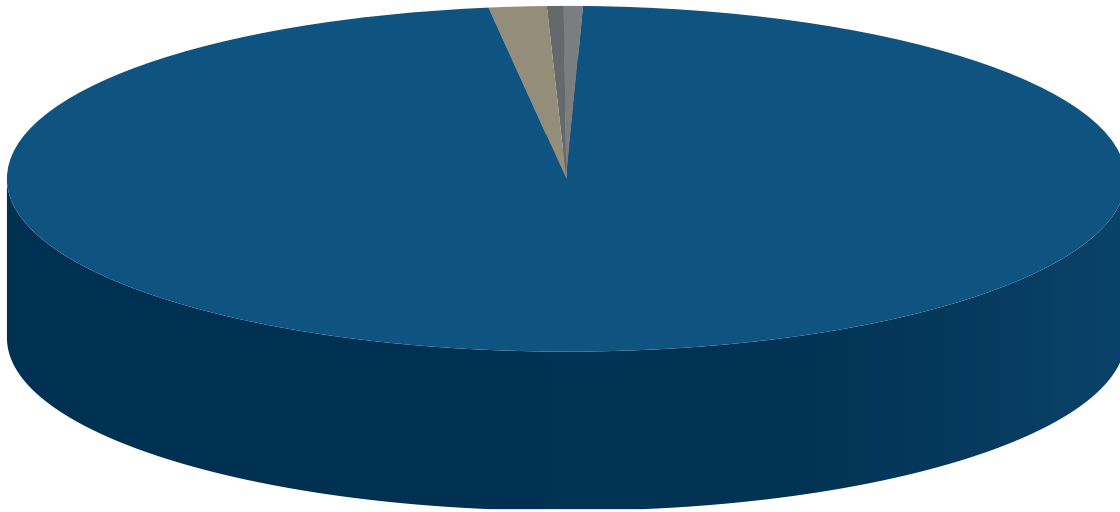
Funded Research Grant	Researcher	Award Period	Funding Source	Total Amount Awarded	2024-25 Amount Awarded
Breast cancer tumoroids to study the role of hypoxia and cancer stem cells in drug resistance	Dr. Dean Chamberlain	2023-25	Cancer Foundation of Saskatchewan	\$200,000	\$100,000
Validating synthetic lethal interactions within the DNA damage and response pathways	Dr. Franco Vizeacoumar	2024-26	Cancer Foundation of Saskatchewan	\$200,000	\$100,000
New drugs for metastatic luminal A breast cancer	Dr. Deborah Anderson	2024-26	Cancer Foundation of Saskatchewan	\$200,000	\$100,000
Evaluating the epidemiology of smoldering multiple myeloma among Indigenous patients in Saskatchewan	Dr. Julie Stakiw	2024-25	Saskatchewan Cancer Agency	\$87,052	\$87,052
Western Canadian province experience on comparison of second autologous stem cell transplant (ASCT) versus single ASCT for patient with multiple myeloma (MM): A retrospective population-based cohort study	Dr. Ibraheem Othman	2024-25	Saskatchewan Cancer Agency	\$42,440	\$42,440
Investigating minibeam radiation therapy for hepatocellular carcinoma	Dr. Vijayananda Kundapur	2024-26	Cancer Foundation of Saskatchewan	\$137,534	\$66,787

***Note:**

The SCA manages an annual Operating Grant Competition for research. While the SCA coordinates the scientific review process and issuance of grants, many of these grants are made possible through funds raised by the Cancer Foundation of Saskatchewan, as indicated by the funding source in the table above.

Financial Summary

In 2024-25, the Cancer Agency received revenues of \$284.764 million and incurred expenditures of \$288.240 million, resulting in a deficit of \$3.476 million. The following chart gives a breakdown of the total expenditures in 2024-25:



Expenditures on Operations	Capital Amortization/Other	Expenditures on Research Grants	Expenditures from Foundation/Donations (non-capital)
\$282,226,088	\$4,764,478	\$496,279	\$752,801
97.9%	1.6%	0.2%	0.3%

Oncology drugs account for a significant portion of the Cancer Agency's annual expenditures. The Cancer Agency implemented seven new oncology drug programs and 17 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

May 23, 2025

Independent Auditor's Report



PROVINCIAL AUDITOR
of Saskatchewan

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, 2025, 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, 2025 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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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 22, 2025

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

2024-25 Financial Statements

Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	2025	2024
		Restated (Note 15)
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 9,963,575	\$ 14,788,781
Accounts receivable:		
- Ministry of Health – General Revenue Fund	-	3,849,021
- Other	31,123,346	27,769,080
Total Financial Assets	<u>\$ 41,086,921</u>	<u>\$ 46,406,882</u>
LIABILITIES		
Accounts payable (Note 14 & 16)	\$ 20,184,394	\$ 15,658,693
Accrued salaries	2,321,049	6,637,299
Vacation payable	2,000,422	1,919,537
Deferred revenue (Note 7)	138,976	247,115
Employee future benefits (Note 8)	3,869,700	3,637,400
Total Liabilities	<u>28,514,541</u>	<u>28,100,044</u>
NET FINANCIAL ASSETS	<u>12,572,380</u>	<u>18,306,838</u>
NON-FINANCIAL ASSETS		
Tangible capital assets (Note 4 & 15)	35,439,278	33,160,472
Inventory held for use	22,190,420	22,428,423
Prepaid expenses	1,680,426	1,462,526
Total Non-Financial Assets	<u>59,310,124</u>	<u>57,051,421</u>
ACCUMULATED SURPLUS (Note 15)	<u>\$ 71,882,504</u>	<u>\$ 75,358,259</u>
Contractual Obligations (Note 5)		



Ron Waschuk
Board Chair



Howard Crofts, FCPA, FCA
Finance and Audit Committee Chair

2024-25 Financial Statements

Statement 2

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

	Budget 2025 (Note 11)	2025	2024 Restated (Note 15)
REVENUES			
Ministry of Health	\$ 260,094,000	\$ 273,984,680	\$ 257,015,179
Grants	3,353,329	4,384,983	2,903,003
Donations	-	575,061	652,195
Investment income	1,050,000	1,192,285	1,204,455
Other revenues	2,662,166	4,626,882	3,996,932
	<u>267,159,495</u>	<u>284,763,891</u>	<u>265,771,764</u>
EXPENSES (Schedule 3)			
Clinical services	55,348,349	55,545,034	54,140,104
Care services	54,927,751	54,037,020	50,184,309
Pharmacy and drugs	117,453,864	129,703,784	108,445,111
Population health	18,984,694	17,952,211	17,237,524
Research	1,405,524	1,382,649	1,368,937
Corporate services	22,564,837	21,969,961	20,096,042
Other expenses (Note 14)	1,882,191	7,648,987	7,654,150
	<u>272,567,210</u>	<u>288,239,646</u>	<u>259,126,177</u>
Annual surplus (deficit)	(5,407,715)	(3,475,755)	6,645,587
ACCUMULATED SURPLUS, BEGINNING OF YEAR (Note 15)	<u>75,358,259</u>	<u>75,358,259</u>	<u>68,712,672</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ 69,950,544</u>	<u>\$ 71,882,504</u>	<u>\$ 75,358,259</u>

