



Annual Report 2022-23

SaskCancer.ca

Sask●
cancer
AGENCY

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

Table of Contents

| | | | |
|-----------|---|-----------|-------------------------------------|
| 4 | Letter of Transmittal | 34 | Financial Summary |
| 5 | Message from the President and CEO | 35 | Management Report |
| 6 | What We Do | 36 | Independent Auditor's Report |
| 8 | Governance | 38 | Financial Statements |
| 11 | Strategic Plan | 57 | Payee Disclosure Lists |
| 21 | Volume Statistics | 69 | Get in Touch |



Letter of Transmittal

The Honourable Paul Merriman
Minister of Health
Government of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B3



Dear Minister Merriman:

I have the honour of submitting the Saskatchewan Cancer Agency's (Cancer Agency) annual report, including highlights of the work accomplished and the audited financial statements for the fiscal year ending March 31, 2023.

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

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

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

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

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

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

Respectfully,

A handwritten signature in black ink, appearing to read 'Ron Waschuk'.

Ron Waschuk
Board Chair

Message from the President and CEO

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

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

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

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

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

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

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



Deb Bulych
President and Chief Executive Officer



What We Do

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

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

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

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

TREATMENT

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

The cancer centres offer:

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

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

PATIENT LODGES

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

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

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

What We Do

CANCER PREVENTION

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

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

RESEARCH

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

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

EARLY DETECTION

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

- Screening Program for Breast Cancer, which started in 1990, includes clinics in Regina and Saskatoon and satellite centres in Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current and Yorkton. There is also a mobile unit that travels to rural and First Nation communities offering screening mammograms. In 2022, the Saskatchewan Health Authority assumed responsibility for all aspects of the mammography exam.
- Screening Program for Cervical Cancer, which started in 2003.
- Screening Program for Colorectal Cancer, which started in 2009.

PATIENT AND FAMILY-CENTRED CARE

At the Cancer Agency we want to provide exceptional care with the client, patient and their family at the centre of every decision and action. This starts with ensuring clients, patients and their families not only have a voice about their care and treatment, but also about how services are delivered.

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

- improve the client, patient and family experience;
- improve the relationship between clients, patients, family and staff;
- channel information, ideas and needs of patients and clients; and
- provide input into services and programs.

Governance

OUR VISION

A healthy population free from cancer

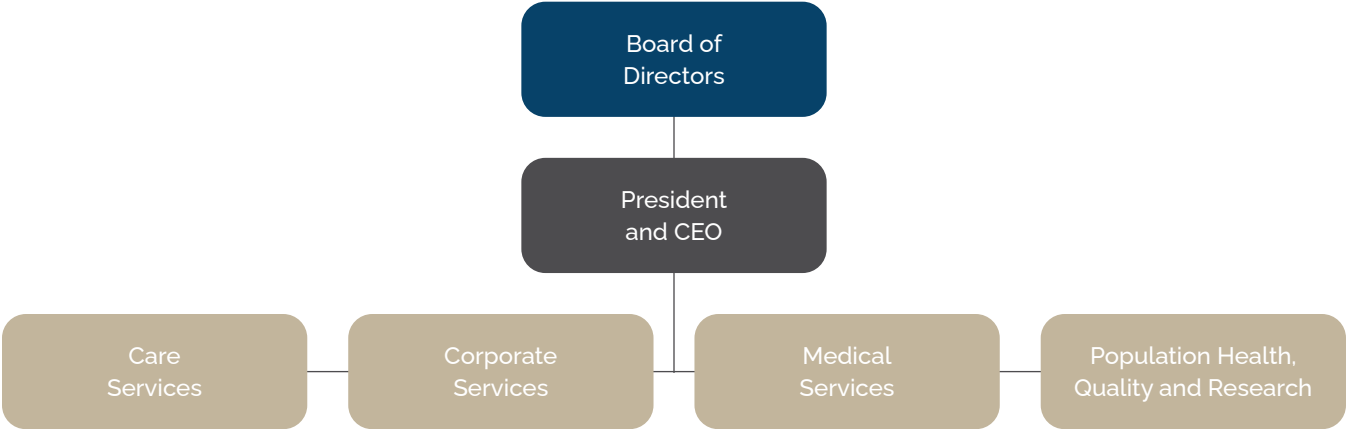
OUR MISSION

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

OUR VALUES

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

OUR STRUCTURE



Governance

BOARD OF DIRECTORS

The Cancer Agency Act establishes the Board of Directors (the Board) as the governing body of the Cancer Agency. The Lieutenant Governor in Council under *The Cancer Agency Act* appoints members of the Board. The responsibilities of the Board, include:

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

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

As overseer of a \$230 million operating budget, the Board brings strong financial stewardship to the Cancer Agency. To be successful for such a large, and at times complex organization, board members devote a considerable amount of time to meetings and committee work.

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

What We Do

FINANCE AND AUDIT COMMITTEE

Chair:

- Howard Crofts

Members:

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

GOVERNANCE AND HUMAN RESOURCES COMMITTEE

Chair:

- Kelly Scott

Members:

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

QUALITY, SAFETY AND RISK COMMITTEE

Chair:

- Don Ravis

Members:

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

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

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

Strategic Plan

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

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

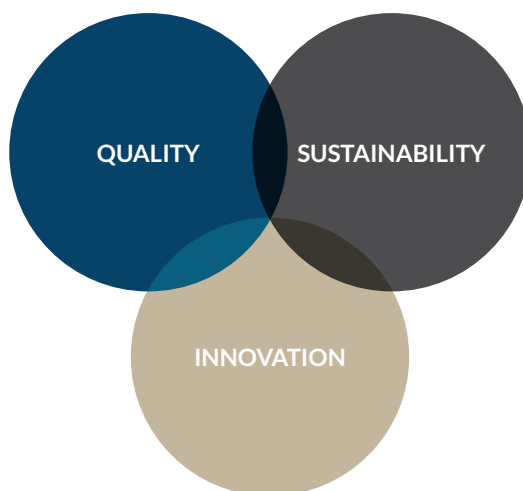
In 2020, the SCA implemented its first three-year rolling strategic plan. This format provides more flexibility to allow the SCA to adapt the plan as circumstances change year over year. In 2022-23, some strategic initiatives were removed from the plan, while others were added, as priorities shifted.

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

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

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

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



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

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

Strategic Plan

PROGRESS IN 2022-23

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

STRATEGIC PRIORITIES

CLINICAL MANAGEMENT SYSTEM

Goal:

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

Actions:

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

Results:

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

What does this mean for patients?

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

Strategic Plan

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

Goal:

The SCA is revising the service delivery model for oncology care in Saskatchewan to improve quality and sustainability of care from prevention to survivorship. Establishing disease site groups for breast, gastrointestinal (GI), genitourinary (GU), gynecological and lung cancer ensures the right providers are working together to provide the right care at the right time and in the right place. These five groups cover about 70 per cent of the physician caseload at the SCA.

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

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

ACTIONS FOR DISEASE SITE GROUP ENHANCEMENT:

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

Results for Disease Site Group Enhancement:

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

What does this mean for patients?

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

Strategic Plan

ACTIONS FOR DISEASE SITE-SPECIFIC CLINICS:

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

Results for Disease Site-Specific Clinics:

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

What does this mean for patients?

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

ACTIONS FOR VIRTUAL CARE:

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

Results for Virtual Care:

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

What does this mean for patients?

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

Strategic Plan

DATA ANALYTICS STRATEGY

Goal:

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

Actions:

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

Results:

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

What does this mean for patients?

