



SASKATCHEWAN CANCER AGENCY

A healthy population free from cancer



Annual Report 2018-19

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Letter of Transmittal

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



Dear Minister Reiter:

I have the honour of submitting the Saskatchewan Cancer Agency's annual report, including highlights of the work accomplished and the audited financial statements, for the fiscal year ending March 31, 2019.

The past year again marked a number of important milestones for the Cancer Agency as it looked to provide safe, high quality care, research, treatment, screening programs and health promotion initiatives. Great strides have been made to move the organization even closer to a fully electronic medical record for cancer patients.

Voice recognition was completed throughout the organization, which not only changed how dictation was completed, but also allowed healthcare partners across the province to access clinical notes and cancer patient discharge summaries in the electronic Health Record (eHR) Viewer. Nearly 95 per cent of notes are now dictated, approved and available in the eHR Viewer within 24 hours. This improves the ability of physicians to care for patients and the overall patient experience both in our facilities and in the healthcare system.

The E-Path reporter software system was implemented to review pathology reports at the Saskatchewan Laboratory Results Repository (SLRR), identify and then deliver relevant reports automatically to the Cancer Agency. The E-Path technology is a significant contribution towards better care by helping ensure we have the pathology reports required for patient assessments during their care.

On January 1, 2019 the Cancer Foundation of Saskatchewan was launched as an arms-length foundation to increase investment from fundraising and external sources for cancer control and research.

Building strong relationships and working together with our healthcare partners for the benefit of the patient continued to be the focus this year. The Community Oncology Program of Saskatchewan (COPS) continues to provide cancer patients with care and support closer to their home communities. The Agency's expanded use of Telehealth also helps to minimize travel for patients. Projects like voice recognition move us closer to meeting our goal of providing patients with coordinated, timely care on a daily basis.

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

Respectfully,

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

Ron Waschuk
Board Chair

Message from the President and Chief Executive Officer

Providing cancer services requires the ability to adjust and evolve in a continuously changing environment. That environment includes our own provincial health system structure, national efforts in cancer control, increasing demands for cancer services, and advancements in new oncology therapies. We continuously must adapt to the challenges and opportunities that are presented to us at the Cancer Agency.

This annual report highlights our accomplishments as we continuously work to improve how we deliver health promotion, early detection, treatment and research for cancer.

As an organization, we are actively engaged with partners across the healthcare sector in Saskatchewan, including the Saskatchewan Health Authority, local communities and Indigenous leaders, and schools. We learn from and build upon each other's experience and expertise, and collaborate to improve the health of Saskatchewan residents and work towards a province free from cancer.

Over the course of the past year, we have achieved many significant milestones that support this vision, including:

- Implementing E-Path Reporter to ensure we receive pathology reports.
- Developing a draft of a three-year cancer research strategy.
- Initiating a project to redesign the breast screening pathway for Saskatchewan women.
- Co-creating and delivering programming in collaboration with communities in northern Saskatchewan using a health bus.
- Responding to physician feedback by implementing a new structure for Medical Services.
- Embarking on the first year of the Earlier Palliative Integrated Care program.
- Funding 10 new drug programs and one new indication for an existing drug.
- Launching the Cancer Foundation of Saskatchewan, our arms-length fundraising partner.

This annual report provides just a glimpse of the tremendous work done every day by our staff and volunteers at the Cancer Agency. As we look forward to the future, we have many more opportunities on the horizon to deliver world-class healthcare to Saskatchewan residents.



Dr. Jon Tonita
President and Chief Executive Officer



What We Do

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

The Cancer Agency has a long history of providing cancer control since 1930. With more than 850 employees at the Agency, we have a large team with expertise in different fields related to cancer control and each staff member is committed to providing clients, patients and families with safe, quality treatment, innovative research, early detection and prevention programs. Our employees are also committed to continuously improve our delivery of programs and services.

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

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

TREATMENT

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

The cancer centres offer:

- A supportive care department providing new patient navigation, emotional and adjustment counselling, assistance with practical needs, and counselling for nutritional needs.
- A referral centre, operated by registered nurses, that processes new referrals and books patients for appointments.
- 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.

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).

Through COPS
4,283,028 kilometres
were saved in patient travel

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.

What We Do

EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

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



The Screening Program for Breast Cancer mobile unit provided **8,513 mammograms** in communities throughout rural and northern Saskatchewan

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.

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.
- Provide input into services and programs.

FUNDRAISING

Philanthropy plays a vital role in the success of our work, and now we have the Cancer Foundation of Saskatchewan as our official fundraising partner.

Donor support enables us to:

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

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

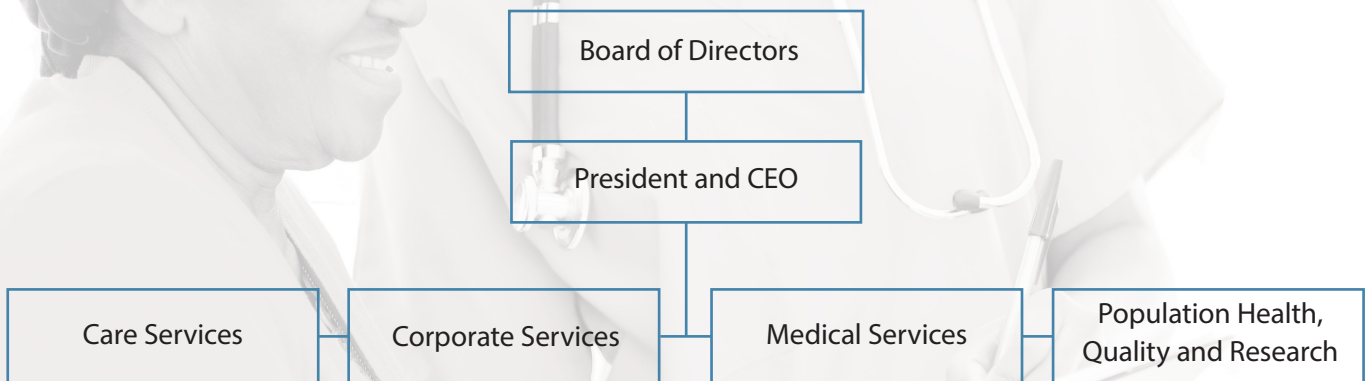
Integrity

Vision-driven

Innovation

Collaboration

OUR STRUCTURE



Governance

BOARD OF DIRECTORS

The Cancer Agency Act establishes the board as the governing body of the Cancer Agency. The Lieutenant Governor in Council under *The Cancer Agency Act* appoints members of the board. The responsibilities of the board include:

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

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

As overseer of a \$183.681 million operating budget, the board brings strong financial stewardship to the Cancer Agency. To be successful for such a large and at times complex organization, board members devote a considerable amount of time to meetings and committee work.

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



Governance

Finance and Audit Committee

Through the Finance and Audit Committee, the board fulfills its financial accountability and oversight responsibilities. As part of regular practice, the committee reviewed Cancer Agency financial policies, procedures, processes and internal controls to reflect best practices and current financial reporting standards. In 2018-19 the committee worked diligently with staff to ensure a balanced budget position for the organization.

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

Members:

- *Howard Crofts, Chair*
- *Lionel Chabot*
- *Doug Finnie*

Governance and Human Resources Committee

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

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

In the past year, the Governance and Human Resources, Audit, and Quality, Safety and Risk Committees had the opportunity to present to executive leadership, senior leadership and key partners (including the Patient and Family Advisory Council and Cancer Foundation of Saskatchewan) at the Cancer Agency's quarterly reviews. This provides an awareness of the importance of effective governance by the board and its committees.

In addition to the annual board self-evaluation survey, the Governance and Human Resources Committee initiated post-meeting surveys to ensure sound governance practices so that individual and collective board concerns are shared and addressed. The committee also conducts the annual review of the CEO and provides a recommendation to the Board.

The committee is also in the process of updating and converting the governance and board orientation manuals from hard copy to electronic versions for ease of reference by all existing and new board members.

Members:

- *Don Ravis, Chair*
- *Howard Crofts*
- *Zeba Ahmad*

Quality, Safety and Risk Committee

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

- quality improvement.
- patient and staff safety.
- enterprise risk management.

Governance

In 2018-19, the committee progressed through all elements contained within its charter and annual committee work plan. Highlights over the last year include:

- performing regular reviews of quality, safety and data/dashboards.
- conducting a needs assessment and delivering a board education day.
- a general overview of the Cancer Agency's Quality Protected Committee structure, specifically the value and flow of the quality protected structure. A significant change to the structure included the radiation oncology groups combining into one single provincial radiation oncology quality improvement committee.
- expanding the understanding of risk maturity and establishing organizational risk maturity.
- receiving program and safety practice updates from nine Cancer Agency programs.
- introducing Take a TEAM Moment (Stop The Line) to patients, families and caregivers with the help of the Agency's Patient and Family Advisory Council (PFAC).