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Statement 3

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

	Budget 2025 (Note 11)	2025	2024 Restated (Note 15)
Annual surplus (deficit) (Statement 2)	\$ (5,407,715)	\$ (3,475,755)	\$ 6,645,587
Net acquisition of tangible capital assets (Note 4)	(21,930,462)	(7,036,750)	(4,938,399)
Amortization of tangible capital assets (Note 4)	4,000,000	4,757,944	4,884,403
Loss on disposal of tangible capital assets	-	-	13,300
	(23,338,177)	(5,754,561)	6,604,891
Net (increase) decrease in inventory	-	238,003	(1,195,543)
Net (increase) decrease in prepaid expenses	-	(217,900)	271,227
CHANGE IN NET FINANCIAL ASSETS (DEBT)	(23,338,177)	(5,734,458)	5,680,575
NET FINANCIAL ASSETS, BEGINNING OF YEAR	18,306,838	18,306,838	12,626,263
NET FINANCIAL ASSETS (DEBT), END OF YEAR	<u>\$ (5,031,339)</u>	<u>\$ 12,572,380</u>	<u>\$ 18,306,838</u>

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Statement 4

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

	2025	2024
		Restated (Note 15)
Cash provided by (used in):		
OPERATING ACTIVITIES		
Annual surplus (deficit) (Statement 2)	\$ (3,475,755)	\$ 6,645,587
Net change in non-cash working capital (Note 3)	929,355	(10,743,097)
Amortization of tangible capital assets (Note 4)	4,757,944	4,884,403
Loss on disposal of tangible capital assets	-	13,300
	<u>2,211,544</u>	<u>800,193</u>
CAPITAL ACTIVITIES		
Purchase of tangible capital assets (Note 4)	<u>(7,036,750)</u>	<u>(4,938,399)</u>
Net increase (decrease) in cash and cash equivalents during the year	(4,825,206)	(4,138,206)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>14,788,781</u>	<u>18,926,987</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u><u>\$ 9,963,575</u></u>	<u><u>\$ 14,788,781</u></u>

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SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2025

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.

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.

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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
Building Service Equipment	20 years
Leasehold improvements	3 - 20 years
Equipment and furniture	5 - 15 years
Transportation	4 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) 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

	2025	2024
(Increase) decrease in accounts receivable	\$ 494,755	\$ (13,503,710)
Increase (decrease) in accounts payable	4,525,701	(1,138,082)
Increase (decrease) in accrued salaries	(4,316,250)	4,336,989
Increase in vacation payable	80,885	298,502
(Decrease) in deferred revenue	(108,139)	(14,380)
Increase in employee future benefits	232,300	201,900
(Increase) decrease in inventory held for use	238,003	(1,195,543)
(Increase) decrease in prepaid expenses	(217,900)	271,227
	<u>\$ 929,355</u>	<u>\$ (10,743,097)</u>

4. Tangible Capital Assets

	Land and Improvements	Buildings	Building Service Equipment	Leasehold Improvements	Equipment and Furniture	2025	2024
							Restated (Note 15)
Cost, beginning of year	\$ 280,297	\$ 18,391,907	\$ 12,148,390	\$ 23,655,563	\$ 51,315,649	\$ 105,791,806	\$ 101,569,290
Additions	651,000	264,133	3,586,576	413,764	2,121,277	7,036,750	4,938,399
Adjustments	-	-	-	-	-	-	47,147
Disposals	-	-	-	-	(8,711)	(8,711)	(763,030)
Cost, end of year	<u>931,297</u>	<u>18,656,040</u>	<u>15,734,966</u>	<u>24,069,327</u>	<u>53,428,215</u>	<u>112,819,845</u>	<u>105,791,806</u>
Accumulated amortization, beginning of year	-	18,131,039	4,848,390	17,080,763	32,571,142	72,631,334	68,449,514
Amortization	-	-	504,141	493,036	3,760,767	4,757,944	4,884,403
Adjustments	-	-	-	-	-	-	24,359
Disposals	-	-	-	-	(8,711)	(8,711)	(726,942)
Accumulated amortization, end of year	<u>-</u>	<u>18,131,039</u>	<u>5,352,531</u>	<u>17,573,799</u>	<u>36,323,198</u>	<u>77,380,567</u>	<u>72,631,334</u>
Net Book Value	<u>\$ 931,297</u>	<u>\$ 525,001</u>	<u>\$ 10,382,435</u>	<u>\$ 6,495,528</u>	<u>\$ 17,105,017</u>	<u>\$ 35,439,278</u>	<u>\$ 33,160,472</u>

Work in progress amount included in the assets above is \$4,868,742 (2024 - \$2,868,400).

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5. Contractual Obligations

a) Tangible capital asset acquisitions

At March 31, 2025, contractual obligations for acquisition of tangible capital assets are \$4,388,739 (2024 - \$5,672,001).

b) Operating leases

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

2025-26	\$ 3,275,069
2026-27	2,953,746
2027-28	2,609,966
2028-29	1,393,381
2029-30	1,161,151

c) Contracted health services operators

The Cancer Agency continues to contract on an ongoing basis with the Saskatchewan Health Authority (SHA) to provide some services such as lab tests, diagnostic radiology, housekeeping and maintenance services. Services provided in the year ending March 31, 2025 will continue to be contracted for the following fiscal year. In the year ended March 31, 2025, the Cancer Agency contracted services amounting to \$8,365,466 (2024 - \$8,399,197).

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 upon the Agency's election to rebuild, CCS's rights relating to the land would terminate upon completion of the new building. The Cancer Agency also purchased an adjacent property from the City of Saskatoon in order to facilitate an expanded lodge footprint, including an additional parking area.

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	\$ 115,677	\$ 92,296	\$ -	\$ 23,381
CCS - Data Transformation	70,640	-	-	70,640
Myeloma Canada - Identifying Gaps in Care	8,154	8,154	-	-
AstraZeneca				
Mainstreaming Project	10,000	7,689	-	2,311
Enhancing Peri-Operative Care	30,000	-	-	30,000
Canadian Partnership Against Cancer (CPAC)				
Northern Inter-Tribal Health Authority (NITHA)	12,644	-	-	12,644
Total Deferred Revenue	\$ 247,115	\$ 108,139	\$ -	\$ 138,976

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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, 2023 and the results have been extrapolated to December 31, 2024.

			2025	2024
	SHEPP	PEPP	Total	Total
Number of active members	205	793	998	952
Member contribution rate, percentage of salary	7.30% - 10.40%	7.60%		
Cancer Agency contribution rate, percentage of salary	8.18% - 11.65%	8.76%		
Member contributions (thousands of dollars)	\$ 1,169	\$ 4,674	\$ 5,843	\$ 5,637
Cancer Agency contributions (thousands of dollars)	\$ 1,311	\$ 5,392	\$ 6,703	\$ 6,625

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2025. 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.

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			2025	2024
	Public Employees Plan	SGEU	Total	Total
Number of active members	184	760	944	977
Member contribution rate, percentage of salary	0.97%	1.50%		
Cancer Agency contribution rate, percentage of salary	1.21%	0.00%		
Member contributions (thousands of dollars)	\$ 327	\$ 753	\$ 1,080	\$ 1,030
Cancer Agency contributions (thousands of dollars)	\$ 398	\$ -	\$ 398	\$ 365

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 valuation was completed on March 31, 2025. Key assumptions used as inputs into the actuarial calculation are as follows:

	2025	2024
Discount rate (per annum)	3.90%	4.30%
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%

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	2025	2024
Accrued benefit obligation, beginning of year	\$ 3,637,400	\$ 3,435,500
Cost for the year		
Current period benefit costs	492,600	488,700
Interest expense	167,700	142,500
Actuarial losses	34,500	33,700
Benefits paid during the year	(462,500)	(463,000)
Accrued benefit obligation, end of year	\$ 3,869,700	\$ 3,637,400

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.