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

Strategic Plan

HIGH OPERATIONAL PRIORITIES

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

CAR T

Goal:

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

Actions:

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

Results:

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

What does this mean for patients?

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

Strategic Plan

LUNG SCREENING AND PREVENTION

Goal:

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

Actions:

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

Results:

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

What does this mean for patients?

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

Strategic Plan

RESEARCH SUPPORT PROGRAM

Goal:

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

Actions:

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

Results:

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

Strategic Plan

What does this mean for patients?

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

SASKATOON CANCER PATIENT LODGE

Goal:

Ensure the SCA is able to continue to provide safe, sustainable and high quality patient lodging services in Saskatoon.

Actions:

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

Results:

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

What does this mean for patients?

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

Strategic Plan

SCA RE-BRANDING

Goal:

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

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

Actions:

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

Results:

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

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

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

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

What does this mean for patients?

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

Volume Statistics

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

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

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

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

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

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

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

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

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

Volume Statistics

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

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

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

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

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

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

Volume Statistics

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

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

| Screening Program for Breast Cancer | April 2019-March 2020 | April 2020-March 2021 | April 2021-March 2022 | April 2022-March 2023 |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| Number of screening mammograms on the mobile unit | 8,242 | 1,365 | 5,228 | 6,412 |
| Number of screening mammograms at the Regina centre | 9,023 | 7,058 | 8,121 | 7,237 |
| Number of screening mammograms at the Saskatoon centre | 8,960 | 4,699 | 7,255 | 7,829 |
| Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton) | 9,452 | 7,234 | 6,416 | 6,976 |
| Total | 35,677 | 20,356* | 27,020 | 28,454 |
| | April 2018-March 2020 | April 2019-March 2021 | April 2020-March 2022 | April 2022-March 2023 |
| Participation rate | 39% | 29% | 25% | 29% |

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

| Screening Program for Cervical Cancer | April 2019-March 2020 | April 2020-March 2021 | April 2021-March 2022 | April 2022-March 2023 |
|--|------------------------------|------------------------------|------------------------------|------------------------------|
| Number of Pap tests completed in the Saskatchewan Health Authority | 90,287 | 65,705* | 78,261 | 77,220 |
| | April 2017-March 2020 | April 2018-March 2021 | April 2019-March 2022 | April 2022-March 2023 |
| Participation rate (non-hysterectomy corrected) | 53.5% | 48.5% | 47.0% | 48.3% |

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

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

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

Volume Statistics

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

Volume Statistics

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

Volume Statistics

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

Volume Statistics

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

Volume Statistics

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

Volume Statistics

Peer-Reviewed Publications and Book Chapters

| |
|--|
| <p>Ahmed S, Bosma N, Moser M, Ahmed S, Brunet B, Davies J, Doll C, Dueck DA, Kim CA, Ji S, Le D, Lee-Ying R, Lim H, McGhie JP, Mulder K, Park J, Ravi D, Renouf DJ, Schellenberg D, Wong RPW, Zaidi A. Systemic Therapy and Its Surgical Implications in Patients with Resectable Liver Colorectal Cancer Metastases. A Report from the Western Canadian Gastrointestinal Cancer Consensus Conference. <i>Curr Oncol</i>. 2022 Mar 8;29(3):1796-1807. doi: 10.3390/curroncol29030147. PMID: 35323347; PMCID: PMC8947455.</p> |
| <p>Ahmed S. Cancer Care during the COVID-19 Pandemic: Challenges and Adaptations. <i>Curr Oncol</i>. 2022 Dec 20;30(1):45-47. doi: 10.3390/curroncol30010004. PMID: 36661653; PMCID: PMC9857587</p> |
| <p>Ara A, Wu Z, Xu A, Ahmed KA, Leary SC, Islam MF, Chibbar R, Wu Y, Xiang J. The Critical Role of AMPKα1 in Regulating Autophagy and Mitochondrial Respiration in IL-15-Stimulated mTORC1Weak Signal-Induced T Cell Memory: An Interplay between Yin (AMPKα1) and Yang (mTORC1) Energy Sensors in T Cell Differentiation. <i>Int J Mol Sci</i>. 2022 Aug 23;23(17):9534. doi: 10.3390/ijms23179534. PMID: 36076931; PMCID: PMC9455586.</p> |
| <p>Araghi M, Fidler-Benaoudia M, Arnold M, Rutherford M, Bardot A, Ferlay J, Bucher O, De P, Engholm G, Gavin A, Kozie S, Little A, Møller B, St Jacques N, Tervonen H, Walsh P, Woods R, O'Connell DL, Baldwin D, Elwood M, Siesling S, Bray F, Soerjomataram I; ICBP SURVMARK-2 Local Leads; ICBP SURVMARK-2 Academic Reference Group; ICBP Clinical Committee–Lung; ICBP SurvMark-2 Academic Reference GroupICBP SurvMark-2 academic reference group; ICBP Clinical Committee – LungICBP clinical Committee – lung. International differences in lung cancer survival by sex, histological type and stage at diagnosis: an ICBP SURVMARK-2 Study. <i>Thorax</i>. 2022 Apr;77(4):378-390. doi: 10.1136/thoraxjnl-2020-216555. Epub 2021 Jul 19. PMID: 34282033.</p> |
| <p>Arnold M, Morgan E, Bardot A, Rutherford MJ, Ferlay J, Little A, Møller B, Bucher O, De P, Woods RR, Saint-Jacques N, Gavin AT, Engholm G, Achiam MP, Porter G, Walsh PM, Vernon S, Kozie S, Ramanakumar AV, Lynch C, Harrison S, Merrett N, O'Connell DL, Mala T, Elwood M, Zalberg J, Huws DW, Ransom D, Bray F, Soerjomataram I. International variation in oesophageal and gastric cancer survival 2012-2014: differences by histological subtype and stage at diagnosis (an ICBP SURVMARK-2 population-based study). <i>Gut</i>. 2022 Aug;71(8):1532-1543. doi: 10.1136/gutjnl-2021-325266. Epub 2021 Nov 25. PMID: 34824149</p> |
| <p>Burnouf T, Goubran HA. Regenerative effect of expired platelet concentrates in human therapy: An update. <i>Transfus Apher Sci</i>. 2022 Feb;61(1):103363. doi: 10.1016/j.transci.2022.103363. Epub 2022 Jan 22. PMID: 35094937</p> |
| <p>Dai WF, de Oliveira C, Blommaert S, Pataky RE, Tran D, Aurangzeb Z, Kendell C, Folkins C, Somayaji C, Dowden J, Cheung W, Strumpf E, Beca JM, McClure C, Urquhart R, McDonald JT, Alvi R, Turner D, Peacock S, Denburg A, Mercer RE, Muñoz C, Parmar A, Tadrous M, Takhar P, Chan KKW, On Behalf Of The CanREValue Collaboration. Mapping Canadian Data Assets to Generate Real-World Evidence: Lessons Learned from Canadian Real-World Evidence for Value of Cancer Drugs (CanREValue) Collaboration's RWE Data Working Group. <i>Curr Oncol</i>. 2022 Mar 17;29(3):2046-2063. doi: 10.3390/curroncol29030165. PMID: 35323365; PMCID: PMC8947246.</p> |
| <p>Elhasasna H, Khan R, Bhanumathy KK, Vizeacoumar FS, Walke P, Bautista M, Dahiya DK, Maranda V, Patel H, Balagopal A, Alli N, Krishnan A, Freywald A, Vizeacoumar FJ. A Drug Repurposing Screen Identifies Fludarabine Phosphate as a Potential Therapeutic Agent for N-MYC Overexpressing Neuroendocrine Prostate Cancers. <i>Cells</i>. 2022 Jul 20;11(14):2246. doi: 10.3390/cells11142246. PMID: 35883689; PMCID: PMC9317991.</p> |
| <p>Fan C, Wu Z, Cooper DML, Magnus A, Harrison K, Eames BF, Chibbar R, Groot G, Huang J, Genth H, Zhang J, Tan X, Deng Y, Xiang J. Activation of Focal Adhesion Kinase Restores Simulated Microgravity-Induced Inhibition of Osteoblast Differentiation via Wnt/B-Catenin Pathway. <i>Int J Mol Sci</i>. 2022 May 17;23(10):5593. doi: 10.3390/ijms23105593. PMID: 35628403; PMCID: PMC9146119</p> |
| <p>Fisher LAB, Ahmed O, Chalchal HI, Deobald R, El-Gayed A, Graham P, Groot G, Haider K, Iqbal N, Johnson K, Le D, Mahmood S, Manna M, Meiers P, Pauls M, Salim M, Sami A, Wright P, Younis M, Ahmed S. Outcomes of Rural Men with Breast Cancer: A Multicenter Population Based Retrospective Cohort Study. <i>Cancers (Basel)</i>. 2023 Mar 27;15(7):1995. doi: 10.3390/cancers15071995. PMID: 37046656; PMCID: PMC10093701.</p> |
| <p>Gondal H, Abbas T, Choquette H, Le D, Chalchal HI, Iqbal N, Ahmed S. Patient and Physician Satisfaction with Telemedicine in Cancer Care in Saskatchewan: A Cross-Sectional Study. <i>Curr Oncol</i>. 2022 May 27;29(6):3870-3880. doi: 10.3390/curroncol29060309. PMID: 35735418; PMCID: PMC9221857.</p> |
| <p>Goubran H, Ragab G, Sabry W. Metabolism-mediated thrombotic microangiopathy and B12. <i>Vitam Horm</i>. 2022;119:441-455. doi: 10.1016/bs.vh.2022.01.002. Epub 2022 Feb 25. PMID: 35337630.</p> |