Members:

- *Dr. Walter Strelasky, Chair*
- *Lionel Chabot*
- *Doug Finnie*
- *Frances Stang*

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. Louise Frederick, Patient and Family Advisory Council representative, is on the Quality, Safety and Risk Committee as a non-voting member.

Strategic Plan

During 2018-19, Cancer Agency staff continued to work on initiatives as part of its five-year strategic plan that are related to better health, better care, better value and better teams.

Saskatchewan Cancer Agency Strategic Direction 2015-2020



Strategic Plan

Significant progress was made on initiatives in year four of the 2015-2020 plan:

Strategy: Better Health		
Goals	Initiatives 2018-19	Progress
Health Promotion	Northern engagement strategy-develop programming for health bus	<ul style="list-style-type: none"> 22 communities incorporated the health bus during Treaty Days or family/culture/ elders camps; 2,500-3,000 people came out to the health bus 84 people attended lunch and learn events on cancer education Over 300 HIV tests and a smaller number of Hepatitis C and blood glucose checks were done as well as blood pressure checks 100% of all communities surveyed reported wanting the bus back in their community next year; 90% of those surveyed reported that the services and supports delivered by the health bus benefited their communities (provides educational opportunities, supports testing, builds trust, promotes collaboration) All northern health providers who delivered clinical services on the bus reported being satisfied with the experience, consistent with previous feedback
Early Detection	Endoscopy standards	<ul style="list-style-type: none"> 47/69 colonoscopists completed Direct Observation of Procedural Skills (DOPS) 12 colonoscopists completed the CAG (Canadian Association of Gastroenterologists) Colonoscopy Skills Improvement Course
	Breast cancer screening service delivery model	<ul style="list-style-type: none"> Breast Pathway Visioning Day - Provincial and patient stakeholders met to share knowledge, discuss processes, and gather ideas for improvement
Research	Provincial cancer research plan	<ul style="list-style-type: none"> Three-year strategy map drafted; implementation of plan targeted for fall

Strategy: Better Care		
Goals	Initiatives 2018-19	Progress
Access and Effective Treatment Programs	Clinical Management System	<ul style="list-style-type: none"> Patient intake process implemented where patients can provide their medical history electronically or over the phone, prior to their first appointment E-Path Reporter implemented, ensuring the Agency receives all relevant pathology reports Provincial pharmacy system implemented in both cancer centres Considerable progress made with the Saskatchewan Health Authority on developing provincially standardized requisitions to be implemented in the fall of 2019
	Strengthen tumour groups	<ul style="list-style-type: none"> Continued development of disease site group framework
	Pediatric oncology program model	<ul style="list-style-type: none"> Ongoing development of provincial integrated pediatric hematology-oncology framework in partnership with the Saskatchewan Health Authority

Strategic Plan

Strategy: Better Teams

Goals	Initiatives 2018-19	Progress
Leadership/ Talent Management and Engagement	Talent management and engagement	<ul style="list-style-type: none"> • Implementing change management infrastructure to build Agency wide change management capacity and change agent network • 88% of leaders completed formal change management skill development • 94% of leaders completed coaching for engagement skill development • Enhancing talent management framework and process to assess and support prioritization of components for further development • Adapting performance management framework to align with healthcare system partners. • First cohort of physicians completed the Agency's Physician Leadership Program • Changes in medical services structure were implemented in response to physician feedback

Strategy: Better Value

Goals	Initiatives 2018-19	Progress
Sustainability	National/provincial partnership strategy	<ul style="list-style-type: none"> • Implemented first year of Earlier Palliative Integrated Care (EPIC) program • Provided all palliative care physicians working at the Agency access to the Telehealth network to see patients • Developed and launched the Agency "My Voice" advance care plan in collaboration with patient advisors • Enrolled 47 employees in the LEAP core palliative care training program • Received approval for the EPIC: Access Pilot (iPads in the home) to allow palliative care consultations to happen in the home with the support of the rural palliative care teams, to start June of 2019
Continuous Improvement	Saskatchewan Healthcare Management System	<ul style="list-style-type: none"> • Enrolled 14 staff in the continuous improvement certification program • Initiated strengthening of daily visual management practices at the executive management level • Supported Agency priorities using improvement tools and methods including a rapid process improvement workshop and visioning session
	Enterprise risk management program	<ul style="list-style-type: none"> • Implemented next phase (patient involvement) of the Take a TEAM Moment (Stop the Line) process • Enhanced the Unusual Occurrence Management System (UOMS) to include tracking of quality of care concerns • Performed a risk maturity assessment
Fund Development/ Facility Investment	Arms-length charitable foundation	<ul style="list-style-type: none"> • The Cancer Foundation of Saskatchewan became the official charitable receipting body for the Agency as of January 1, 2019 • The Foundation will promote and proactively fundraise for the priority needs of the Agency for the people of Saskatchewan
	Facility infrastructure plan and related renovations	<ul style="list-style-type: none"> • Functional space assessment completed and report produced • Recommendations presented to the leadership team and incorporated into the five-year capital plan

Better Health

COLLABORATING WITH COMMUNITIES IN THE NORTH

The northern half of Saskatchewan is a vast and scenic area of approximately 300,000 square kilometres with just four per cent of the province's total population, divided almost evenly between those living in municipalities and on First Nation reserves.

In 2018-19, the Cancer Agency's Cancer Prevention Department visited 22 different communities in the north using a mobile health bus, with some communities requesting the bus visit on more than one occasion.

As part of a northern engagement strategy, Cancer Agency staff collaborated with other partners in healthcare (nurses, dietitians, health educators) and local community members to coordinate events, deliver lunch and learn sessions about cancer and other health education, promote cancer screening, and conduct blood glucose, HIV and Hepatitis C testing. While some of the activities were not directly cancer related, Cancer Agency staff looked for opportunities to build relationships and offer resources that can help build a foundation for ongoing engagement.

Also, the Cancer Agency hired two nursing students from the University of Saskatchewan's Northern Nursing Program to help with the bus. Their ability to communicate in Cree and Dene allowed for genuine participation with community members and opportunities for conversations that would not have happened otherwise.



Health bus team in Sandy Bay preparing for Treaty Days



Blood glucose testing on the health bus

“Cancer can create a lot of fear, and one of our goals is to connect with community members in a relaxed setting to share information about cancer services, early detection and prevention.

We've learned some people, including children, might have knowledge around prevention measures, for example sunscreen use and healthy food. We build on their knowledge with information about our screening programs and answer questions they may have about cancer prevention and other cancer services. ”

Cheryl Whiting, Director of Cancer Prevention, Saskatchewan Cancer Agency

Better Health

Communities are engaged in the co-creation of programs and services, and are active collaborators in the planning and delivery of health bus visits and services. The bus is incorporated into existing community programming, such as Treaty Days, and family and culture camps. Staff with the bus connect with local community health centers and healthcare providers, which has increased the level of engagement with communities and has fostered a sense of shared ownership and stewardship of the bus.

Traveling more than 12,000 kilometers in 2018, the bus went to communities such as La Loche, Buffalo River, Island Lake, Montreal Lake, Grandmother's Bay, and Deschambault Lake. Staff saw nearly 3,000 people visit the bus, and 100 per cent of communities surveyed indicated they would like the bus to return.

The Cancer Prevention Department continues to work with northern stakeholders, community leaders, and healthcare providers to further explore other relevant services the bus could offer and potential community-directed opportunities for consideration in the future.

WHERE 12,000 KMS WILL TAKE YOU

- Montreal Lake
- Hall Lake
- Sucker River
- Stanley Mission
- La Ronge /Lac La Ronge
- Sandy Bay
- Makwa Sahgaiehcan (Loon Lake)
- Grandmother's Bay
- Pelican Narrows
- Deschambault Lake
- Ile-a-la-Crosse
- Cote First Nation
- James Smith
- Cumberland House
- La Loche/ Clearwater River
- Buffalo River (Dillon)
- Canoe Narrows/Lake
- Pinehouse
- Patuanak
- Flying Dust
- Island Lake
- Red Earth



BREAST PATHWAY DESIGN INITIATIVE—IMPROVING THE SCREENING EXPERIENCE

In 2018, the Cancer Agency initiated a project to review the pathway for breast screening and follow-up care. The timing coincided with the updates to screening guidelines recommended by the Canadian

Task Force on Preventive Health Care. The project aims to address issues in the current process so the result is a pathway that provides Saskatchewan women with equitable access to breast screening and follow-up care that is timely, high quality, efficient, safe, client centred and culturally sensitive.

“At the Cancer Agency, the Screening Program for Breast Cancer has always used a client-centred approach for navigating women through the screening process. This initiative will take our approach even further by working with our partners across the healthcare system to ensure all women in Saskatchewan have the same experience when it comes to breast screening and follow-up,” said Linda Weir, Breast Pathway Business Lead.