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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:

	2025	2024
Cash and cash equivalents	\$ 9,963,575	\$ 14,788,781
Accounts receivable		
Ministry of Health - General Revenue Fund	-	3,849,021
Other	31,123,346	27,769,080
	\$ 41,086,921	\$ 46,406,882

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, 2025, 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, 2025, 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 \$410,869 (2024 - \$464,069).

2024-25 Financial Statements

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, 2025, the Cancer Agency has a cash and cash equivalents balance of \$9,963,575 (2024 – \$14,788,781).

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, 2025, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2024 – none).

11. Budget

The 2024-25 budget plan was approved by the Cancer Agency's Board of Directors on May 17, 2024.

12. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement expired on March 31, 2024. Bargaining is currently ongoing and the financial impact is not determinable.

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, research, 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.

14. Contingent Liabilities

During the 2024-25 fiscal year, the Cancer Agency received a claim for wrongful dismissal of an employee. Information obtained as at the time of the financial statements were prepared indicated that it is likely that the claim could result in an award of \$86,000. As such, the Cancer Agency has accrued this amount as an expense in the current year.

2024-25 Financial Statements

15. Change in Accounting Policy

During the 2024-25 fiscal year, the Cancer Agency, along with the Saskatchewan Health Authority and other Health parties, transitioned to a new financial system called the Administrative Information Management System (AIMS). As a result of this change, a common tangible capital assets policy determining the useful lives of tangible capital assets (with the exception of certain Cancer Agency specific assets) was implemented in the system. The adoption of this policy resulted in adjustments to the Cancer Agency's current year opening costs and accumulated amortization balances for its asset categories. Additionally, to conform with the current year's accounting policy and presentation, some prior year balances have also been adjusted.

Key adjustments to the Cancer Agency's capital asset opening balances are as follows:

Impact of change in accounting policy on capital asset opening costs and accumulated amortization
Summary of adjustments

	Land and Improvements	Buildings	Building Service Equipment	Leasehold Improvements	Equipment and Furniture	Total
Ending cost from March 31, 2024 audited financial statements	\$ 280,297	\$ 29,595,015	\$ -	\$ 23,174,949	\$ 52,741,545	\$ 105,791,806
Reclassification adjustments	-	(11,203,108)	12,148,390	480,614	(1,425,896)	-
Adjusted opening cost as at April 1, 2024	280,297	18,391,907	12,148,390	23,655,563	51,315,649	105,791,806
Ending accumulated amortization from March 31, 2024 audited financial statements	-	22,431,129	-	16,957,964	34,590,905	73,979,998
Adjustments	-	(4,300,090)	4,848,390	122,799	(2,019,763)	(1,348,664)
Adjusted opening accumulated amortization as at April 1, 2024	\$ -	\$ 18,131,039	\$ 4,848,390	\$ 17,080,763	\$ 32,571,142	\$ 72,631,334

Statement of Financial Position as at April 1, 2024

Summary of adjustments

	As reported March 31, 2024	Adjustment	Restated April 1, 2024
NON-FINANCIAL ASSETS			
Tangible capital assets	\$ 31,811,808	\$ 1,348,664	\$ 33,160,472
Inventory held for use	22,428,423	-	22,428,423
Prepaid expenses	1,462,526	-	1,462,526
Total Non-Financial Assets	55,702,757	1,348,664	57,051,421
ACCUMULATED SURPLUS	\$ 74,009,595	\$ 1,348,664	\$ 75,358,259

2024-25 Financial Statements

Statement of Operations for the year ended March 31, 2024

Summary of adjustments

	As reported March 31, 2024	Adjustment	Restated March 31, 2024
Total revenues	\$ 265,771,764	\$ -	\$ 265,771,764
Total expenses	259,581,705	(455,528)	259,126,177
Annual surplus	6,190,059	455,528	6,645,587
Accumulated surplus, beginning of year	67,819,536	893,136	68,712,672
Annual surplus	6,190,059	455,528	6,645,587
Accumulated surplus, end of year	\$ 74,009,595	\$ 1,348,664	\$ 75,358,259

Statement of Change in Net Financial Assets (Debt) for the year ended March 31, 2024

Summary of adjustments

	As reported March 31, 2024	Adjustment	Restated March 31, 2024
Annual surplus	\$ 6,190,059	\$ 455,528	\$ 6,645,587
Net acquisition of tangible capital assets	(4,938,399)	-	(4,938,399)
Amortization of tangible capital assets	5,339,931	(455,528)	4,884,403
Loss on disposal of tangible capital assets	13,300	-	13,300
Change in net financial assets	6,604,891	-	6,604,891
NET FINANCIAL ASSETS (DEBT), END OF YEAR	\$ 18,306,838	\$ -	\$ 18,306,838

2024-25 Financial Statements

Statement of Cash Flows for the year ended March 31, 2024

Summary of adjustments

	As reported March 31, 2024	Adjustment	Restated March 31, 2024
Cash provided by (used in):			
OPERATING ACTIVITIES			
Annual surplus	\$ 6,190,059	\$ 455,528	\$ 6,645,587
Net change in non-cash working capital	(10,743,097)	-	(10,743,097)
Amortization of tangible capital assets	5,339,931	(455,528)	4,884,403
Loss on disposal of tangible capital assets	13,300	-	13,300
Cash provided by operating activities	800,193	-	800,193
CASH AND CASH EQUIVALENTS, END OF YEAR	\$ 14,788,781	\$ -	\$ 14,788,781

16. Subsequent Events

In April 2025, CPAC advised the Cancer Agency of the requirement that excess funding in the amount of \$206,312 for Healthy Future Sask is to be returned. As such, the Cancer Agency has removed the previously recorded deferred revenue for the unspent funds and has set up a corresponding liability payable to CPAC.

2024-25 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF

BOARD MEMBER REMUNERATION For the Year Ended March 31, 2025

Board Members	2025					2024
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total ⁽¹⁾	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 5,418	\$ 1,631	\$ 4,053	\$ 21,062	\$ 20,365
Board Members:						
Crofts, Howard	-	3,969	825	1,028	5,822	7,222
Ravis, Don	-	2,488	250	760	3,498	4,924
Scott, Kelly	-	3,356	388	1,920	5,664	5,404
Lukiwski, Tom	-	2,562	375	1,734	4,671	4,400
Rice, Marilyn ⁽²⁾	-	681	150	165	996	4,833
Wyatt, Gordon	-	3,800	894	2,045	6,739	6,765
Gryba, Catherine ⁽³⁾	-	250	-	-	250	1,402
Cook, Cheryl	-	2,238	321	465	3,024	4,215
Carson, Carrie ⁽⁴⁾	-	-	-	-	-	-
Total	\$ 9,960	\$ 24,762	\$ 4,834	\$ 12,170	\$ 51,726	\$ 59,530

(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) Marilyn Rice's term with the board ended on September 30, 2024.

(3) Catherine Gryba's term with the Board ended on June 12, 2024.

(4) Carrie Carson was appointed to the Board on January 22, 2025. She had no expenses in this fiscal year.