Volume Statistics

| |
|---|
| Goubran H , Ragab G, Seghatchian J, Burnouf T. Blood transfusion in autoimmune rheumatic diseases. <i>Transfus Apher Sci.</i> 2022 Dec;61(6):103596. doi: 10.1016/j.transci.2022.103596. Epub 2022 Oct 28. PMID: 36371394 |
| Goubran H, Sabry W. Vitamin B12 deficiency and thrombotic microangiopathy. In VITAMIN B12 Volume 119 of VITAMINS & HORMONES ACADEMIC ELSEVIER Press Edited by Gerald Litwack (copyright 2022 – ISBN: 978-0-323-99223-7)(Book chapter) |
| Goubran H , Seghatchian J, Sabry W, Ragab G, Burnouf T. Platelet and extracellular vesicles in COVID-19 infection and its vaccines. <i>Transfus Apher Sci.</i> 2022 Jun;61(3):103459. doi: 10.1016/j.transci.2022.103459. Epub 2022 May 21. PMID: 35654711; PMCID: PMC9122775. |
| Goubran H, Stakiw J , Seghatchian J, Ragab G, Burnouf T. SARS-CoV-2 and cancer: the intriguing and informative cross-talk. <i>Transfus Apher Sci.</i> 2022 Aug;61(4):103488. doi: 10.1016/j.transci.2022.103488. Epub 2022 Jun 14. PMID: 35753906; PMCID: PMC9192107 |
| Huang J, Leary S, Xiang J . Distinct strengths of mTORC1 control T-cell memory via transcriptional FOXO1 and metabolic AMPKα1 pathways in linear cell differentiation and asymmetric cell division models. <i>Cell Mol Immunol.</i> 2022 Oct;19(10):1073-1076. doi: 10.1038/s41423-022-00879-w. Epub 2022 May 19. PMID: 35589987; PMCID: PMC9508075 |
| Kundapur V , Mayer M, Auer RN, Alexander A , Weibe S, Pushie MJ, Cranmer-Sargison G. Is Mini Beam Ready for Human Trials? Results of Randomized Study of Treating De-Novo Brain Tumors in Canines Using Linear Accelerator Generated Mini Beams. <i>Radiat Res.</i> 2022 Aug 1;198(2):162-171. doi: 10.1667/RADE-21-00093.1. PMID: 35536992. |
| LeBlanc R, Mian H, Reece D, Masih-Khan E, Kardjadj M, Jimenez-Zepeda VH, McCurdy A, Song K, Sebag M, Louzada M, White D, Stakiw J , Kotb R, Reiman A, Aslam M , Gul E, Venner CP. Outcomes of daratumumab in the treatment of multiple myeloma: A retrospective cohort study from the Canadian Myeloma Research Group Database. <i>Br J Haematol.</i> 2022 Jul;198(1):93-102. doi: 10.1111/bjh.18172. Epub 2022 Apr 5. PMID: 35383886 |
| Liu D, Tumor S, Singh J, Chernoff T, Leong N, Sadikov E, Amjad A , Zilles S. The challenges facing deep learning-based catheter localization for ultrasound guided high-dose-rate prostate brachytherapy. <i>Med Phys.</i> 2022 Apr;49(4):2442-2451. doi: 10.1002/mp.15522. Epub 2022 Feb 25. PMID: 35118676. |
| Long Z, He J, Shuai Q, Zhang K, Xiang J , Wang H, Xie S, Wang S, Du W, Yao X, Huang J. Influenza vaccination-induced H3 stalk-reactive memory B-cell clone expansion. <i>Vaccine.</i> 2023 Jan 6;S0264-410X(22)01603-6. doi: 10.1016/j.vaccine.2022.12.068. Epub ahead of print. PMID: 36621409 |
| Maranda V, Zhang Y, Vizeacoumar FS, Freywald A, Vizeacoumar FJ . A CRISPR Platform for Targeted In Vivo Screens. <i>Methods Mol Biol.</i> 2023;2614:397-409. doi: 10.1007/978-1-0716-2914-7_24. PMID: 36587138. |
| McCurdy A, Louzada M, Venner CP, Visram A, Masih-Khan E, Kardjadj M, Jimenez-Zepeda VH, LeBlanc R, Sebag M, Song K, White D, Mian H, Stakiw J , Reiman A, Aslam M , Kotb R, Gul E, Reece D. Carfilzomib usage patterns and outcomes in patients with relapsed multiple myeloma: A multi-institutional report from the Canadian Myeloma Research Group (CMRG) Database. <i>EJHaem.</i> 2022 Aug 31;3(4):1252-1261. doi: 10.1002/jha2.559. PMID: 36467802; PMCID: PMC9713064. |
| McCurdy A, Venner CP, Masih-Khan E, Louzada M, LeBlanc R, Sebag M, Song K, Jimenez-Zepeda VH, Kotb R, Kardjadj M, Mian H, White D, Stakiw J, Aslam M , Reiman A, Gul E, Reece D. Sequential Use of Carfilzomib and Pomalidomide in Relapsed Multiple Myeloma: A Report from the Canadian Myeloma Research Group (CMRG) Database. <i>Curr Oncol.</i> 2022 Mar 2;29(3):1575-1582. doi: 10.3390/curroncol29030132. PMID: 35323332; PMCID: PMC8946875 |
| McPhail S, Swann R, Johnson SA, Barclay ME, Abd Elkader H, Alvi R , Barisic A, Bucher O, Clark GRC, Creighton N, Danckert B, Denny CA, Donnelly DW, Dowden JJ, Finn N, Fox CR, Fung S, Gavin AT, Gomez Navas E, Habbous S, Han J, Huws DW, Jackson CGCA, Jensen H, Kaposhi B, Kumar SE, Little AL, Lu S, McClure CA, Møller B, Musto G, Nilssen Y, Saint-Jacques N, Sarker S, Te Marvelde L, Thomas RS, Thomson CS, Woods RR, Zhang B, Lyratzopoulos G; ICBP Module 9 Emergency Presentations Working Group. Risk factors and prognostic implications of diagnosis of cancer within 30 days after an emergency hospital admission (emergency presentation): an International Cancer Benchmarking Partnership (ICBP) population-based study. <i>Lancet Oncol.</i> 2022 May;23(5):587-600. doi: 10.1016/S1470-2045(22)00127-9. Epub 2022 Apr 6. PMID: 35397210; PMCID: PMC9046095. |
| Mellor P, Kendall S, Smith S, Saxena A, Anderson DH . Reduced CREB3L1 expression in triple negative and luminal a breast cancer cells contributes to enhanced cell migration, anchorage-independent growth and metastasis. <i>PLoS One.</i> 2022 Jul 8;17(7):e0271090. doi: 10.1371/journal.pone.0271090. PMID: 35802566; PMCID: PMC9269740 |