In October 2018, the Cancer Agency hosted a breast pathway visioning day in Saskatoon. Representatives from the Agency, the Saskatchewan Health Authority, the Ministry of Health, eHealth Saskatchewan, community radiologists and patients attended the workshop. The full-day session provided all parties involved in breast screening and follow-up care in Saskatchewan with the opportunity to share knowledge about current processes and gather ideas for improvements.

Participants in the session were provided with the history of breast screening in Saskatchewan, where and how women are screened today, the benefits of screening, the technology involved in screening, and how Saskatchewan measures up against screening in other regions. Two patients also spoke to the group about their experiences with screening and follow-up, underlining the purpose of the initiative.

Following the visioning day, themes were gathered from the brainstorming sessions and shared with participants. Debrief meetings were also held with stakeholders, including representatives from groups who were unable to attend the visioning day. Next steps in this important work include establishing a working group and steering committee, and hosting a process design session as we move forward with improving the breast screening pathway for women in Saskatchewan.

Better Health

SUN SMART SASKATCHEWAN

Skin cancer is highly preventable and yet the most commonly diagnosed cancer in Saskatchewan with over 3,000 new cases annually. The major cause of skin cancer is exposure to ultraviolet radiation (UVR) from the sun and artificial sources such as tanning beds.

The Cancer Agency plays an important coordination role as one of the partners in Sun Smart Saskatchewan, a provincial coalition of partners committed to skin cancer prevention. Provincial collaboration and meaningful engagement of key audiences and settings is essential for effective health promotion.

In an ever-expanding digital era, Sun Smart Saskatchewan connects with residents across the province using social media tools (Facebook, Instagram, website) to create awareness and promote sun safety education on skin cancer prevention. Youth and young adults are key audiences for Sun Smart Saskatchewan, as both groups typically practise minimal sun protection behaviours and young adults tend to be users of indoor tanning. Protecting youth from exposure to the sun now and changing intentional tanning behaviours provides an opportunity to reduce the risk of skin cancer over their lifetime.

Sun Smart Saskatchewan has been creating a mobile-responsive website (www.sunsmarts.sk.ca) to enhance communications and education approaches. An online training program for early childhood educators was developed in 2018 and will be launched in 2019; videos and other assets created for the online training will be shared by way of social media so that parents and caregivers can benefit from practical sun safety information and inspiration.

Another priority setting for Sun Smart Saskatchewan is outdoor pools. There are approximately 80 outdoor pools in Saskatchewan. Social media strategies and online resources have been developed in partnership with pool managers and lifeguards to enhance sun safety practices.



In 2018-19, Sun Smart Saskatchewan engaged with 42 pool managers by phone and email. Each of these pools were sent print educational materials for lifeguards and pool patrons, and seven pools hosted Sun Smart Saskatchewan for staff training and/or sun safety awareness activities with pool patrons.

Sun Smart Saskatchewan supported and highlighted the special efforts of students in Davidson, Saskatchewan who lobbied their town council to install a sunscreen dispenser at their outdoor pool.

“When I heard what the students were proposing it made sense and was a good way to help protect the health of our community,” said Trevor Ouellette, Recreation Director in Davidson in a news release. “By installing the free sunscreen dispenser we have truly become a sun smart facility where families can come and enjoy their time outdoors, but know they are protecting themselves from skin cancer.”

While skin cancer is the most commonly diagnosed form of cancer in Saskatchewan, it is also the most preventable. With a coalition of committed partners and experts, Sun Smart Saskatchewan continues to engage communities in actively preventing skin cancer.

Discover more



Better Care

CLINICAL MANAGEMENT SYSTEM INITIATIVE

The Clinical Management System roadmap is a multi-year initiative that encompasses a number of smaller projects aimed at bringing a more complete electronic medical record to Agency staff and patients. In 2018-19, the Agency reached several milestones and implemented new electronic programs, transforming the way we work.

E-Path

E-Path Reporter, which scans the Saskatchewan Laboratory Results Repository (SLRR) for relevant reports that the Cancer Agency has not yet received, was implemented in July.

This technology supports patient care by helping ensure the Agency has the pathology reports required for patient cancer care assessments and to improve the accuracy, completeness, and timeliness of cancer reporting to our cancer registry.

Thanks to E-Path, we've experienced a noticeable increase in the number of pathology results received. Over time, we anticipate staff will have to make fewer calls to the Saskatchewan Health Authority to request missing reports and a reduction in unusual occurrence management system (UOMS) reports for missing pathology results.

BDM Pharmacy System

The pharmacy system at the Cancer Agency has been in need of replacement for some time and work is now underway to replace it with a new system called BDM. This is the same pharmacy system used throughout the Saskatchewan Health Authority in the acute care settings.

The Cancer Agency implemented an ambulatory care version of BDM that best supports both intravenous and take home medication dispensing.

The application is faster, more stable, and improves our ability to monitor and manage inventory, forecast for drug budgeting, and provide drug-related reports to support our needs.

The new BDM pharmacy system will provide faster medication order processing, a more user-friendly interface, enhanced inventory management, improved reporting, reduction of duplication for Community Oncology Program of Saskatchewan centres, as well as access to direct technical support through the eHealth Service Desk.

Our system is being set up to connect with the Saskatchewan Health Authority's system to allow staff in hospitals and cancer centres to be able to see a shared patient profile or "notebook" of dispensed medications to improve medication reconciliation and patient safety.



“ It’s inspiring to see what can be accomplished when our teams are working in tandem towards a common goal.

Faster access to information through more integrated and efficient systems will have an overwhelmingly positive outcome for our patients. ”

Dr. Jon Tonita, President and CEO

Better Teams

PATIENT AND FAMILY ADVISORY COUNCIL

The Cancer Agency values the perspectives of patients and their families, and enhancing the patient experience is something Cancer Agency staff keep top of mind. The Patient and Family Advisory Council (PFAC) provides a platform for patients, families and staff to have a voice in their care. PFAC members collaborate on policy and program development, service delivery and design, and help ensure the Agency is focused on meeting the needs of patients and families in all we do.

In 2018-19, PFAC continued its efforts in advancing patient- and family-centred care at the Cancer Agency. Twenty-five patients and family members contributed over 586 hours of their time serving as advisors, sharing their patient story, and collaborating with staff through improvement workshops and other opportunities.

The primary focus for PFAC in 2018-19 was re-designing and conducting patient engagement days at the Allan Blair Cancer Centre and Saskatoon Cancer Centre to increase awareness of the Council. During the engagement days, the Agency's Quality, Safety and Risk Department and members of PFAC rolled out a new program called Take a TEAM Moment to patients and caregivers. TEAM stands for "Together Everyone Accomplishes More," and is designed to help patients and staff feel comfortable in raising safety concerns at the Agency.



PFAC Advisor Dawne Tokaryk (L) speaking with a patient and caregiver at the Saskatoon Cancer Centre's Patient Engagement Day

PFAC continues to focus on increasing the knowledge and relationship with staff and patients to help support the work required to continue being patient centred.

"PFAC has been very busy this year. Thank you to all PFAC members who have given of their time on the various committees to improve the lives of our clients and their families. Our voice shows the concern we have for those travelling a long and often uphill journey. We are grateful to have an opportunity to assist the Agency's leadership, board and staff in the care they continue to provide patients of this province," said Dawne Tokaryk, PFAC Co-Chair.

Another notable achievement in 2018-19 was increasing the number of Cancer Agency patient and family advisors involved in provincial and national-level work on several projects and committees including:

- Screening Program for Colorectal Cancer Direct Observation of Procedural Skills Working Group.
- 2019 Oncology Conference Planning Team.
- Screening Program for Breast Cancer pathway design.
- Board of Directors Quality, Safety and Risk Committee.
- engagement at a community level through the northern health bus.
- updating scrolling TV software at the cancer centres.

“ An increase in team work over this past year resulted in many accomplishments.

We are positively affecting patient journeys.”

Michelle Bell, PFAC Co-Chair.

Better Teams

EVOLVING OUR TEAM

Healthcare can be a complex and ever-changing system, which means providers need to regularly review structures, roles, process and procedures to ensure they are operating in the most appropriate way to meet patient needs. In 2018, the Cancer Agency undertook a review of the Medical Services structure.

During the review, it was discovered that there were issues around workload, decision-making processes and how to help grow leaders within Medical Services. With consideration for these concerns, the Agency collaborated with physicians to create a new structure to address their specific needs.

It will also allow new leaders to be developed, as they will share in some of the responsibilities of the senior medical officer. The senior leadership team will now include the medical director in Regina and Saskatoon, the medical director of quality, safety and disease site groups, the medical director of academics, as well as the director of medical affairs (non-physician position).



“ **This new structure for Medical Services was a significant change for the Agency and for our physicians, and will allow physicians to develop their leadership skills while continuing to care for patients.**

The new structure supports our physicians and care teams in providing the very best in patient and family-centred care. ”

Dr. Jon Tonita, President and CEO

Better Value

AN EPIC APPROACH TO PALLIATIVE CARE

Many people believe that palliative care is synonymous with dying and only offered to minimize discomfort at the end of life. It's a common misconception, as palliation can begin at the time of diagnosis and take place at the same time as treatment to help improve quality of life. Palliative care often achieves the best outcomes when applied as early as possible once a patient has been diagnosed.