2024-25 Financial Statements

Schedule 2

SASKATCHEWAN CANCER AGENCY SCHEDULE OF

SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2025

Senior Employees	2025			2024
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Deb Bulych, Chief Executive Officer	\$ 289,260	\$ 7,200	\$ 296,460	\$ 290,309
Dr. Shazia Mahmood, Vice-President, Medical Services	661,046	-	661,046	527,085
Denise Budz, Vice-President, Care Services	222,449	878	223,327	212,796
Kevin Wilson, Vice-President, Population Health, Quality & Research ⁽³⁾	-	-	-	233,390
Karen Efthimiou, Vice-President, Population Health, Quality & Research ⁽⁴⁾	185,287	-	185,287	35,577
Ron Dufresne, Vice-President, Corporate Services	227,525	-	227,525	225,334
Total	\$ 1,585,567	\$ 8,078	\$ 1,593,645	\$ 1,524,491

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

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

2024-25 Financial Statements

Schedule 3

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2025

	Budget 2025 (Note 11)	2025	2024 Restated (Note 15)
EXPENSES			
Salaries and employee benefits	\$ 111,060,539	\$ 105,783,180	\$ 107,725,978
Drugs and medical supplies	107,937,864	120,035,227	99,156,845
Contracted staff and physicians	27,975,451	31,190,967	23,535,010
Amortization	4,000,000	4,757,944	4,884,403
Purchased services	3,893,700	4,300,718	3,955,035
Other expenses	3,443,386	8,096,813	6,936,773
Rent of buildings	3,165,724	3,257,722	2,976,457
Professional fees	3,120,519	2,666,620	2,538,971
Repairs and maintenance	2,935,117	3,026,565	2,773,415
Office supplies and other office costs	2,619,632	2,758,008	2,440,147
Clinical and other supplies	1,196,502	1,123,220	1,134,618
Research grants	496,279	496,279	600,034
Grants to Third Party	391,210	345,402	116,021
Housekeeping and laundry	331,287	400,981	339,170
Loss on disposal of tangible capital assets	-	-	13,300
	<u>\$ 272,567,210</u>	<u>\$ 288,239,646</u>	<u>\$ 259,126,177</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	122,516	Belitski	Renee	146,554
Adam	Lisa	93,700	Bell	Joey	93,159
Ademoye	Ojuolape	52,478	Bergan	Nicole	63,877
Adeniji	Nafisa	66,007	Bernaer	Sandra	100,682
Adigun	Nike	92,189	Bertzolla	Wayne	99,629
Afzal	Saadia	73,406	Bhandal	Harleen	61,617
Ahmad	Nazir	364,797	Biever	Breanna	70,406
Ahmed	Shahid	646,266	Bird	Virginia	81,156
Aird	Marcie	121,229	Black	Megan	102,081
Ajonu	Chinyere	63,237	Blackwell	Maitland	97,129
Albar	Julia	70,078	Blazeiko	Courtney	124,772
Ali	Magdi	480,215	Blazeiko	Jonathan	119,809
Allan	Joyce	97,552	Boechler	Luke	109,671
Allen	Jobel	50,555	Boehm	Darryl	154,541
Almasi-Tait	Karen	109,845	Boehm	Deborah	54,400
Alton	Sara	94,986	Boersma	John	78,052
Alvi	Riaz	167,816	Boldt	Cynthia	90,089
Amin	Margiben	85,812	Bolt	Rachel	106,758
Anasudu	Ozioma	55,502	Bonnell	Gabriel	77,635
Anderson	Brianna	56,587	Bortis	Janelle	116,549
Anderson	Deborah	209,176	Bosch	Brennan	133,804
Appadu	Srivenkatessa	75,008	Bosch	Mark	571,176
Aranas	Gianni Mharla	61,933	Bott	Jessica	58,768
Aspen	Rebecca	147,183	Bouvier	Kyla	99,629
Auditor	Ericka	90,700	Boyko	Riley	71,327
Ayuban	Shandra	55,902	Bradburn	Shelan	55,108
Babiy	Patricia	57,436	Bradel	Theresa	247,842
Baden	Hussein	227,365	Bremner	Melissa	51,814
Baisley	Julie-Anne	114,263	Brenzil	Marlene	86,217
Bansal	Astha	93,287	Briggs	Sheri	106,695
Barkway	Sarah	103,506	Britton	Aleksandra	120,105
Barlow	Stacy	70,935	Brockman	Rhonda	86,642
Basey	Kimberly	55,110	Broley	Chandra	62,650
Basiove	Mitchell	72,265	Brose	Kelsey	605,286
Bastock	Brianna	73,024	Browne	Kara	84,253
Baudemont	Coline	56,512	Brunet	Bryan	568,525
Bayfield Ash	Nicola	145,436	Bruse	Lydia	86,684
Bazylewski	Alysha	56,013	Buatois	Melanie	71,692
Bazylewski	Paul	77,171	Budd	Tanya	71,136
Beatty	Jodi	55,108	Budz	Denise	223,327
Beck	Leanne	55,108	Bulych	Deborah	297,060
Beckett	Craig	173,872	Bumphrey	Jacquie	55,560
Becking	Colleen	84,712	Bunko	Ada	108,757
Beebe	Larae	86,275	Burdett	Susan	55,912
Beisel	Thomas	104,610	Burke	Alexis	121,669
Bekkattla	Colleen	94,747	Burkhart	Stacey	50,549
Belhumeur	Kim	90,643	Burki	Saadia	90,751

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
Bussiere	Matthew	113,424
Byblow	Sandra	100,485
Bzdel	Katelyn	60,051
Callan	Danielle	80,240
Campbell	Wanda	55,001
Canitz	Anton	99,987
Carignan	Robert	103,488
Carr	Michelle	92,888
Carrington	Renee	50,751
Carson	Brett	94,103
Casavant	Corrine	80,476
Caza	Alison	61,973
Chalchal	Hafsah	151,606
Chalchal	Haji	628,217
Chamberlain	Dean	132,542
Chandna	Ayesha	463,076
Chandrasekhar	Ambika	91,717
Chaudhari	Bhavesh	71,124
Cherland	Susan	85,562
Cherpin	McKenzie	61,038
Cheryl	Whiting	114,856
Chibi	Kaitlyn	94,647
Chinta Reddy	Priyanka	68,522
Choquette	Heather	113,755
Chornawka	Moregan	73,894
Christenson	Kendra	73,627
Clayton	Kimberly	105,855
Cockwill	Ryan	58,445
Cole	Scott	93,810
Conacher	Terran	90,032
Conklin	Sheldon	79,814
Constantinescu	Jennifer	77,864
Cook	Darcy	124,711
Coons	Randi	84,914
Corbin	Mark	114,629
Cosford	Kristen	67,614
Cousins	Kenapha	55,170
Cousins	Sara Rose	66,774
Cowan	Sarah	116,697
Cowin	Noah	98,575
Craig	Ernest	125,961
Cranford	Chantal	53,688
Cranmer-Sargison	Gavin	248,443
Crerar Koshuba	Robin	88,904
Crewson	Cody	94,351
Cross	Deborah	72,150
Crozier	Carla	83,983
Curran	Katlin	99,434
Dalvi	Pranil	81,723
Das	Tanmoy	70,979
David Kodamanchali	Sam	63,483
Davies	Laci	100,657
Dawes	Jennifer	76,601
Ddamba	James	545,459