Volume Statistics

| |
|---|
| Mian H, Eisfeld C, Venner CP, Masih-Khan E, Kardjadj M, Jimenez-Zepeda VH, Khandanpour C, Lenz G, McCurdy A, Sebag M, Song K, LeBlanc R, White D, Stakiw J , Reiman A, Louzada M, Aslam M , Kotb R, Gul E, Reece D. Efficacy of Daratumumab-Containing Regimens Among Patients With Multiple Myeloma Progressing on Lenalidomide Maintenance: Retrospective Analysis. <i>Front Oncol</i> . 2022 Feb 18;12:826342. doi: 10.3389/fonc.2022.826342. PMID: 35251992; PMCID: PMC8894582. |
| Mian H, LeBlanc R, Louzada M, Masih-Khan E, McCurdy A, Venner CP, Stakiw J , Kardjadj M, Jimenez-Zepeda VH, Sebag M, White D, Aslam M , Song K, Reiman A, Kotb R, Gul E, Reece D. Real-world data on lenalidomide dosing and outcomes in patients newly diagnosed with multiple myeloma: Results from the Canadian Myeloma Research Group Database. <i>Cancer Med</i> . 2022 Sep 26. doi: 10.1002/cam4.5245. Epub ahead of print. PMID: 36161712. |
| Mian H, Reece D, Masih-Khan E, McCurdy A, Kardjadj M, Jimenez-Zepeda VH, Song K, Louzada M, LeBlanc R, Sebag M, White D, Stakiw J , Reiman A, Kotb R, Aslam M , Gul E, Venner CP. Survival and Outcomes of Newly Diagnosed Multiple Myeloma Patients Stratified by Transplant Status 2007-2018: Retrospective Analysis from the Canadian Myeloma Research Group Database. <i>Clin Lymphoma Myeloma Leuk</i> . 2022 Aug;22(8):608-617. doi: 10.1016/j.clml.2022.03.002. Epub 2022 Mar 8. PMID: 35379589. |
| Mitera G, Tsang D, McCurdy B, Goddard K, Ebacher A, Craig T, Greenland J, Kentish S, Koul R, Logie N, Morneau M, Morrison A, Pan L, Pantarotto J, Foxcroft S, Sussman J, Thompson R, Tyldesley S, Wright P , Hicks S, Brown E, Patel S; CAPCA pan-Canadian PBT Working Group. Pan-Canadian consensus recommendations for proton beam therapy access in Canada. <i>Radiother Oncol</i> . 2022 Nov;176:228-233. doi: 10.1016/j.radonc.2022.10.004. Epub 2022 Oct 11. PMID: 36228758. |
| Muaddi H, Stukel TA, de Mestral C, Nathens A, Pautler SE, Shayegan B, Hanna WC, Schlachta C, Breau RH, Hopkins L , Jackson T, Karanickolas PJ. Adverse events following robotic surgery: population-based analysis. <i>Br J Surg</i> . 2022 Jul 15;109(8):763-771. doi: 10.1093/bjs/znac119. PMID: 35612961. |
| Muaddi H, Stukel TA, de Mestral C, Nathens A, Pautler SE, Shayegan B, Hanna WC, Schlachta CM, Breau RH, Hopkins L , Jackson TD, Karanickolas PJ. The evolving use of robotic surgery: a population-based analysis. <i>Surg Endosc</i> . 2022 Oct 17. doi: 10.1007/s00464-022-09643-7. Epub ahead of print. PMID: 36253624. |
| Muhammadzai J, Haider K , Moser M, Chalchal H , Shaw J, Gardiner D, Dueck DA , Ahmed O , Brunet B , Iqbal M , Luo Y, Beck G, Zaidi A, Ahmed S . Early discontinuation of adjuvant chemotherapy in patients with early-stage pancreatic cancer correlates with inferior survival: A multicenter population-based cohort study. <i>PLoS One</i> . 2022 Feb 2;17(2):e0263250. doi: 10.1371/journal.pone.0263250. PMID: 35108323; PMCID: PMC8809602 |
| Mulder K, Lim H, Ravi D, Ahmed S, Brunet B , Davies J, Doll C, Dueck DA , Gordon V, Hebbard P, Kim CA, Le D, Lee-Ying R, McGhie JP, Park J, Renouf DJ, Schellenberg D, Wong RPW, Zaidi A , Ahmed S . Current Role of Immunotherapy in Gastric, Esophageal and Gastro-Esophageal Junction Cancers-A Report from the Western Canadian Gastrointestinal Cancer Consensus Conference. <i>Curr Oncol</i> . 2022 Apr 29;29(5):3160-3170. doi: 10.3390/curroncol29050257. PMID: 35621647; PMCID: PMC9139288. |
| Nicholson M , Goubran H , Chan N, Siegal D. No apparent association between mRNA COVID-19 vaccination and venous thromboembolism. <i>Blood Rev</i> . 2022 Nov;56:100970. doi: 10.1016/j.blre.2022.100970. Epub 2022 May 11. PMID: 35577626; PMCID: PMC9091073. |
| Pati S, Irfan W, Jameel A, Ahmed S , Shahid RK. Obesity and Cancer: A Current Overview of Epidemiology, Pathogenesis, Outcomes, and Management. <i>Cancers (Basel)</i> . 2023 Jan 12;15(2):485. doi: 10.3390/cancers15020485. PMID: 36672434; PMCID: PMC9857053. |
| Plett R, Mellor P, Kendall S, Hammond SA, Boulet A, Plaza K, Vizeacoumar FS, Vizeacoumar FJ , Anderson DH . Homoharringtonine demonstrates a cytotoxic effect against triple-negative breast cancer cell lines and acts synergistically with paclitaxel. <i>Sci Rep</i> . 2022 Sep 19;12(1):15663. doi: 10.1038/s41598-022-19621-7. PMID: 36123435; PMCID: PMC9485251 |
| Ragab G, Goubran H , Quartuccio L Eds..Paraproteinemia and Related Disorders (Book chapters) Springer Switzerland, 1st Ed (2022) ISBN 978-3-031-10130-4 |
| Chapter 8: Amyloidosis: Clinical Manifestations and Treatment. Ahmed Abdel-Hamid Abdelgawad, Matthew Nickolson , Hadi Goubran . |
| Chapter 11: Multiple Myeloma. Rami Kotb, Caroline Hart, Hadi Goubran |
| Chapter 12: Monoclonal Gammopathy of Undetermined Significance (MGUS) & Highlight on Monoclonal Gammopathy of Neurological Significance (MGNS) Hadi Goubran , Vinita Sundaram , Julie Stakiw & Mohamed Elemery |
| Chapter 13: Monoclonal Gammopathy of Renal Significance: An insight James Barton, Waleed Sabry & Hadi Goubran |
| Chapter 23: Non-pharmacological management of paraproteinemias: Hadi Goubran , Mark Bosch , Thierry Burnouf. |