In 2018, the Saskatchewan Cancer Agency partnered with the Canadian Partnership Against Cancer (CPAC) and the Saskatchewan Health Authority on a four-year project to promote an earlier and more integrated approach to palliative care for oncology patients.

The project, called Earlier Palliative Integrated Care (EPIC), will build on previous CPAC work on patient reported outcomes.

Currently, cancer patients in Saskatchewan are often not referred early to palliative care services, nor is there a standardized trigger for early integration.

The federal government is working towards providing a framework for palliative care services in Canada, and this is our opportunity to use an evidence-based approach and tools to shape the way palliative care is delivered in Saskatchewan.



The goals of EPIC include:

- promoting the use of Telehealth services for palliative care patients and providers provincially to ensure rural and remote patients have ease of access to high quality palliative care.
- promoting general practitioner participation in palliative care for oncology patients.
- providing education sessions (Learning Essential Approaches to Palliative Care or Education in Palliative and End-of-Life Care-Oncology curriculum) for healthcare providers to increase knowledge and practical skills around palliative care.
- promoting oncologist use of the “surprise question” assessment in determining patient eligibility for earlier palliative care.
- standardizing use and documentation of goals of care conversations and launch an Agency-specific version of the My Voice Advance Care Plan.
- encouraging continued use and documentation of the Agency’s screening for distress tool, and expand use of the tool to community homecare services.
- developing a palliative care community of practice to link provincial services and provide a mechanism for early access to palliative care where appropriate.

Providing earlier integration of palliative care into the patient’s journey means reduced depression, enhanced ability to cope with a prognosis, more communication about care preferences, better symptom management, and a better quality of life for our patients.



Better Value

A NEW BEGINNING TO SUPPORT CANCER CARE IN SASKATCHEWAN

For years, the Saskatchewan Cancer Agency has benefitted from the kindness and generosity of businesses, groups and individuals who raised and donated money directly to the Agency.

That generosity has helped cancer patients across the province in so many ways. From upgrades in equipment for chemotherapy to items for patient comfort, the money raised has improved the care provided to the Agency's patients and clients.

For nearly two years, the Cancer Agency's executive and board explored the idea of the possibilities and potential of an arms-length charitable foundation. The aim of the new organization would be to raise funds on behalf of the Agency to support enhancements to the work the dedicated staff do each and every day.

"Having an arms-length charitable foundation will enhance the opportunities people have to participate in our work in cancer control," said Dr. Jon Tonita, President and Chief Executive Officer of the Saskatchewan Cancer Agency. "We look forward to working closely with the Cancer Foundation of Saskatchewan to better align donations to the priorities we have for care, prevention, research and screening."

As of January 1, 2019 the Cancer Foundation of Saskatchewan became the official fundraising partner for the Saskatchewan Cancer Agency. As a non-profit charitable organization, the Foundation is dedicated to making a difference, through funding, in the areas of early detection and cancer treatment, prevention programs, comfort and care items, and research. One hundred percent of funds raised stay in Saskatchewan.



Foundation CEO Nora Yeates speaking at the Foundation launch event

The two organizations are united in the vision of creating a cancer-free Saskatchewan.

"This province is known for its generosity and helping others in times of need," said Nora Yeates, CEO of the Cancer Foundation of Saskatchewan. "Cancer is a disease that has touched the lives of people everywhere and I believe that with the help of our donors, we will be stronger together and can make a difference in the lives of cancer patients and their loved ones."

Discover more



**Cancer
Foundation of
Saskatchewan**
cancerfoundationsask.ca

Volume Statistics

Number of New Patient Appointments	2015-16	2016-17	2017-18	2018-19
Allan Blair Cancer Centre				
- Medical oncology	1,448	1,425	1,395	1,733
- Radiation oncology	1,317	1,389	1,413	1,440
- Pediatric oncology	22	14	11	9
- Hematology	232	230	272	292
Total	3,019	3,058	3,091	3,474
Saskatoon Cancer Centre				
- Medical oncology	1,600	1,779	1,799	1,754
- Radiation oncology	1,455	1,591	1,590	1,693
- Pediatric oncology	40	32	43	50
- Hematology	353	392	429	441
Total	3,448	3,794	3,861	3,938
Provincial				
- Medical oncology	3,048	3,204	3,194	3,487
- Radiation oncology	2,772	2,980	3,003	3,133
- Pediatric oncology	62	46	54*	59
- Hematology	585	622	701	733
Total new patient appointments	6,467	6,852	6,952	7,412

*Number was incorrectly reported as 64 in 2017-18 annual report.

Radiation Therapy Workload	2015-16	2016-17	2017-18	2018-19
Allan Blair Cancer Centre				
- Treatment sessions started	946	959	974	1,040
- Fractions (number of treatment sessions)	16,749	17,891	17,440	18,276
- Fields (number of beams delivered)	93,736	88,018	83,296	72,433
Saskatoon Cancer Centre				
- Treatment sessions started	933	1,023	1,045	1,049
- Fractions (number of treatment sessions)	19,777	19,148	18,520	18,999
- Fields (number of beams delivered)	75,389	69,762	68,463	68,630
Provincial				
Total treatment sessions started	1,879	1,982	2,019	2,089
Total fractions (number of treatment sessions)	36,526	37,039	35,960	37,275
Total fields (number of beams delivered)	169,125	157,780	151,759	141,063

Review Patient Appointments	2015-16	2016-17	2017-18	2018-19
Allan Blair Cancer Centre				
- Systemic oncology	15,655	17,607	18,047	19,354
- Radiation oncology	5,475	6,021	6,135	6,659
- Pediatric oncology	763	812	719	654
Total	21,893	24,440	24,901	26,667
Saskatoon Cancer Centre				
- Systemic oncology	17,592	20,187	21,533	22,289
- Radiation oncology	7,014	6,829	7,004	6,575
- Pediatric oncology	1,645	1,544	1,466	1,705
Total	26,251	28,560	30,003	30,569
Provincial				
- Systemic oncology	33,247	37,794	39,580	41,643
- Radiation oncology	12,489	12,850	13,139	13,234
- Pediatric oncology	2,408	2,356	2,185	2,359
Total review appointments	48,144	53,000	54,904	57,236

Chemotherapy Treatments	2015-16	2016-17	2017-18	2018-19
Allan Blair Cancer Centre				
- Treatment visits	9,683	9,889	9,460	10,641
- Number of patients	1,266	1,258	1,295	1,410
Saskatoon Cancer Centre				
- Treatment visits	11,458	11,906	11,972	12,044
- Number of patients	1,528	1,566	1,606	1,652
Provincial				
Total treatment visits	21,141	21,795	21,432	22,685
Total number of patients	2,794	2,824	2,886*	3,062

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

Stem Cell Transplants	2015-16	2016-17	2017-18	2018-19
Number of allogeneic transplants	9	25	14	20
Number of autologous transplants	40	42	40	39
Number of patients sent out of province	0	0	0	0

Volume Statistics

Access	2015-16				2016-17				2017-18				2018-19			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Number of Days Between Referral and First Appointment (90th percentile)																
- Medical oncology	69	72	75	68	77	79	74	83	83	80	75	70	69	66	73	67
- Radiation oncology	48	45	57	51	48	50	50	58	55	77	58	76	93	68	62	64
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	13	11	13	13	11	13	14	13	10	12	11	13	12*	13	14*	14*
- Radiation therapy	20	19	18	19	17	18	16	18	17	14	17	20	19	16	18	20

* Data conditions and limitations: Saskatoon Cancer Centre Q1 - 50% data missing; Q3 - 35% data missing; Q4 - 55% data missing. Data missing due to software and training conversions, which have since been addressed.