LAST NAME	FIRST NAME	AMOUNT PAID
De Ramos	Ivy Gayle	56,291
Dean Heng	Shara	62,343
Decker	Allison	121,143
Decker	Kathryn	55,876
Dela Cruz	Elizabeth	53,085
Delainey	Tara	88,671
Dell	Paige	84,088
Derdall	Carson	120,407
Derrick	Peter	135,095
Deschamps	Michelle	119,489
Dimaguila	Teresa	70,966
Dockray	Leanne	61,518
Dodman	John	110,887
Dolata	Wojciech	580,333
Drapak	Savannah	58,913
Drever	Laura	217,827
Duchscher	Dana	70,529
Dufresne	Ron	228,284
Dukes	Tina	55,918
Dwernychuk	Lynn	130,127
Dyczkowski	Theresa	104,329
Dyok	Nathan	76,876
Dziadyk	Brooke	117,563
Earis	Travis	97,264
Edmunds	Laurie	85,294
Edwards	Trent	121,745
Efthimiou	Karen	185,287
Eger	Shaylin	104,620
Elangovan	Arun	241,717
El-Gayed	Ali	580,367
Elsayed	Mohamed Ezzat	119,550
Elsayed	Naglaa	81,392
El-Sayed	Assem	486,140
Emara	Mohamed	497,835
English	Azure	122,050
Englot	Tekla	66,590
Enns	Karen	85,894
Enriquez	Anna-Liza	54,881
Epp	Anna	67,623
Esmail	Lina	102,725
Eswedi	Abdulhakim	783,459
Ewen Peterson	Louise	61,558
Farrow	Delee	70,397
Favel	Megan	67,697
Favel	Virginia	59,332
Fay	April	123,448
Federko	Robyn	74,860
Fensom	Jillian	133,975
Ferozdin	Sajjad	57,653
Fiddler	Kerri	69,785
Filipchuk	Monica	85,705
Fiorante	Jordan	86,443
Fisher	Jennifer	69,075
Flaman	Josiah	76,884

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
Flores	Elna Marie	70,056
Follack	Tyson	113,575
Fonagy	Rhonda	68,406
Fondrick	Lacey	62,800
Fong	Yvonne	79,616
Fontaine	Chelsey	61,607
Forer	Courtney	55,844
Foster	Brenda	93,542
Foster	Lisa	108,474
Fox	Pauline	104,330
Frank	Tracy	83,668
Frei	Marla	55,257
Friedrich	Kimberly	84,977
Garratt	Kevin	115,633
Gatin	Erinn	80,254
Gee	Olivia	113,434
Geisler	Ryan	97,788
Geisler	Shawn	87,783
Gendall	Monty	193,167
George	Janet	85,807
Gerhardt	Sara	68,205
Gervais	Amanda	125,176
Giblett	Braden	137,670
Gibson	Della	55,984
Gillie	Sarah	102,437
Gilliland	Taylor	101,507
Giroux	Jasmin	52,531
Glass	Lisa	186,117
Glass	Tracy	57,894
Glenister	Shannon	120,461
Glum	Jonathan	81,693
Golly	Meagan	62,410
Good	Carlene	127,738
Goodman Chartier	Sandra	71,217
Goodyear	Genny	61,265
Gordon	Vallerie	159,388
Goubran-Messiha	Hadi	629,686
Gough	Margot	103,414
Gowrishankar	Branawan	149,990
Gray-Lozinski	Denise	80,908
Gregory	Sheri	85,449
Guan	Qiting	50,696
Gudmundson	Janelle	100,325
Gyorfi	Keely	68,552
Gyug	Jordan	96,431
Hadland	Shane	123,843
Hagel	Kimberly	584,683
Haider	Kamal-Uddin	641,634
Hala	Karen	68,868
Halstead	Kelsey	117,700
Hamilton	Dayna	95,858
Hart	Caroline	321,431
Hastings	James	97,310
Haugan	Sasha	84,980

LAST NAME	FIRST NAME	AMOUNT PAID
Hauser	Haley	88,332
Hautcoeur	Arielle	97,429
Hawes	Shelly	50,675
Haynes	Gabrielle	56,685
Hegyi	Brandi	74,015
Heinrich	Arlene	112,527
Helfrick	Heather	121,725
Henin	Nevine	480,259
Henneberg	Gina	51,495
Hepting	Jaclyn	122,612
Herasymuik	Laura	75,867
Herle	Chandra	93,098
Hetke	Morgan	71,797
Hicks	Jolene	114,173
Hiebert	Brenda	81,578
Ho	Jenny	81,290
Hobson	Raelene	91,349
Hodgins	Debra	121,925
Hoffman	Tanya	86,073
Hollicky	Jacqueline	58,821
Hollis	Tina	51,480
Hopkins	Blaire	54,252
Hordos	Janelle	121,213
Hornseth	Shyanne	127,507
Houk	Graham	113,210
Houshmand	Shauna	129,195
Hughes	Jillian	113,294
Hundeby	Shannon	68,363
Hunter	Holly	86,512
Hymers	Tiffany	88,845
Ingenthron	Nicole	85,811
Iqbal	Mussawar	118,410
Ireland	Haley	62,805
Isaac	Stephanie	98,416
Islam	Mohammed	92,776
Ismail	Waleed Sabry	687,034
Jacob	Mary	98,789
Jacobson	Amanda	114,638
Jafari	Maryam	65,295
James	Michelle	86,298
Jan	Shalene	62,835
Janz	Jessica	51,756
Janzen	Tracie	86,584
Jelovic	Andrew	93,265
Jessup	Gregory	99,520
Johnson	April	104,773
Johnson	Kate	382,676
Jones	Shannon	72,414
Jorgensen	Bryan	146,874
Judd	Alison	125,511
Kaban	Susan	69,052
Kaeding	Regan	56,653
Kaminski	Doug	119,734
Karamat	Muhammad	157,653

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
Kaur	Harpreet	157,777
Kawari	Mohammed	215,246
Keffer	Melodie	68,908
Kell	Tracy	96,865
Kennedy	Lisa	95,559
Kent	Mackenzie	95,827
Keuler	Lisa	117,455
Kevisen	Kelsey	100,380
Keys	Milana	63,293
Khalid	Luma	105,203
Khan	Asma	89,230
Khan	Muhammad	79,779
Khare	Ajinkya	107,884
Kiamohammadi	Leila	72,323
Kilback	Kristin	100,204
Kinvig	Samantha	65,258
Kirby	Kristen	104,476
Kiros	Yohanna	71,685
Kissick	Kristen	64,619
Kiwanuka	Stinta	81,189
Knelsen	Lindsay	70,640
Kodad	Shrutthi	81,395
Kolosnjaji	Aleksander	118,114
Koob	Tenielle	85,279
Koolen	Megan	55,514
Koroluk	Melissa	54,881
Korte	Rachelle	55,466
Kosokowsky	Rachelle	83,576
Kostyniuk	Lindsay	100,507
Kovacs	Cindy	73,758
Kowalysheh	Karmin	97,330
Kowbel	Beverly	144,909
Kozie	Serena	89,522
Kreis	Carie	65,625
Kroeker	Dana	68,779
Kruger	Lana	127,323
Krushel	Dana	56,039
Ksyniuk	Kelli	55,440
Kumar	Amit	52,411
Kumar	Suresh	497,195
Kundapur	Vijayananda	95,016
Lacey	Jill	120,453
Lacey	Kevin	178,342
Lacey	Roxanne	61,264
Laing	David	50,875
Landine	Heather	51,875
Landry	Serena	85,998
Landstad	Taralyn	55,592
Langhorst	Megan	55,164
Langston	Danielle	149,850
Larsen	Derrick	107,513
Laursen	Becky	83,777
Lazar	Caitlyn	115,185
Le	Jennifer	58,961