Volume Statistics

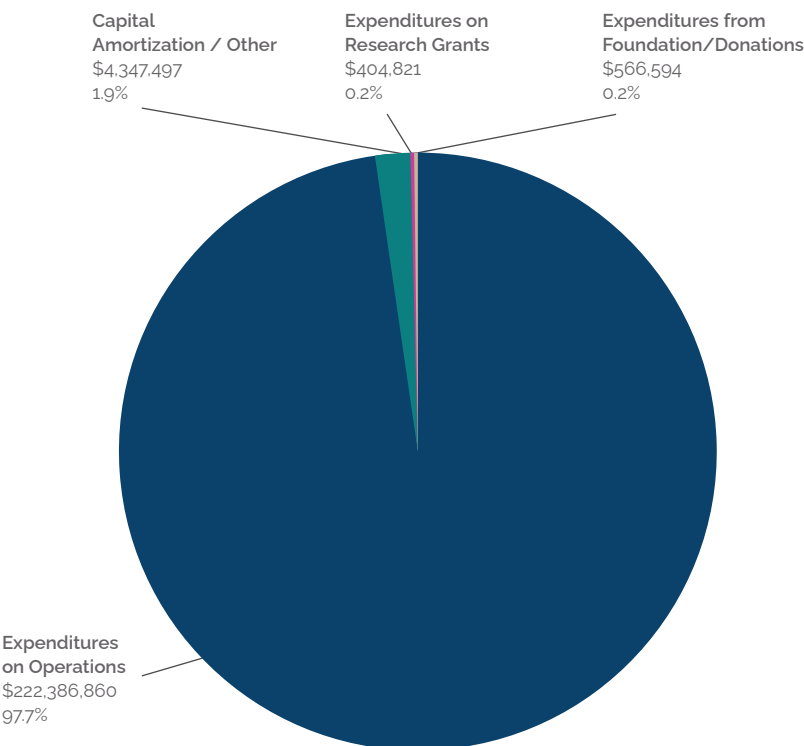
| |
|---|
| Ragab G, Goubran H , Quartuccio L. Paraproteinemia and Related Disorders Nature Springer, Switzerland, 1st Edition (2022). ISBN 978-3-031-10130-4 https://link.springer.com/book/10.1007/978-3-031-10131-1 (Book) |
| Sabry W , Wu Y, Kodad SG . Bortezomib, Lenalidomide and Dexamethasone Combination Induced Complete Remission in Relapsed/Refractory Plasmablastic Lymphoma: Case Report of a Potential Novel Treatment Approach. <i>Curr Oncol</i> . 2022 Jul 18;29(7):5042-5053. doi: 10.3390/curroncol29070399. PMID: 35877259; PMCID: PMC9323819. |
| Safavi AH, Freeman C, Cheng S, Patel S, Mitera G, Kundapur V , Rutledge R, Tsang DS. Proton Therapy in Canada: Toward Universal Access and Health Equity With a Publicly Funded Facility. <i>Int J Radiat Oncol Biol Phys</i> . 2022 Dec 21:S0360-3016(22)03642-2. doi: 10.1016/j.ijrobp.2022.12.021. Epub ahead of print. PMID: 36565727. |
| Seely JM, Peddle SE, Yang H, Chiarelli AM, McCallum M, Narasimhan G , Zakaria D, Earle CC, Fung S, Bryant H, Nicholson E, Politis C, Berg WA. Breast Density and Risk of Interval Cancers: The Effect of Annual Versus Biennial Screening Mammography Policies in Canada. <i>Can Assoc Radiol J</i> . 2022 Feb;73(1):90-100. doi: 10.1177/08465371211027958. Epub 2021 Jul 19. PMID: 34279132. |
| Sepehri Z, Banerjee A , Vizeacoumar FS, Freywald A, Vizeacoumar FJ , Dolinsky VW, Davie JR. Differential expression of HNF1A and HNF1A-AS1 in colon cancer cells. <i>IUBMB Life</i> . 2022 Jun;74(6):496-507. doi: 10.1002/iub.2609. Epub 2022 Mar 2. PMID: 35184384. |
| Shouman M , Goubran H , Burnouf T, Seghatchian J. Hematological immune-related toxicities of immune checkpoint inhibitors and the impact of blood transfusion and its microbiome on their efficacy and patients' survival outcome: A systematic narrative commentary. <i>Transfus.Apher.Sci</i> . 2023 Apr;62(2):103685. https://doi.org/10.1016/j.transci.2023.103685 . |
| Singh RS, Vidhyasagar V, Yang S, Arna AB, Yadav M, Aggarwal A, Aguilera AN, Shinriki S, Bhanumathy KK , Pandey K, Xu A , Rapin N, Bosch M , DeCoteau J, Xiang J , Vizeacoumar FJ , Zhou Y, Misra V, Matsui H, Ross SR, Wu Y. DDX41 is required for cGAS-STING activation against DNA virus infection. <i>Cell Rep</i> . 2022 May 24;39(8):110856. doi: 10.1016/j.celrep.2022.110856. PMID: 35613581; PMCID: PMC9205463. |
| Stephen K. Chia; David W. Cescon; Andrew D. Redfern; Danielle Rodin; Christine Simmons; Jean-Pierre Ayoub; Haji Ibrahim Chalchal ; Daniel Rayson; Moira Rushton-Marovac; Tracey Hay; Lisa Gallinaro; Bingshu Chen; Wendy Parulekar. Abstract OT3-26-01: cctg ma40: double-blind placebo controlled phase iii trial of fulvestrant and ipatasertib for advanced her-2 negative and estrogen receptor positive (er+) breast cancer post first line cdk 4/6 and aromatase inhibitor therapy (finer). <i>Cancer Res</i> (2023) 83 (5_Supplement): OT3-26-01. https://doi.org/10.1158/1538-7445.SABCS22-OT3-26-01 |
| Swaminath A, Wierzbicki M, Parpia S, Kundapur V , Faria S, Ahmed N, Bujold A, Hirniz K, Owen T, Leong N , Ramchandrar K, Filion E, Lau H, Thompson R, Yaremko B, Gabos Z, Mehiri S, Wright JR, Tsakiridis TK, Cline K, Whelan TJ. Lung SBRT credentialing in the Canadian OCOG-LUSTRE randomized trial. <i>Clin Transl Radiat Oncol</i> . 2022 Oct 13;37:145-152. doi: 10.1016/j.ctro.2022.10.002. PMID: 36275452; PMCID: PMC9579727. |
| Wall C, Ahmed S , Kabir R, Lim HJ, Iqbal M , Chalchal H , Domes T, Beck G, Luo Y, Ogaick M, Shaw J, Moser M. Early Single-Center Experience With Irreversible Electroporation for Stage 2, 3, and 4 Pancreatic Adenocarcinomas. <i>Pancreas</i> . 2022 Sep 1;51(8):976-984. doi: 10.1097/MPA.0000000000002127. PMID: 36607943 |
| White J, Elemery M , Linn SM, Novitzky-Basso I, Culos S, Tan SK, Kelly K, Deotare U, Xenocostas A, Hamad N, Law A, Kumar R, Kim DDH. A Multicenter, Retrospective Study Evaluating Clinical Outcomes of Ruxolitinib Therapy In Heavily Pretreated Chronic GVHD Patients With Steroid Failure. <i>Transplant Cell Ther</i> . 2022 Nov 30:S2666-6367(22)01797-3. doi: 10.1016/j.jtct.2022.11.025. Epub ahead of print. PMID: 36460202 |
| Xu A, Leary SC, Islam MF, Wu Z, Bhanumathy KK, Ara A, Chibbar R, Fleywald A, Ahmed KA, Xiang J . Prosurvival IL-7-Stimulated Weak Strength of mTORC1-S6K Controls T Cell Memory via Transcriptional FOXO1-TCF1-Id3 and Metabolic AMPKα1-ULK1-ATG7 Pathways. <i>J Immunol</i> . 2022 Jan 1;208(1):155-168. doi: 10.4049/jimmunol.2100452. Epub 2021 Dec 6. PMID: 34872976. |
| Yanko E, Le D , Mahmood S , Ginther DN, Chalchal HI , Kanthan R, Haider K , Zaidi A , Dueck DA , Ahmed O , Gowrishankar B , Ahmed S . Outcomes of Patients with Small Intestine Adenocarcinoma in a Canadian Province: A Retrospective Multi-Center Population-Based Cohort Study. <i>Cancers (Basel)</i> . 2022 May 24;14(11):2581. doi: 10.3390/cancers14112581. PMID: 35681560; PMCID: PMC9252258. |