Pharmacy Services	2015-16	2016-17	2017-18	2018-19
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	24,658	24,381	24,166	24,628
- Saskatoon Cancer Centre	32,431	32,402	32,953	33,285
Total	57,089	56,783	57,119	57,913
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	2,459	2,980	2,367	1,847
- Saskatoon Cancer Centre	3,208	4,462	2,945	2,907
Total	5,667	7,442	5,312	4,754
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	21,875	21,406	20,027	22,083
- Saskatoon Cancer Centre	24,468	25,323	23,864	24,519
Total	46,343	46,729	43,891	46,602
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	7,042	6,734	5,856	6,301
- Through the Saskatoon Cancer Centre	5,790	7,084	6,480	6,866
Total	12,832	13,818	12,336	13,167

Community Oncology Program of Saskatchewan	2015-16	2016-17	2017-18	2018-19
Number of patients	1,786	1,899	1,868	2,008
Number of treatment visits	12,948	13,106	12,106	13,514
Number of kilometres saved in patient travel	3,953,018	4,067,360	3,852,188	4,283,028

Telehealth Appointments	2015-16	2016-17	2017-18	2018-19
Allan Blair Cancer Centre appointments	2,175	2,895	3,039	4,232
Saskatoon Cancer Centre appointments	1,170	2,828	3,818	4,918
Total	3,345	5,723	6,857	9,150
Number of kilometres saved in patient travel (provincial)	1,554,680	2,295,365	2,748,408	3,595,484

Clinical Trials	2015-16	2016-17	2017-18	2018-19
Number of patients enrolled to a clinical trial	89	131	150	162
Per cent of new patients enrolled	2.2%	3.4%	3.6%	(% to follow)

Volume Statistics

Safety	2015-16	2016-17	2017-18	2018-19
Sick leave hours per FTE	65.72	67.56	66.22	65.78
Wage-driven premium hours per FTE	14.21	13.59	14.36	10.59
Lost time workplace injuries per 100 FTEs	0.62	0.6	0.59	0.43
Critical Incidents	1*	2	0	1
Falls	12 patients	16 patients	12 patients	13 patients
	13 staff	13 staff	11 staff	5 staff
Total falls	25	29	23	18

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

Number of Influenza Vaccines*	2015-16	2016-17	2017-18	2018-19
Staff	408	410	427	450

* With increased access to influenza vaccinations in the province, the Agency did not provide influenza immunizations at the cancer centres to patients and their primary caregivers in 2018-19.

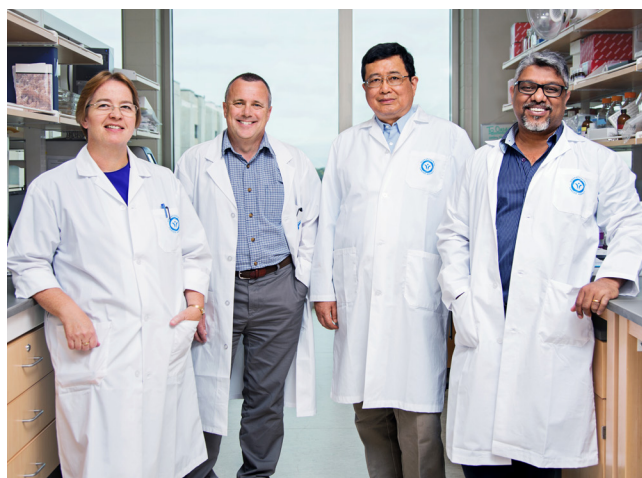
Screening Program for Breast Cancer	April 2015-March 2016	April 2016-March 2017	April 2017-March 2018	April 2018-March 2019
Number of screening mammograms on the mobile unit	9,022	8,266	8,973	8,513
Number of screening mammograms at the Regina centre	10,305	11,304	10,732	10,643
Number of screening mammograms at the Saskatoon centre	8,613	8,961	8,684	8,701
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	10,314	9,990	9,666	9,699
Total	38,254	38,521	38,055	37,556
	April 2014-March 2016	April 2015-March 2017	April 2016-March 2018	April 2017-March 2019
Participation rate	40.3%	40.3%	39.7%	39%

Screening Program for Cervical Cancer	April 2015-March 2016	April 2016-March 2017	April 2017-March 2018	April 2018-March 2019
Number of Pap tests completed in the Saskatchewan Health Authority	97,628	95,244	94,291	91,649
	April 2013-March 2016	April 2014-March 2017	April 2015-March 2018	April 2016-March 2019
Participation rate (non-hysterectomy corrected)	55.2%	55.2%	54.4%	53.3%

Screening Program for Colorectal Cancer	April 2014-March 2016	April 2015-March 2017	April 2016-March 2018	April 2017-March 2019
Number of people who have completed at least one fecal immunochemical test (FIT)	154,831	160,711	158,007	159,367
Participation rate	50.0%	51.1%	49.3%	49.3%

Volume Statistics

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2018-19 Amount Awarded
Identifying targets for combination therapy with Entinostat in triple negative breast cancer	Dr. Keith Bonham	2017-19	\$200,000	\$100,000
Adherence to oral chemotherapies among pediatric oncology patients using medication event monitoring systems (MEMS)	Dr. Amy Morris	2017-19	\$38,282	\$13,660
Role of the bone marrow microenvironment in multiple myeloma development and progression	Dr. Julie Stakiw	2017-19	\$199,200	\$99,600
Identifying EphB6-deficient breast cancer tumors for clinical trials	Dr. Sunil Yadav	2017-19	\$163,350	\$81,675
Identifying biomarkers and developing molecular probes for radioimmunotherapy of breast cancer	Dr. Arun Sudarsan	2017-19	\$83,000	\$42,000
Targeting cancer progression genes upregulated in CREB3L1-deficient breast cancer cells	Dr. Shari Smith	2017-19	\$60,000	\$15,000
Exploiting the synthetic dosage lethal interactions of Polo-like Kinase 1 for cancer therapeutics	Chelsea Cunningham	2017-19	\$47,000	\$24,000
FOLFIRI alternate with FOLFOX in untreated metastatic gastric and esophageal adenocarcinoma	Dr. Shahid Ahmed	2018-20	\$100,138	\$55,069
New targets for metastatic breast cancer	Dr. Deborah Anderson	2018-20	\$200,000	\$100,000
Characterization of the cell surface protein GPR112 as a potential cancer drug target	Dr. Franco Vizeacoumar	2018-20	\$200,000	\$100,000
Therapeutic immunity of heterologous HER2-specific HuRt-Texo vaccination against trastuzumab-resistant breast cancer in BLT/NSG mice	Dr. Jim Xiang	2018-20	\$200,000	\$100,000
Does second line therapy improve survival of individuals with biliary tract and gallbladder cancers	Dr. Zaidi Adnan	2018-19	\$40,934	\$40,934
Beneficial cytotoxic T lymphocytes derived from irreversible electroporation ablation of breast cancer	Dr. Aizhang Xu	2018-20	\$83,000	\$41,000
Exploring the landscape of circular RNA expression in breast cancer	Dr. Archana Kumari	2018-20	\$83,000	\$41,000



Dr. Deborah Anderson, Director of the Saskatchewan Cancer Agency's Research Unit, and research scientists Dr. Keith Bonham, Dr. Jim Xiang and Dr. Franco Vizeacoumar

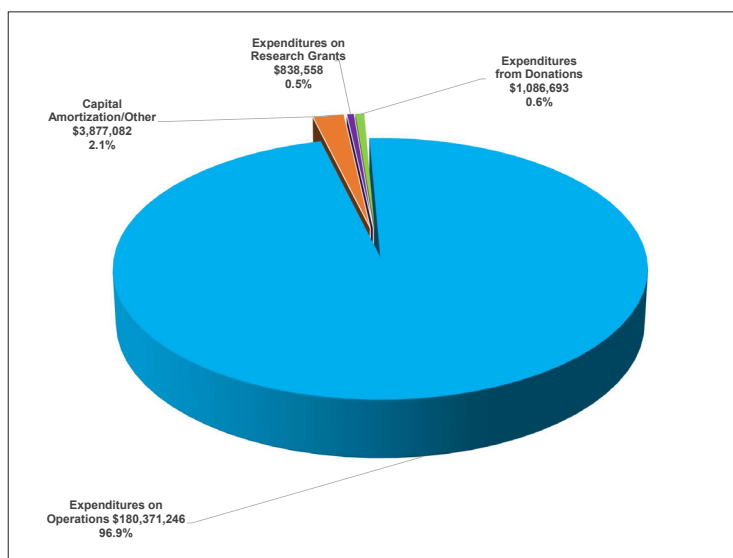
Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2018-19 Amount Awarded
Polokinasase and drug resistance in pancreatic cancer	Cancer Research Society	Dr. Franco Vizeacoumar	2017-19	\$120,000	\$60,000
Critical role of FAK/RhoA in regulation of mTORC1/PKM2 pathway controlling epithelial-mesenchymal transition of triple-negative breast cancer	College of Medicine, University of Saskatchewan	Dr. Jim Xiang	2018	\$30,000	\$30,000
Identification of new drugs to treat triple negative breast cancer	College of Medicine, University of Saskatchewan	Dr. Deborah Anderson	2018	\$30,000	\$30,000
High throughput molecular imaging platform	Canadian Foundation for Innovation	Dr. Franco Vizeacoumar	2015-20	\$1,259,322	\$22,668
Role of Individualized Intervention(s) on Quality of Life and Adherence to Adjuvant Endocrine Therapy in Premenopausal Women with Early-Stage Breast Cancer: MyChoice Study	College of Medicine, University of Saskatchewan	Dr. Shahid Ahmed	2018	\$24,028	\$24,028
Functional dissection of epigenetic silencing machinery	Natural Sciences and Engineering Research Council	Dr. Franco Vizeacoumar	2014-20	\$200,000	\$40,000
Distinct regulation of T cell fate and memory via differentially IL-2- and IL-7-activated mTORC1-KIF13A-M6PR axis and AMPK-FOXO-Eomes pathway	Canadian Institutes of Health Research	Dr. Jim Xiang	2017-21	\$480,000	\$120,000
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	2018-23	\$592,875	\$118,575
Systematic profiling of circular RNAs essential for the survival of cancer cells	Canadian Institutes of Health Research	Dr. Franco Vizeacoumar	2018-23	\$573,750	\$114,750
SOTAR leading to an epidemiological study of all causes of death and longevity in Canadians occupationally exposed to ionizing radiation	Candu Owners Group	Gavin Cranmer-Srgison	2018-18	\$60,500	\$60,500

Financial Summary

As of April 1, 2018, the Saskatchewan Cancer Agency (Cancer Agency) adopted full Public Sector Accounting Board (PSAB) standards. This means that the Cancer Agency's financial results are no longer reported by fund, as they have been previously.