LAST NAME	FIRST NAME	AMOUNT PAID
Leask	Jessica	103,534
Lechner	Meghan	85,492
Leclaire	Caitlin	82,233
Lee	Suet Ying	88,685
Legare	Angela	94,622
Lenouail	Amber	72,256
Liang	Venessa	112,669
Liss	Shavaun	69,153
Litzenberger	Treighton	65,881
Liu	Xia	69,695
Livingstone	Charly	52,040
Lobzun	Kevin	142,181
Logan	Rebecca	118,868
Lomenda	Vanessa	70,392
Lopez	Maria Lorena	56,558
Lucero	Darlene	55,388
Lukowich	Kristen	111,309
Maas	Benjamin	574,602
Mac	Stephanie	120,803
Macdonald	Colin	94,342
Macdonald	Janice	101,937
Macedward	Kathy	96,049
Macera	Francesca	94,449
Mackay	Janet	54,160
Mackie	Jordyn	115,789
Magdalin	Liana	97,774
Magnien	Katherine	113,739
Magosse	Matthew	97,183
Magouliotis	Connie	53,992
Mah Vuong	Pearl	73,385
Mahmood	Rehan	500,125
Mahmood	Shazia	661,046
Maier	Rebecca	56,657
Maillot	Laurell	72,469
Majdalani	Joelle	65,304
Malinowski	Sheri	108,036
Mallari	Julie Ann	72,354
Mambil	Aldrin	50,875
Mapletoft	Samantha	114,702
Marchant	Kristin	233,004
Marquilencia	Helene	50,190
Martel	Jessica	102,380
Martin	Chantel	116,527
Martin	Stacy	80,257
Martinson	Alexandra	135,437
Masarate	Anne	50,973
Matheson	Colin	57,128
Matte	Victoria	76,685
Maybin	Susan	56,356
McAuley	Karen	100,520
Mccormick	Cecilia	75,257
McCorriston	Paige	71,581
Mcdougall	Elizabeth	83,246
Mcduff	Desiree	84,540

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
Mcewen	Denise	90,510
McGinn	Stephanie	81,674
McGregor	Cherith	77,416
McInnis	Amy	83,591
McIntyre	Danielle	60,768
Mcivor	Sarah	98,328
Mckay	Courtney	86,003
Mckay	Letitia	101,112
Mckay	Maddison	52,743
Mckenzie	Jennifer	123,970
McLaughlin	Leanne	85,733
Mclean	Jessica	125,478
Mcmurphy	Denise	60,436
Mcvicar	Laurie	119,625
Melnyk	Ashley	99,171
Melsted	Rebecca	80,845
Memon	Manzoor	433,148
Mendez	Claudia	65,621
Mendoza-Cabuco	Jelly	54,460
Michel	Marissa	54,691
Millard	Lisa	50,041
Milligan	Laura	54,654
Mills	Brenna	63,337
Milner	Natalya	81,935
Mir	Taskia	63,412
Moens	Lisa	82,403
Molde	Kelli	114,377
Monteith	Jennifer	70,616
Moore	Jocelyn	561,256
Morrison	Kelsie	108,491
Morton	Daniel	181,279
Muench	Lori	56,370
Mumm	Amanda	53,903
Munro	Riley	58,995
Murchison	Mallory	95,749
Musa	Abeer	493,056
Mychan	Alena	57,897
Nadeau	Sarah	118,419
Narasimhan	Gopinath	103,782
Nargang	Kelli	52,313
Neufeld	Lauren	113,103
Neufeld	Rebekah	95,727
Nicholson	Kara	124,673
Nicholson	Matthew	588,614
Nistor	Gail	72,739
Nivins	Paula	50,644
Nkachukwu	Munbang	85,219
Noor	Syed	512,963
Norman	Carla	101,453
Norman	Pamela	70,404
Nsungu	Hilde	61,056
Nygaard	Tracy	78,053
Odnokon	Jordyn	72,002
ODonnell	Kaitlin	78,104

LAST NAME	FIRST NAME	AMOUNT PAID
Okrainetz	Tyrone	83,922
Olesen	Natasha	111,466
Olijnyk-Warwick	Holly	57,920
Omole	Busola	59,910
Oneill	Darcie	87,317
Othman	Ibraheem	555,859
Otitoju	Chantel	98,263
Ottenbreit	Kristen	121,650
Ouellette	Cory	88,451
Outerbridge	Tiffinie	54,575
Overland	Davin	120,721
Oyebamiji	Abiola	92,741
Paculan	Melody	68,406
Painchaud	Alexandra	88,946
Paisley	Justine	112,167
Palmer	Leah	112,515
Pamomag	Arlene	54,528
Panhwar	Amanullah	459,963
Pankratz	Michaela	126,475
Paradis	Amber	50,096
Parr	Brittany	55,107
Pass	Danielle	112,172
Patel	Yaminkumar	79,783
Pateman	Julie	59,602
Patterson	Janet	119,654
Paul	Arlene	59,229
Paul	Mackenzie	59,696
Paul	Terry-Lyn	54,128
Pavlov	Petra	104,393
Payne	Krystle	56,883
Pearce	Laurie	76,406
Pearson	Derek	593,607
Pedula	Annamaria	113,681
Pekar	Julius	211,472
Pelletier	Devon	130,276
Pelzer	Lindsay	100,333
Peque	Cinty Grace	54,364
Perry	Chantal	124,492
Perry	Emily	98,720
Person	Karma	58,226
Petrisor	Jamie	54,743
Pham	Chantale	112,689
Phillips	Leah	85,071
Pierlot	Joan	125,903
Pillipow	Kelvin	112,330
Piper	Jaimie	102,391
Poll	Renise	91,726
Pomedli	Belinda	72,522
Porter	Carlie	94,515
Poulton	Nadine	107,112
Power	Katrina	114,631
Procyk	Bernadett	68,689
Protz	Nicole	74,238
Qureshi	Kahekashan	524,472

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
Ramirez Marmol	Alexis	460,314
Rathgeber	Sarah	122,981
Rehan	Hina	484,267
Reich	Allie	69,927
Reichert	Brian	102,046
Reid	Stacey	126,786
Rempel	Colyn	68,211
Richard	Maeghan	122,903
Richards	Mardel	98,711
Risling	Melinda	55,613
Rissin	Kaitlyn	117,240
Ritchie	Jennifer	60,300
Robson	Laura	86,339
Roche	Alissa	83,481
Rodger	Brittany	74,851
Rohel	Tiffany	56,944
Rorke	Janice	54,816
Rude	Darlene	101,170
Rumpel	Laurie	123,391
Rundle	Tammy	54,881
Russill	Darla	69,748
Ryan	Amy	89,918
Ryan	Susan	116,486
Saini	Sanjeev	93,265
Samarawickrama	Srimal	79,248
Sami	Amer	144,955
Sanderson	Jennifer	113,854
Sanjoy	Shubrandu Sutradhar	73,950
Sankaranarayanan	Kadhambari	93,392
Sapieha	Shannon	100,524
Saretsky	Mercedes	52,118
Sarker	Sabuj	104,096
Sauder	Matthew	93,159
Sawka	Denise	65,504
Sayed	Iqraa	53,180
Schaan	Chyanne	53,924
Schaffer	Jarrod	109,659
Schenher	Megan	78,891
Schiltz	Colette	130,913
Schmidt	Darren	93,159
Schultz	Danielle	101,752
Schultz	Kayla	110,572
Schumann	Irmgard	123,112
Schwartz	Lyndon	134,823
Schwartzberger	Delinda	95,011
Sebastian	Shauna	123,770
Sebastian-Barnaby	Laura	93,588
Seidler	Janelle	107,987
Senger	Mackenzie	79,557
Shaw	Judy	98,018
Sherin	Danielle	56,637
Shinkewski	Patty	69,829
Shkabara	Myroslava	103,119
Shouman	Mohamed	441,264