Volume Statistics

| |
|---|
| A Dedinca, J. Song, H. Eckel, T. Le and L. Hopkins . Recurrence risk among women who underwent minimally-invasive versus open laparotomy for intermediate-risk endometrial cancer; a multi-center retrospective cohort study. Annual General Meeting, Gynecologic Oncology of Canada, Virtual Platform. June 2022 |
| Ara A. and Xiang J. "The critical role of AMPK energy sensor in mTORC1-induced T cell memory", Abstract presentation, Annual AAI Immunology Meeting, New Orleans |
| Chalchal H I. Total Neoadjuvant chemotherapy important questions: Shaukat Khanum Memorial Cancer Hospital symposium, 2022. |
| Devisetty K, Pugh S, Brown P, Gondi V, Wefel J, Solanki A, Kalapparambath T, Harmon G, Saripalli A, Chou B, Venkatesulu BP, Boike T, Kundapur V , Roberge D, Bovi J, mcgee M, Kruser T, Baschnagel A, Usuki K, Mehta M, and Kachnic L. Impact of the rate of radiographic response (RR) of brain metastases (bm) to whole brain radiation therapy (wbrt) on neurocognitive function (ncf) on NRG-CC001. November 2022. Neuro-Oncology 24(Supplement_7):vii197-vii197. DOI:10.1093/neuonc/noac209.756 |
| Emma Yanko, Duc Le , Shazia Mahmood , Nathan Ginther, Haji I Chalchal , Rani Kanthan, Kamal Haider , Adnan Zaidi , Shahid Ahmed . Outcomes of patients with small intestine adenocarcinoma (SIA) in a Canadian province: A population-based cohort study. Journal of Clinical Oncology 2022;40(4_suppl):641 |
| Goubran H. The microbiome and transfusion in cancer patients and its impact on ICI Grand Round, Division of Oncology, the University of Saskatchewan and Saskatchewan Cancer Agency, SK, Canada, December 2022 |
| Goubran H. Transfusion in autoimmune rheumatic disease patients. The Egyptian Society of Clinical Immunology and Rheumatology (EGYSIR)- in collaboration with The European Alliance of Associations for Rheumatology (EULAR), formerly the European League Against Rheumatism - Alexandria, Egypt, September 2022 |
| L. Hopkins , Precision Medicine Gets Personal; Precision Medicine Symposium for Gynecologic and Genitourinary Cancers. Saskatoon, Saskatchewan. Sept 22, 2022(invited talk) |
| L. Hopkins , The 4PDQ Study in Saskatchewan. Precision Medicine Symposium, Saskatoon, Saskatchewan. Sept 22, 2022 |
| L. Hopkins , Cervical Cancer Approach to Treatment and Outcomes in Saskatchewan. Western Canadian Gynecologic Cancer Symposium. April 21, 2022(invited talk) |
| L. Hopkins , Precision Medicine and tumor testing for women with ovarian cancer in Saskatchewan. Terry Fox Research Day. June 15, 2022(invited talk) |
| Matthew Nicholson . Abdulrehman, J., Airdrie, D. (Hosts). (Recorded June 2022). CLOT CONVERSATIONS (No. 14) [Audio podcast episode]. Thrombosis Canada. https://thrombosiscanada.ca/clot-conversations |
| Matthew Nicholson . Code blue Continuing Medical Education Series (invited talk) |
| Matthew Nicholson . Saskatchewan obstetrics and gynecology group (invited talk) |
| Safavi AH, Freeman C, Cheng S, Patel S, Mitera G, Kundapur V , Rutledge R, Tsang DS. Proton Therapy in Canada: Towards Universal Access and Health Equity with a Publicly-Funded Facility. International Journal of Radiation Oncology* Biology* Physics. 2022 Dec 21. doi.org/10.1016/j.ijrobp.2022.12.021 |
| Swaminath A, Wierzbicki M, Parpia S, Kundapur V , Faria S, Ahmed N, Bujold A, Hirmiz K, Owen T, Leong N, Ramchandrar K. Lung SBRT credentialing in the Canadian OCOG-LUSTRE randomized trial. Clinical and Translational Radiation Oncology. 2022 Nov 1;37:145-52. doi.org/10.1016/j.ctro.2022.10.002 V. Kundapur; M. Mayer; R. N. Auer; A. Alexander; S. Weibe; M. J. Pushie; G. Cranmer-Sargison |
| V. Kundapur ; M. Mayer; R. N. Auer; A. Alexander; S. Weibe; M. J. Pushie; G. Cranmer-Sargison. Is Mini Beam Ready for Human Trials? Results of Randomized Study of Treating De-Novo Brain Tumors in Canines Using Linear Accelerator Generated Mini Beams. Radiat Res (2022). https://doi.org/10.1667/RADE-21-00093.1 |
| Xiang J. "Novel Irreversible electroporation (IRE)+Combo immunotherapy eradicates primary/distant tumors via converting immunotolerant tumor microenvironment (iTME)". Virtual Int Forum of lung cancer ablation and immunotherapy. Suchow, China, Sept 23-24, 2022. |

Financial Summary

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



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

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

Advances in cancer treatments and technology continue to emerge, which creates pressure to acquire new equipment. The annual planning process for capital equipment helps us to identify the highest priority areas for allocation of capital funding and to communicate funding needs to the Ministry of Health. Many capital projects and purchases were delayed in 2022-23 due to global supply chain issues and labour availability, many of the projects started in 2022-23 will carry over into 2023-24. Some of the projects that were completed in 2022-23 include upgrades to the chilled water systems for radiation treatment machines in both cancer centres, assessment for the pharmacy renovations required by NAPRA (National Association of Pharmacy Regulatory Authorities) standards and upgrades to the security system at the Saskatoon Cancer Centre.