In 2018-19, the Cancer Agency received revenues of \$181.042 million and incurred expenditures of \$186.174 million resulting in an excess of expenses over revenues of (\$5.132 million). The following chart gives a breakdown of the total expenditures in 2018-19.



In 2018-19, the Cancer Agency funded nine new drug programs (ceritinib, osimertinib, midostaurin, olaparib, vandetanib, atezolizumab, alectinib and two indications for carfilzomib) and one new indication for an existing drug – obinutuzumab. All 10 of these new drugs and indications were reviewed and recommended by the pan-Canadian Oncology Drug Review (pCODR). These drugs/indications were then negotiated by the pan-Canadian Pharmaceutical Alliance (pCPA). In addition, the Cancer Agency listed a new drug defibrotide which was not reviewed by pCODR and not negotiated by pCPA and also expanded criteria of a molecular test Oncotype Dx. Due to intense negotiations by the Cancer Agency for drugs that are now generic or soon to have competition from generic drugs and the savings negotiated by pCPA, the drug rebates for 2018-19 were higher than anticipated. The cost sustainability strategy of national buying and negotiations is expected to continue in future years.

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.

In 2018-19, the Cancer Agency began planning for the next scheduled replacement of a linear accelerator treatment machine. This machine will be replaced in 2019-20 at the Allan Blair Cancer Centre. A down payment was also made in 2018-19 on a replacement computed tomography scanner (CT scanner) for the Allan Blair Cancer Centre. The new CT scanner will be installed in 2019-20. The CT scanner at the Saskatoon Cancer Centre is also scheduled to be replaced in 2019-20.

The Cancer Foundation of Saskatchewan was launched in January 2019. The Cancer Foundation is an arms-length foundation that will help support the Cancer Agency's purchase of capital equipment in the future by providing targeted fundraising and donations. Their first announced campaign is to raise funds for the replacement of the two CT scanners at the cancer centres.

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.



Dr. Jon Tonita
President and Chief Executive Officer



Margaret Lewis
Chief Financial Officer

May 24, 2019

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

Opinion

We have audited the financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2019, and the statement of operations, statement of changes in net financial assets 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, 2019, and the results of its operations, changes in its net financial assets, 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.

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

Regina, Saskatchewan
May 24, 2019

Judy Ferguson, FCPA, FCA
Provincial Auditor
Office of the Provincial Auditor

2018-19 Financial Statements

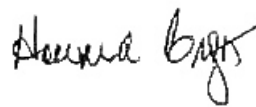
Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	2019	2018
		Restated (Note 14)
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 12,912,026	\$ 16,910,871
Accounts receivable:		
- Ministry of Health – General Revenue Fund	270,000	287,500
- Other	7,521,952	5,587,046
Loan Receivable (Note 15)	250,000	250,000
Investments (Note 5)	-	1,417,501
Total Financial Assets	<u>\$ 20,953,978</u>	<u>\$ 24,452,918</u>
LIABILITIES		
Accounts payable	\$ 10,290,509	\$ 10,310,632
Accrued salaries	1,950,027	1,770,001
Vacation payable	1,167,016	1,470,206
Deferred revenue (Note 8)	92,321	84,782
Employee future benefits (Note 9)	2,714,300	2,608,700
Total Liabilities	<u>16,214,173</u>	<u>16,244,321</u>
NET FINANCIAL ASSETS	<u>4,739,805</u>	<u>8,208,597</u>
NON-FINANCIAL ASSETS		
Tangible capital assets (Note 4)	23,266,672	25,076,938
Inventory held for use	9,281,626	8,833,421
Prepaid expenses	884,009	1,184,829
Total Non-Financial Assets	<u>33,432,307</u>	<u>35,095,188</u>
	<u>33,432,307</u>	<u>35,095,188</u>
ACCUMULATED SURPLUS	<u>\$ 38,172,112</u>	<u>\$ 43,303,785</u>
Contractual Obligations (Note 6)		



Ron Waschuk
Board Chair



Howard Crofts, FCPA FCA
Finance and Audit Committee Chair

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

2018-19 Financial Statements

Statement 2

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

	Budget 2019 (Note 12)	2019	2018 Restated (Note 14)
REVENUES			
Ministry of Health	\$ 178,985,000	\$ 175,386,154	\$ 168,832,712
Grants	885,000	1,161,317	895,831
Donations	2,011,155	1,718,817	2,469,356
Investment income	258,500	295,324	278,378
Other revenues	1,541,131	2,480,294	1,586,491
	<u>183,680,786</u>	<u>181,041,906</u>	<u>174,062,768</u>
EXPENSES (Schedule 2)			
Clinical services	36,242,245	36,439,448	33,702,890
Care services	36,504,392	36,611,882	35,952,825
Pharmacy & drugs	71,713,500	72,682,568	67,286,951
Population health	16,703,471	16,868,704	16,702,948
Research	1,161,045	1,102,328	1,133,907
Corporate services	15,550,293	15,474,705	15,087,988
Other	7,835,663	6,993,944	7,601,897
	<u>185,710,609</u>	<u>186,173,579</u>	<u>177,469,406</u>
Annual (deficit)	<u>(2,029,823)</u>	<u>(5,131,673)</u>	<u>(3,406,638)</u>
ACCUMULATED SURPLUS, BEGINNING OF YEAR	<u>43,303,785</u>	<u>43,303,785</u>	<u>46,710,423</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ 41,273,962</u>	<u>\$ 38,172,112</u>	<u>\$ 43,303,785</u>

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

2018-19 Financial Statements

Statement 3

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

	Budget 2019 <hr/> (Note 12)	2019 <hr/>	2018 <hr/> Restated (Note 14)
Annual (deficit) (Statement 2)	\$ (2,029,823)	\$ (5,131,673)	\$ (3,406,638)
Net acquisition of tangible capital assets (Note 4)	(2,358,466)	(2,066,816)	(5,529,441)
Amortization of tangible capital assets (Note 4)	4,500,000	3,740,662	4,314,090
Loss on disposal of tangible capital assets	<hr/> -	<hr/> 136,420	<hr/> 80,147
	111,711	(3,321,407)	(4,541,842)
Net consumption of inventory	-	(448,205)	(1,805,062)
Net purchase of prepaid expenses	<hr/> -	<hr/> 300,820	<hr/> 74,687
CHANGE IN NET FINANCIAL ASSETS	111,711	(3,468,792)	(6,272,217)
NET FINANCIAL ASSETS, BEGINNING OF YEAR	<hr/> 8,208,597	<hr/> 8,208,597	<hr/> 14,480,814
NET FINANCIAL ASSETS, END OF YEAR	<hr/> <hr/> \$ 8,320,308	<hr/> <hr/> \$ 4,739,805	<hr/> <hr/> \$ 8,208,597

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

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Statement 4

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

	<u>2019</u>	<u>2018</u>
		Restated (Note 14)
Cash provided by (used in):		
Operating Activities:		
Annual (deficit) (Statement 2)	\$ (5,131,673)	\$ (3,406,638)
Net change in non-cash working capital (Note 3)	(2,092,438)	645,904
Amortization of tangible capital assets (Note 4)	3,740,662	4,314,090
Loss on disposal of tangible capital assets	136,420	80,147
	<u>(3,347,029)</u>	<u>1,633,503</u>
Capital activities:		
Purchase of tangible capital assets	<u>(2,066,816)</u>	<u>(5,529,441)</u>
	<u>(2,066,816)</u>	<u>(5,529,441)</u>
Investing Activities:		
Purchase of investments	-	(470,000)
Disposal of investments	1,415,000	470,000
	<u>1,415,000</u>	<u>-</u>
Net (decrease) in cash and cash equivalents during the year	(3,998,845)	(3,895,938)
Cash and cash equivalents, beginning of year	16,910,871	20,806,809
Cash and cash equivalents, end of year	<u>\$ 12,912,026</u>	<u>\$ 16,910,871</u>

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

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SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS As at March 31, 2019

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

Commencing with the 2018-19 fiscal year, the Cancer Agency has adopted full Public Sector Accounting Standards as described in Note 14.