LAST NAME	FIRST NAME	AMOUNT PAID
Shull	Shavon	66,748
Siarkos	Theodosia	95,084
Sidhu	Sukhdeep Kaur	52,290
Siemens	Trevor	85,692
Simicic	Linda	50,512
Sinclair	Yvonne	85,772
Singh Thakur	Varun	208,807
Sirdar	John	107,004
Smetaniuk	James	85,339
Smith	Jacob	58,392
Smith	Kaitlyn	97,462
Soliman	Amira	365,383
Song	Kathy	116,497
Soparlo	Amy	118,664
Sorokotiaguine	Marina	53,273
Sotnikow	Madison	71,010
Spooner	Margaret	81,432
Stephenson	Brittany	70,957
Stewart	Krista	72,101
Stinka	Kevin	111,229
Stopanski	Carina	79,024
Stoppler	Stacey	72,673
Strachan	Heather	60,700
Stroh	Evan	93,316
Struck	Karly	60,235
Stuckel	Renee	85,419
Sulyok	Beata	78,229
Sumar	Reezwan	112,730
Sundaram	Vinita	476,775
Swanson	Beau	102,789
Switzer	Landon	97,205
Sywak	Ashley	116,489
Tabuzo	Ma Joan	50,655
Tady	Robyn	85,680
Tayab	Melba	55,801
Tessier	Lindsay	121,265
Thauberger	Jenna	92,201
Thompson	Anna-Maria	93,734
Thompson	Cheryle	162,546
Thompson	Christine	55,494
Thompson	Lindsey	121,619
Thorpe	Justin	82,851
Thoudsanikone	Mani	113,482
Thue	Deanna	117,760
Thurber	Colleen	81,487
Tiefenbach	Paula	97,858
Tilve	Madhura	98,470
Tinline	Paula	95,157
Topola	Melody	73,521
Toupin	Alexandra	97,507
Tram	Sabrina	114,764
Tran	David	125,626
Tran	Michelle	77,380
Tremblay	Colleen	96,222

Payee Disclosure Lists

LAST NAME	FIRST NAME	AMOUNT PAID
Treppel	Diane	100,907
Triantafyllou	Lisa	93,387
Tyacke	Alisha	95,492
Tymchak	Cara	100,299
Tymchak	Chelsea	73,742
Tyndall	Joanne	126,648
Tyrer	Dusty	82,776
Ubell	Hanna	88,458
Ullrich	Sherrill	90,204
Urias	Krissie	92,371
ur-Rehman	Fazal	140,443
Valentine	Lynsey	103,909
Vandenberg	Jennifer	55,504
Vanstone	Megan	108,099
Vass	Lisa	80,175
Villeneuve	Carissa	98,057
Visvanathan	Brittney	92,279
Vizeacoumar	Franco	169,609
Vu	Thao	99,335
Wacker	Steven	121,459
Wagner	Dominique	94,622
Wake	Monica	61,787
Wall	Alana	86,334
Wallace	James	114,819
Watson	Pauline	69,649
Waysome-McIntyre	Marion	90,554
Webb	Jenna	72,159
Weber	Sara	71,433
Weigel	Tamara	100,329
Weinrich	Ian	89,765
Welker	Valerie	52,587
Wepler	Richard	104,272
Wessels	Emily	73,049
Westad	Anne	102,267
Weyland	Lana	76,631
Whelan	Jennifer	68,856
Whitbread	Crista	92,011
Whitehouse	Sonja	53,627
Whittle	Alison	126,550
Wilhelm	Laura	54,998
Williams	Angela	54,880
Williams	Joanne	112,757
Williams	Miesha	92,636
Wilson	Karla	82,070
Wilson	Kevin	197,125
Wilson	Marlo	62,107
Wilson	Michael	115,651
Wilson	Shandel	138,545
Wilson	Tyler	63,833
Wilyman	Andrea	116,455
Wilyman	Shawn	93,290
Woitaz	Carla	69,778
Wollbaum	Renee	100,769
Wood	Valerie	111,342

LAST NAME	FIRST NAME	AMOUNT PAID
Woodrow	Nicole	89,548
Woodside	Lisa	68,761
Woolsey	Tanya	101,143
Wright	Philip	568,514
Xiang	Jim	194,281
Yadav	Sunil	82,374
Yasinski	Audrey	50,221
Young	Jana	119,522
Younikha	Vivian	82,789
Youssef	Hanaa	67,176
Zaba	Donna	95,623
Zadvorny	Nicole	78,701
Zahn	Janell	83,375
Zarkovic	Mirjana	640,832
Zatylny	Paula	80,257
Zhang	Jing	69,285
Zhu	Tong	104,840
Ziegler	Brittany	62,242
Zimmer	Natasha	120,115
Ziola	Abigail	71,228
Zubrecki	Jill	110,013

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

	2024-25
1080 Architecture, Planning, & Interiors Ltd.	173,824
1621 Albert Street Development Corporation	416,763
3sHealth	622,046
A&D Wholesale Limited	99,073
Abbvie Corporation	2,282,684
Abdulhakim Eswedi Medical Professional Corporation	143,863
Access Information Management Of Canada Ulc	102,403
Acre Distribution	645,507
Al Duhaiby, Dr Eman	490,629
Alberta Health Services	111,864
Apobiologix	1,412,208
Atom Physics	538,225
Baxter Corporation	1,047,630
Bayer Inc.	284,557
Biomed Recovery & Disposal Ltd.	154,163
Bioscript Logistics Inc.	3,222,100
Boston Scientific Limited	105,735
Bristol-Myers Squibb Canada Company	15,143,665
Brown Broderick Medical Professional Corporation	898,717
Brown Communications Group Inc.	265,572
Cameco Corporation	77,517
Canadian Blood Services	810,635
Canadian Pharmaceutical Distribution Network	94,894,244
Capstone Ridge Group	239,068
Cardinal Health Canada Incorporated	92,061
Carenext Knowledge Translation Inc.	79,478
Carl Zeiss Canada Limited	384,289
CDR Systems Incorporated	88,885