Management Report

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

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

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

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



Deb Bulych
President and Chief Executive Officer



Margaret Lewis
Chief Financial Officer

May 19, 2023

Independent Auditor's Report



To: The Members of the Legislative Assembly of Saskatchewan

Opinion

We have audited the financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2023, and the statement of operations, statement of changes in net financial assets (debt) and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2023 and the results of its operations, changes in its net financial assets (debt), and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

Independent Auditor's Report



PROVINCIAL AUDITOR
of Saskatchewan

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

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

Regina, Saskatchewan
May 19, 2023

A handwritten signature in black ink, reading 'T. Clemett'.

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

2022-23 Financial Statements

STATEMENT OF FINANCIAL POSITION As at March 31, 2023

Statement 1

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



Ron Waschuk
Board Chair



Howard Crofts, FCPA, FCA
Finance and Audit Committee Chair

2022-23 Financial Statements

STATEMENT OF OPERATIONS For the Year Ended March 31, 2023

Statement 2

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

2022-23 Financial Statements

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

Statement 3

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

2022-23 Financial Statements

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

Statement 4

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

2022-23 Financial Statements

NOTES TO THE FINANCIAL STATEMENTS

As at March 31, 2023

1. LEGISLATIVE AUTHORITY

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

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

a) Basis of accounting

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

b) Revenue recognition

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

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

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

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

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

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

c) Cash and cash equivalents

Cash and cash equivalents consist of balances with financial institutions which have an initial term to maturity of 90 days or less. Balances are recorded at fair value.

2022-23 Financial Statements

d) Inventory held for use

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

e) Tangible capital assets

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

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

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

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

f) Non-financial assets

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

g) Employee future benefits

(i.) Pension plan:

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

(ii.) Disability income plan:

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

(iii.) Accumulated sick leave benefit liability:

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

2022-23 Financial Statements

h) Measurement uncertainty

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

i) Financial instruments

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

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price.

j) Leases

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

k) Deferred revenue

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

l) Prepaid expenses

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

m) New accounting standards in effect

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

n) Future changes in accounting policies

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

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

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

2022-23 Financial Statements

3. NET CHANGE IN NON-CASH WORKING CAPITAL

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

4. TANGIBLE CAPITAL ASSETS

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

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

5. CONTRACTUAL OBLIGATIONS

a) Tangible capital asset acquisitions

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

2022-23 Financial Statements

b) Operating leases

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

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

c) Contracted health services operators

The Cancer Agency continues to contract on an ongoing basis with the Saskatchewan Health Authority to provide some services such as lab tests, diagnostic radiology, housekeeping and maintenance services. Services provided in the year ending March 31, 2023 will continue to be contracted for the following fiscal year. In the year ended March 31, 2023, the Cancer Agency contracted services amounting to \$9,998,106 (2022 - \$9,873,472).

6. CANCER PATIENT LODGES

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

7. DEFERRED REVENUE

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

2022-23 Financial Statements

8. EMPLOYEE FUTURE BENEFITS

a) Pension plan

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

- (i.) Public Employees Pension Plan (PEPP) is a defined contribution pension plan and is the responsibility of the Government of Saskatchewan. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and employee benefits in Schedule 3.
- (ii.) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services at a ratio of 1.12 to 1. Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed. Pension expense for the year is included in salaries and employee benefits in Schedule 3. The last actuarial valuation was performed as at December 31, 2021.

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

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

2022-23 Financial Statements

b) Disability income plans

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

PEBA – Disability income plan for out-of-scope staff, administered by the Public Employees Benefits Agency. The Cancer Agency's financial obligation to this plan is limited to making the required payments to the plan according to the applicable agreement. Disability expense for the PEBA plan is included in salaries and employee benefits in Schedule 3 and is equal to the contribution amount below.

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

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

2022-23 Financial Statements

c) Accumulated sick leave liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. An actuarial valuation was completed on March 31, 2022 with results projected to March 31, 2023. Key assumptions used as inputs into the actuarial calculation are as follows:

| | 2023 | 2022 |
|--|-------|-------|
| Discount rate (per annum) | 3.90% | 3.10% |
| Percentage earnings increase (per annum) | | |
| For ages 15 to 29 | 2.00% | 2.00% |
| For ages 30 to 39 | 1.50% | 1.50% |
| For ages 40 to 49 | 1.00% | 1.00% |
| For ages 50 to 59 | 0.50% | 0.50% |
| For ages 60 and over | 0.00% | 0.00% |
| Termination rates (sample rates) | | |
| Age 20 | 0.048 | 0.048 |
| Age 25 | 0.041 | 0.041 |
| Age 30 | 0.039 | 0.039 |
| Age 35 | 0.037 | 0.037 |
| Age 40 | 0.029 | 0.029 |
| Age 45 | 0.025 | 0.025 |
| Age 50 | 0.024 | 0.024 |
| Age 55 | 0.027 | 0.027 |
| Age 60 | 0.027 | 0.027 |

| | 2023 | 2022 |
|---|--------------|--------------|
| Accrued benefit obligation, beginning of year | \$ 3,223,800 | \$ 3,040,100 |
| Cost for the year | | |
| Current period benefit costs | 503,300 | 460,100 |
| Interest expense | 115,300 | 77,500 |
| Actuarial losses | 49,000 | 44,500 |
| Benefits paid during the year | (455,900) | (398,400) |
| Accrued benefit obligation, end of year | \$ 3,435,500 | \$ 3,223,800 |

2022-23 Financial Statements

9. RELATED PARTY TRANSACTIONS

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

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

10. FINANCIAL INSTRUMENTS

a) Significant terms and conditions

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

b) Financial risk management

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

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

c) Credit risk

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

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

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

2022-23 Financial Statements

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

Management reviews accounts receivable to determine if a valuation amount is necessary to reflect impairment in collectability. For March 31, 2023, the Cancer Agency does not deem one as necessary.

d) Market risk

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

(i.) Foreign exchange risk:

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

(ii.) Interest rate risk:

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

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

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

As of March 31, 2023, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the Cancer Agency's financial instruments would have decreased or increased by approximately \$370,414 (2022 - \$303,678).

(iii.) Liquidity risk:

Liquidity risk is the risk that the Cancer Agency will not be able to meet its financial obligations as they become due. The Cancer Agency manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and from anticipated investing and financing activities. At March 31, 2023, the Cancer Agency has a cash and cash equivalents balance of \$18,926,987 (2022 - \$15,090,596).