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) Change in Accounting Standard

Previously, the Cancer Agency used PSA standards including the not-for-profit standards. Beginning April 1, 2018, the Cancer Agency continues to use PSA standards, but no longer uses not-for-profit standards.

Detailed information on how the transition from PSA standards with the not-for-profit standards to PSA standards without the not-for-profit standards has affected the Cancer Agency's financial position, operations and accumulated surplus is shown in Note 14.

c) 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 used for the specified purpose.

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. Other in-kind donations of materials and services are not recognized in these financial statements.

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Investment income includes interest recorded on an accrual basis and realized gains and losses on the sale of investments. For investment assets recorded at fair value, unrealized gains and losses are recorded on the statement of remeasurement gains and losses until settlement.

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

d) 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. Investments are recorded at fair value.

e) Loans Receivable

Loans receivable are recorded at amortized cost less any amounts for valuation allowance. Valuation allowances are made to reflect loans receivable at the lower of amortized cost and the net recoverable value, when collectability and risk of loss exists. Changes in valuation allowance are recognized in the statement of operations. Interest is accrued on loans receivable to the extent it is deemed collectable.

f) Investments

Investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond. During the period presented, there were no unrestricted investment assets measured at fair value and therefore no unrealized gains and losses on unrestricted investment assets.

g) 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.

h) 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.

i) Non-Financial Assets

Tangible capital assets 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.

j) 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

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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.

k) Measurement Uncertainty

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

l) 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.

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

m) Leases

Leases are accounted for as operating leases with contractual obligations disclosed in Note 6.

n) New Accounting Standards

Effective April 1, 2018, the Cancer Agency has adopted the following Canadian public sector accounting standard; also included is a description of this change and the impact it has on the financial statements:

- PS 3430 Restructuring Transactions defines a restructuring transaction and establishes guidance on recognition and measurement of assets and liabilities transferred in a restructuring transaction. The standard has no impact on the financial statements.

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3. Net Change in Non-Cash Working Capital

	2019	2018
		Restated (Note 14)
(Increase) decrease in accounts receivable	\$ (1,917,406)	\$ (425,127)
(Increase) decrease in inventory held for use	(448,205)	(1,805,061)
(Increase) decrease in prepaid expenses	300,820	74,687
Decrease in investments	2,501	2,500
Increase (decrease) in accounts payable	(20,124)	3,084,242
Increase (decrease) in accrued salaries	180,026	(295,654)
Increase (decrease) in vacation payable	(303,190)	(17,276)
Increase (decrease) in deferred revenue	7,540	(79,607)
Increase in employee future benefits	105,600	107,200
	\$ (2,092,438)	\$ 645,904

4. Tangible Capital Assets

	Land and Improvements	Buildings	Leasehold Improvements	Equipment and Furniture	2019	2018
Cost, beginning of year	\$ 280,297	\$ 25,461,847	\$ 19,084,422	\$ 46,342,099	\$ 91,168,665	\$ 88,642,896
Additions	-	220,613	87,518	2,050,335	2,358,466	5,529,441
Adjustments	-	9,448	(9,448)	(291,650)	(291,650)	-
Disposals	-	-	-	(286,721)	(286,721)	(3,003,672)
Cost, end of year	280,297	25,691,908	19,162,492	47,814,063	92,948,760	91,168,665
Accumulated amortization, beginning of year	-	20,514,987	13,381,236	32,195,504	66,091,727	64,701,161
Amortization	-	469,144	770,228	2,501,290	3,740,662	4,314,090
Adjustments	-	3,464	(3,464)	-	-	-
Disposals	-	-	-	(150,301)	(150,301)	(2,923,524)
Accumulated amortization, end of year	-	20,987,595	14,148,000	34,546,493	69,682,088	66,091,727
Net Book Value	\$ 280,297	\$ 4,704,313	\$ 5,014,492	\$ 13,267,570	\$ 23,266,672	\$ 25,076,938

Work in progress amount included in the assets above is \$425,521 (2018 - \$694,420).

5. Investments

	2019	2018
Investments valued at par		
Guaranteed investment certificates	\$ -	\$ 970,000
Bonds	-	447,501
Total Investments valued at par	\$ -	\$ 1,417,501

6. Contractual Obligations

a) Tangible Capital Asset Acquisitions

At March 31, 2019, contractual obligations for acquisition of tangible capital assets are \$1,123,441 (2018 - \$335,704).

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b) Operating Leases

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

2020	1,818,122
2021	1,845,326
2022	1,845,326
2023	1,800,029
2024	1,301,762

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, 2019 will continue to be contracted for the following fiscal year. In the year ended March 31, 2019, the Cancer Agency contracted services amounting to \$8,217,355 (2018 - \$7,485,551).

7. Cancer Patient Lodges

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

8. Deferred Revenue

As at March 31, 2019	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
	Restated (Note 14)			
Government of Saskatchewan Initiatives				
3sHealth - Smart Pump Program	\$ 59,850	\$ 14,963	\$ -	\$ 44,887
Total Other Government of Saskatchewan	<u>59,850</u>	<u>14,963</u>	<u>-</u>	<u>44,887</u>
Non-Government of Saskatchewan Initiatives				
Other revenue received in advance	24,932	24,932	47,434	47,434
Total Non-Government of Saskatchewan	<u>24,932</u>	<u>24,932</u>	<u>47,434</u>	<u>47,434</u>
Total Deferred Revenue	<u>\$ 84,782</u>	<u>\$ 39,895</u>	<u>\$ 47,434</u>	<u>\$ 92,321</u>

9. Employee Future Benefits

a) Pension Plan

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

- (i) Public Employees Pension Plan (PEPP) 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 2.

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(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

	SHEPP	PEPP	2019 Total	2018 Total
Number of active members	95	735	830	794
Member contribution rate, percentage of salary	8.10% - 10.70%	7.6%		
Cancer Agency contribution rate, percentage of salary	9.07% - 11.98%	7.6%		
Member contributions (thousands of dollars)	\$481	\$3,935	\$4,416	\$4,350
Cancer Agency contributions (thousands of dollars)	\$539	\$3,935	\$4,474	\$4,484

included in salaries and employee benefits in Schedule 2. The last actuarial valuation was performed on December 31, 2017.

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2019. Inactive members are not reported by the Agency.

b) Disability Income Plans

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

PEBA – Disability income plan for out-of-scope staff, administered by the Public Employees Benefits Agency. The Cancer Agency's financial obligation to this plan is limited to making the required payments to the plan according to the applicable agreement. Disability expense for the PEBA plan is included in salaries and employee benefits in Schedule 2 and is equal to the contribution amount below.

	PEBA	SGEU	2019 Total	2018 Total
Number of active members	163	712	875	839
Member contribution rate, percentage of salary	0.97%	1.50%		
Cancer Agency contribution rate, percentage of salary	1.17%	0%		
Member contributions (thousands of dollars)	\$275	\$581	\$856	\$868
Cancer Agency contributions (thousands of dollars)	\$275	---	\$275	\$286

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.

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. The Cancer Agency has completed an actuarial valuation as of March 31, 2016 with an estimated valuation to March 31, 2019. Key assumptions used as inputs into the actuarial calculation are as follows:

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	2019	2018
Discount rate (per annum)	2.50%	2.80%
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	0.119
Age 25	0.041	0.084
Age 30	0.039	0.056
Age 35	0.037	0.045
Age 40	0.029	0.035
Age 45	0.025	0.030
Age 50	0.024	0.025
Age 55	0.027	0.015
Age 60	0.027	0.010
	2019	2018
Accrued benefit obligation, beginning of year	\$ 2,608,700	\$ 2,501,500
Cost for the year		
Current period benefit costs	351,300	355,800
Interest expense	71,200	63,900
Actuarial (gains) losses	1,800	9,700
Benefits paid during the year	(318,700)	(322,200)
Accrued benefit obligation, end of year	\$ 2,714,300	\$ 2,608,700

10. Related Party Transactions

These financial statements include transactions with related parties. The Cancer Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related parties also include key management personnel and their close family members, as well as entities controlled by or under shared control of a key management personnel or their close family member.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties and are at amounts that would be the same had they have been at arm's length.

The Cancer Agency has two physical locations where it provides cancer treatment services, the Allan Blair Cancer Centre (ABCC) and the Saskatoon Cancer Centre. 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

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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.

11. 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 Agency's receivables are from Saskatchewan Health – General Revenue Fund, other government organizations or suppliers with which the Agency has ongoing contractual relations. Therefore, the credit risk on accounts receivable is minimal. The Cancer Agency is also exposed to credit risk from cash and cash equivalents and investments.

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

	2019	2018
Cash and cash equivalents	\$ 12,912,026	\$ 16,910,871
Accounts receivable		
Ministry of Health - General Revenue Fund	270,000	287,500
Other	7,771,952	5,837,046
Investments	-	1,417,501
	<u>\$ 20,953,978</u>	<u>\$ 24,452,918</u>

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, 2019, 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.