Payee Disclosure Lists

	2024-25
Chaudhary, Dr Simone	529,366
Chhetri, Dr Ashok	56,093
College Of Physicians & Surgeons Of Saskatchewan	80,400
College Of Registered Nurses Of Saskatchewan	86,034
Colliers McClocklin Real Estate Corp.	917,665
Concept3 Business Interiors Ltd.	60,426
Creative Fire LP	115,805
Curium Canada Inc.	55,239
CXtec	335,572
De Souza Institute	59,857
Dell Canada Incorporated	381,793
Dex Medical Distribution Incorporated	2,147,165
Donaldson Marphil Medical Inc.	73,156
Dorie-Anna Dueck Medical Professional Corporation	606,838
Dr A Amjad Medical Professional Corporation	703,046
Dr A Zaidi Medical Professional Corporation	739,718
Dr Amer Sami Medical Professional Corporation	625,296
Dr Ayesha Bashir Medical Professional Corporation	833,245
Dr Brent Jim Medical Professional Corporation	293,484
Dr Derek Suderman Medical Professional Corporation	653,173
Dr Dilip Panjwani Medical Professional Corporation	649,656
Dr DM Le Medical Professional Corporation	615,948
Dr Habib Khan Medical Professional Corporation	634,729
Dr Hendrik Du Plessis Medical Professional Corporation	69,885
Dr J S Lee Medical Professional Corporation	126,623
Dr Joshua Giambattista Medical Professional Corporation	465,980
Dr Julie Stakiw Medical Professional Corporation	677,320
Dr Lawrence Woo Medical Professional Corporation	599,756
Dr M I Khan Medical Professional Corporation	900,583
Dr M Manna Medical Professional Corporation	720,002
Dr Mark Bosch Medical Professional Corporation Incorporated	132,654
Dr Muhammad Aslam Medical Professional Corporation	958,706
Dr Muhammad Salim Medical Professional Corporation	902,192

Payee Disclosure Lists

	2024-25
Dr Nayyer Iqbal Medical Professional Corporation	808,309
Dr O Moodley Medical Professional Corporation	597,128
Dr Oksana Prokopchuk-Gauk Medical Professional Corporation	117,915
Dr Osama Ahmed Medical Professional Corporation	763,514
Dr Osama Souied Medical Professional Corporation	895,009
Dr Othman Medical Professional Corporation	348,154
Dr Rebecca Mackay Medical Professional Corporation	707,471
Dr Sunil Yadav Medical Professional Corporation	662,034
Dr Tahir Abbas Medical Professional Corporation	734,116
Dr V Kundapur Medical Professional Corporation	572,302
Dr Vickie J Martin Medical Professional Corporation	906,088
Dr. Alhayki Medical Professional Corporation	945,651
Dr. Asmara Waheed Medical Professional Corporation	196,786
eHealth Saskatchewan	586,653
Elangovan, Dr Arun	232,200
Elekta Limited	243,872
Essaltani Medical Professional Corporation	618,347
European Courier Services LLC	113,579
Fastprint Saskatoon	76,578
Ferring Incorporated	551,391
Findley, Dr Rachelle	44,521
Forus Therapeutics Incorporated	198,000
Ge Healthcare Canada Inc.	56,301
Genomic Health Inc	1,052,100
Gilead Sciences Canada Incorporated	9,312,403
Grand & Toy	212,805
Greenlee Construction	63,848
Harbour Landing Business Park Ltd.	1,369,499
HBI Office Plus Incorporated	64,139
Healthcare Insurance Reciprocal Of Canada	210,923
Healthhub Patient Engagement Solutions Inc.	198,495
Healthmark	72,074
Illumina Canada ULC	105,357

Payee Disclosure Lists

	2024-25
Innomar Strategies Inc.	771,096
Innovative Oncosolutions Inc.	673,863
Insight Canada Inc.	251,222
Inspirata Inc.	58,347
Inverness Consulting	678,050
ISM Information Systems Management Canada Corporation	97,520
Jazz Pharmaceuticals Canada Incorporated	419,011
Jooravan & Rattan Medical Professional Corporation	82,500
Karl Storz Endoscopy Canada Limited	75,880
Laura Hopkins Medicine Professional Corporation	905,251
Ledcor Construction Limited	1,671,667
Marwa, Dr Bilal	104,594
Mckesson Canada Corporation	31,408,533
Mckesson Distribution Partners	12,427,602
Mckesson Specialized Distribution Inc.	294,771
Medexus Pharmaceuticals Inc.	68,607
Melemary Medical Professional Corporation	749,357
Merck Canada Inc.	33,328,837
Merit Building Cleaning	71,253
Microsoft Canada Inc.	163,592
Minister Of Finance	2,230,098
Mir, Dr Taskia	557,734
Mussawar Iqbal Medical Professional Corporation	619,097
Natco Pharma Canada Incorporated	149,940
Novartis Pharmaceuticals Canada Incorporated	560,000
Paladin Pharma Incorporated	65,974
Paradigm Consulting Group LP	79,993
Park Town Enterprises Limited	410,928
PCL Construction Management Inc.	319,910
Phoenix Advertising Group Incorporated	98,677
Pourhaj, Dr Mohammadreza	87,000
Prairie Advertising Direct Mail Specialists	1,586,906
Procido Management Inc	661,097
Purolator Incorporated	364,958
R Findley Medical Professional Corporation	317,950

Payee Disclosure Lists

	2024-25
SAS Institute Canada Inc	190,051
Saskatchewan Health Authority	8,365,466
Saskpower	94,663
SaskTel	135,018
Schaan Healthcare Products Incorporated	249,404
Seagen Canada Incorporated	2,852,988
Sentrex Distribution Incorporated	3,110,516
Servier Canada Incorporated	661,962
Seventy-Seven Signs Ltd.	67,994
Shamrock Business Solutions Inc	422,817
Siemens Healthcare Limited	166,633
Sivertson, Dr Joanne	54,942
Somagen Diagnostics	496,323
Source Office Furniture & Systems Limited	61,860
Stantec Architecture Ltd.	136,653
Teema Solutions Group Inc.	281,361
Telus Health Solutions Inc.	74,895
Terumo Bct (Canada), Inc.	109,981
Tk Elevator (Canada) Limited	102,936
University Of Saskatchewan	2,495,561
Uptodate, Inc.	62,595
Vacheresse, Dr Genevieve Macaulay	291,183
Varian Medical Systems	1,324,764
Verity Pharmaceuticals Inc.	567,000
VP Mechanical Inc.	68,012
Waheed, Dr Asmara	266,463
WBM Technologies LP	100,647
Zu Com Communications Incorporated	116,710

Payee Disclosure Lists

2024-25

Transfers

Saskatchewan Health Authority - Pediatric Oncology Program Funding	115,139
Saskatchewan Health Authority - Community Oncology Program	2,691,205
Saskatchewan Health Authority - Stem Cell Transplant and Cellular Therapy Program	1,534,367
Saskatchewan Health Authority - Clinical Trials	52,296

Other Expenditures

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

2024-25

Government of Saskatchewan:

Disability Income Plan - employer's share	400,111
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Public Employees Pension Plan:

Public Employees Disability Income Fund - employer's share	119,954
Public Employees Pension Plan - employer's share	5,437,656

Receiver General for Canada:

Canada Pension Plan - employer's share	3,270,427
Employment Insurance - employer's share	1,113,453

3s Health:

3S Health - Core Dental Plan	791,896
3S Health - Extended Health Care Plans	385,529
3S Health - In-Scope Health & Dental	1,400,249

Saskatchewan Healthcare Employee's Pension Plan

SHEPP Pension - employer's share	1,312,477
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SK Workers' Compensation Board:

1,001,079

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



saskcancer.ca



@SaskCancer



@SaskCancer



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@SaskCancer



linkedin.com/company/saskatchewan-cancer-agency