2022-23 Financial Statements

(iv.) **Fair value:**

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

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

Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and cash equivalents, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

As at March 31, 2023, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2022 – none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

11. BUDGET

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

12. COLLECTIVE BARGAINING AGREEMENT

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

13. CANCER FOUNDATION OF SASKATCHEWAN

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

2022-23 Financial Statements

14. RESTRUCTURING TRANSACTIONS

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

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

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

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

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

Carrying amount of assets transferred:

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

2022-23 Financial Statements

BOARD MEMBER REMUNERATION For the Year Ended March 31, 2023

Schedule 1

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

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

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

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

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

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

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

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

2022-23 Financial Statements

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

Schedule 2

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

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

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

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

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

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

2022-23 Financial Statements

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

Schedule 3

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

Payee Disclosure Lists

FOR THE YEAR ENDED MARCH 31, 2023

Personal Services

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

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

Payee Disclosure Lists

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

Payee Disclosure Lists

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

Payee Disclosure Lists

| LAST NAME | FIRST NAME | AMOUNT PAID |
|------------|-------------|-------------|
| KELLER | BROOKE | 57,272 |
| KENNEDY | LISA | 80,899 |
| KENT | MACKENZIE | 78,041 |
| KERR | ALEXANDRA | 85,015 |
| KEULER | LISA | 93,621 |
| KEVINSEN | KELSEY | 59,011 |
| KHAN | ASMA | 84,139 |
| KHAN | MUHAMMAD | 452,395 |
| KHARE | AJINKYA | 100,874 |
| KILBACK | KRISTIN | 94,910 |
| KINDRACHUK | MARG | 73,089 |
| KINVIG | SAMANTHA | 60,258 |
| KIWANUKA | STINTA | 71,727 |
| KLISOWSKY | KRISSIE | 64,602 |
| KODAD | SHRUTHI | 402,195 |
| KOEHLER | BREANNE | 63,735 |
| KOLOSNAJI | ALEKSANDER | 100,874 |
| KOLT | CORY | 90,335 |
| KOOB | TENIELLE | 72,800 |
| KOOLEN | MEGAN | 54,449 |
| KOROSCIL | LYNETTE | 58,918 |
| KOSKIE | MEGAN | 54,128 |
| KOSLOSKI | JUDY | 75,531 |
| KOSOKOWSKY | RACHELLE | 83,477 |
| KOSTYNIUK | LINDSAY | 100,605 |
| KOVACS | CINDY | 97,553 |
| KOWBEL | BEVERLY | 133,085 |
| KOZIE | SERENA | 93,004 |
| KREIS | CARIE | 60,852 |
| KROEKER | DANA | 95,455 |
| KRUGER | LANA | 102,572 |
| KRUSHEL | DANA | 52,055 |
| KUMAR | SURESH | 361,104 |
| KUNDAPUR | VIJAYANANDA | 495,948 |
| KUYEK | SHERRY | 92,342 |
| LACEY | JILL | 115,479 |
| LACEY | KEVIN | 179,028 |
| LACZKO | DANA | 51,772 |
| LAING | DAVID | 91,334 |
| LAMONTAGNE | NICOLE | 57,801 |
| LANDRY | SERENA | 83,135 |
| LANDSTAD | TARALYN | 54,031 |
| LANGSTON | DANIELLE | 146,260 |
| LAURSEN | BECKY | 60,287 |
| LAZAR | CAITLYN | 71,488 |
| LEASK | JESSICA | 104,012 |
| LECHNER | MEGHAN | 84,532 |
| LECLAIRE | CAITLIN | 67,964 |
| LEGARE | ANGELA | 92,772 |
| LEWIS | MARGARET | 146,609 |
| LIANG | VENESSA | 107,389 |

| LAST NAME | FIRST NAME | AMOUNT PAID |
|------------|------------|-------------|
| LISS | SHAVAUN | 66,946 |
| LITTLE | CYNTHIA | 91,458 |
| LIU | DEREK | 162,194 |
| LIU | XIA | 67,393 |
| LOBZUN | KEVIN | 106,810 |
| LOGAN | REBECCA | 114,276 |
| LOMENDA | VANESSA | 73,712 |
| LUKOWICH | KRISTEN | 81,159 |
| LUOMA | SHERI | 69,031 |
| LY | KETSIA | 83,527 |
| MAAS | BENJAMIN | 452,247 |
| MACDONALD | COLIN | 91,709 |
| MACDONALD | JANICE | 97,914 |
| MACEDWARD | KATHY | 93,853 |
| MACERA | FRANCESCA | 92,465 |
| MACKIE | JORDYN | 85,206 |
| MAGDALIN | LIANA | 70,614 |
| MAGNIEN | KATHERINE | 72,563 |
| MAGOSSE | MATT | 96,584 |
| MAH VUONG | PEARL | 78,422 |
| MAHMOOD | REHAN | 360,784 |
| MAHMOOD | SHAZIA | 530,073 |
| MAILLOT | LAURELL | 68,767 |
| MALINOWSKI | SHERI | 95,434 |
| MAPLETOFT | SAMANTHA | 61,634 |
| MARCHANT | KRISTIN | 192,260 |
| MARTEL | JESSICA | 89,184 |
| MARTIN | CHANTEL | 109,782 |
| MARTIN | STACY | 81,046 |
| MARTINSON | ALEXANDRA | 127,606 |
| MATHESON | COLIN | 56,347 |
| MCAULEY | KAREN | 100,813 |
| MCCLEAN | STEPHANIE | 101,784 |
| MCCORMICK | CECILIA | 70,091 |
| MCDOUGALL | CHERYL | 60,764 |
| MCDOUGALL | ELIZABETH | 95,131 |
| MCDUFF | DESIREE | 64,148 |
| MCEWEN | DENISE | 90,485 |
| MCGINN | STEPHANIE | 84,848 |
| MCGREGOR | CHERITH | 59,120 |
| MCIVOR | SARAH | 94,177 |
| MCKAY | COURTNEY | 84,356 |
| MCKAY | LETITIA | 87,724 |
| MCKAY | MADDISON | 51,947 |
| MCKENZIE | JENNIFER | 98,828 |
| MCLEAN | JESSICA | 111,299 |
| MCLELLAN | SHANE | 71,504 |
| MCMURPHY | DENISE | 54,625 |
| MCVICAR | LAURIE | 94,229 |
| MEENA | KAITLIN | 96,434 |
| MELNYK | ASHLEY | 93,962 |

Payee Disclosure Lists

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

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

Payee Disclosure Lists

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

Payee Disclosure Lists

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

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

Payee Disclosure Lists

FOR THE YEAR ENDED MARCH 31, 2023

Supplier Payments

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

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

Payee Disclosure Lists

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

Payee Disclosure Lists

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

Payee Disclosure Lists

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

Payee Disclosure Lists

Other Expenditures

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

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

Get In Touch

Saskatchewan Cancer Agency General Reception

639-625-2010

Treatment Centres

ALLAN BLAIR CANCER CENTRE (REGINA)

306-766-2213

SASKATOON CANCER CENTRE

306-655-2662

HEMATOLOGY CLINIC (REGINA)

639-625-2016

Lodges

REGINA CANCER PATIENT LODGE

306-359-3166

SASKATOON CANCER PATIENT LODGE

306-242-4852

Screening Programs (toll-free)

SCREENING PROGRAM FOR BREAST CANCER

1-855-584-8228

SCREENING PROGRAM FOR CERVICAL CANCER

1-800-667-0017

SCREENING PROGRAM FOR COLORECTAL CANCER

1-855-292-2202

Patient Representative

QUALITY OF CARE COORDINATOR

1-866-577-6489

qcc@saskcancer.ca

Cancer Foundation of Saskatchewan

1-844-735-5590

info@cancerfoundationsask.ca

www.cancerfoundationsask.ca



info@saskcancer.ca



saskcancer.ca



[@SaskCancer](https://www.facebook.com/SaskCancer)



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



[@SaskCancer](https://www.youtube.com/SaskCancer)



[@SaskCancer](https://www.instagram.com/SaskCancer)



[linkedin.com/company/saskatchewan-cancer-agency](https://www.linkedin.com/company/saskatchewan-cancer-agency)