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(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, 2019, 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 \$209,539 (2018 - \$244,529).

(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, 2019, the Cancer Agency has a cash and cash equivalents balance of \$12,912,026 (2018 - \$16,910,871).

(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 is recorded at fair value. Investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond.

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

As at March 31, 2019, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2018 - none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

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12. Budget

The 2018-19 budget plan was approved by the Cancer Agency's Board of Directors on May 29, 2018.

13. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) collective bargaining agreement expired on March 31, 2018. Negotiations continue to be underway with SGEU and any potential impact on these financial statements is not determinable.

14. Impact of Adoption of Public Sector Accounting Standards

The Cancer Agency has previously prepared its financial statements using PSA standards for government not-for-profit organizations. Beginning April 1, 2018, while the Cancer Agency will continue to use PSA standards, the Cancer Agency will no longer report the results of its operations using PSA standards with the inclusion of the not-for-profit standards. Certain figures have been reclassified to conform with the current year presentation. These accounting changes have been applied retroactively with restatement of prior period amounts.

The impact of the changes on accumulated surplus as at April 1, 2017 and March 31, 2018, the statements of financial position at April 1, 2017 and March 31, 2018 and the statement of operations for the year ended March 31, 2018 is presented below.

Key adjustments to the Cancer Agency's financial statements are as follows:

a) Deferred Revenue

Under the former not-for-profit standards certain contributions from the Ministry of Health were classified as deferred revenue. Under PSA standards without not-for-profit standards government transfers without stipulations that meet the definition of a liability are recorded as revenue when the eligibility criteria are met.

b) Presentation and Fund Accounting

PSA standards with the not-for-profit standards allowed for the statement of financial position to be presented and segregated by fund. For PSA standards without the not-for-profit standards, accumulated surplus on the statement of financial position is to be split only into accumulated operating surplus and, if applicable, accumulated rereasurement gains. The distinction between current and long-term assets or liabilities is also not used under PSA standards without the not-for-profit standards.

c) Contributions with External Restrictions

Under PSA standards with the not-for-profit standards, contributions with external restrictions were recorded as revenue when received and then allocated to the appropriate restricted fund. PSA standards without the not-for-profit standards does not allow this accounting treatment. Contributions with externally imposed restrictions are recorded as deferred revenue when received and subsequently recorded to revenue as the contributions are utilized for their intended purpose.

Impact of change in accounting policy on accumulated surplus

Summary of adjustments

	Ref. March 31, 2018	April 1, 2017
Accumulated surplus, as previously reported	\$ 39,878,785	\$ 42,710,423
Adjustments		
Deferred revenue	a) 3,425,000	4,000,000
Accumulated surplus, as restated	\$ 43,303,785	\$ 46,710,423

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Statement of Financial Position as at April 1, 2017

Summary of adjustments	Ref.	As reported March 31, 2017	Adjustment	Restated April 1, 2017
FINANCIAL ASSETS				
Cash and cash equivalents		\$ 20,806,809	\$ -	\$ 20,806,809
Accounts receivable		5,699,419	-	5,699,419
Investments		1,420,001	-	1,420,001
Total Assets		27,926,229	-	27,926,229
LIABILITIES				
Accounts payable		7,226,389	-	7,226,389
Accrued salaries		2,065,655	-	2,065,655
Vacation payable		1,487,482	-	1,487,482
Deferred revenue	a)	4,164,389	(4,000,000)	164,389
Employee future benefits		2,501,500	-	2,501,500
Total Liabilities		17,445,415	(4,000,000)	13,445,415
NET FINANCIAL ASSETS		10,480,814	4,000,000	14,480,814
NON-FINANCIAL ASSETS				
Tangible capital assets		23,941,734	-	23,941,734
Inventory held for use		7,028,359	-	7,028,359
Prepaid expenses		1,259,516	-	1,259,516
Total Non-Financial Assets		32,229,609	-	32,229,609
ACCUMULATED SURPLUS		\$ 42,710,423	\$ 4,000,000	\$ 46,710,423

Statement of Financial Position as at March 31, 2018

Summary of adjustments	Ref.	As reported March 31, 2018	Adjustment	Restated March 31, 2018
FINANCIAL ASSETS				
Cash and cash equivalents		\$ 16,910,871	\$ -	\$ 16,910,871
Accounts receivable		6,124,546	-	6,124,546
Investments		1,417,501	-	1,417,501
Total Assets		24,452,918	-	24,452,918
LIABILITIES				
Accounts payable		10,310,632	-	10,310,632
Accrued salaries		1,770,001	-	1,770,001
Vacation payable		1,470,206	-	1,470,206
Deferred revenue	a)	3,509,782	(3,425,000)	84,782
Employee future benefits		2,608,700	-	2,608,700
Total Liabilities		19,669,321	(3,425,000)	16,244,321
NET FINANCIAL ASSETS		4,783,597	3,425,000	8,208,597
NON-FINANCIAL ASSETS				
Tangible capital assets		25,076,938	-	25,076,938
Inventory held for use		8,833,421	-	8,833,421
Prepaid expenses		1,184,829	-	1,184,829
Total Non-Financial Assets		35,095,188	-	35,095,188
ACCUMULATED SURPLUS		\$ 39,878,785	\$ 3,425,000	\$ 43,303,785

2018-19 Financial Statements

Statement of Operations for the year ended March 31, 2017

Summary of adjustments

	As reported March 31, 2017	Adjustment	Restated March 31, 2017
Total revenues	\$ 171,986,301	\$ 4,000,000	\$ 175,986,301
Total expenses	170,483,817	-	170,483,817
Annual surplus	<u>1,502,484</u>	<u>4,000,000</u>	<u>5,502,484</u>
Accumulated surplus, beginning of year	41,207,939	-	41,207,939
Annual surplus	a) 1,502,484	4,000,000	5,502,484
Accumulated surplus, end of year	<u>\$ 42,710,423</u>	<u>\$ 4,000,000</u>	<u>\$ 46,710,423</u>

Statement of Operations for the year ended March 31, 2018

Summary of adjustments

	As reported March 31, 2018	Adjustment	Restated March 31, 2018
Total revenues	a) \$ 174,637,768	\$ (575,000)	\$ 174,062,768
Total expenses	177,469,406	-	177,469,406
Annual surplus (deficit)	<u>(2,831,638)</u>	<u>(575,000)</u>	<u>(3,406,638)</u>
Accumulated surplus, beginning of year	46,710,423	-	46,710,423
Annual deficit	a) (2,831,638)	(575,000)	(3,406,638)
Accumulated surplus, end of year	<u>\$ 43,878,785</u>	<u>\$ (575,000)</u>	<u>\$ 43,303,785</u>

15. 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 will support the Cancer Agency by raising funds for capital equipment, patient comfort items and other priority needs. The Foundation officially launched in January 2019. The Foundation has a Board of Directors and a Chief Executive Officer that were appointed/hired during 2017-18. The Cancer Agency provided some administrative services to the Foundation at no cost during 2018-19. The Cancer Agency provided the Foundation with a \$250,000 loan from unreceipted pharmaceutical donations during 2017-18 to enable the Foundation to meet preliminary obligations. The loan was advanced on commercial terms repayable to the Cancer Agency.

Because the Foundation launched in January 2019, which was later than initially planned, the Cancer Agency has extended the timeline for the first payment on the loan until the 2019-20 fiscal year.

	2019	2018
Loan receivable to the Cancer Foundation of Saskatchewan bearing interest at 5.45% repayable annually on September 15 over a period of 10 years	\$ 250,000	\$ 250,000

2018-19 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY CONSOLIDATED SCHEDULE OF BOARD MEMBER REMUNERATION For the Year Ended March 31, 2019

Board Members	2019					2018
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total ⁽¹⁾	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 5,850	\$ 6,300	\$ 10,267	\$ 32,377	\$ 37,000
Board Members:						
Crofts, Howard	-	4,175	-	-	4,175	5,601
Finnie, Doug	-	3,950	875	2,953	7,778	6,808
Streelasky, Dr. Walter	-	3,900	1,363	4,301	9,564	7,896
Ravis, Don	-	4,163	750	3,093	8,006	6,738
Ahmed, Zeba ⁽²⁾	-	525	125	224	874	1,063
Chabot, Lionel	-	2,138	1,100	2,378	5,616	5,994
Stang, Frances	-	2,187	2,000	4,495	8,682	7,045
Total	\$ 9,960	\$ 26,888	\$ 12,513	\$ 27,711	\$ 77,072	\$ 78,145

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

(2) Board Member resigned effective February 26, 2019.

2018-19 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY CONSOLIDATED SCHEDULE OF SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2019

Senior Employees	2019			2018
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Scott Livingstone, Chief Executive Officer ⁽³⁾	\$ -	\$ -	\$ -	\$ 110,259
Dr. Jon Tonita, Chief Executive Officer ⁽⁴⁾	250,150	7,613	257,763	87,409
Dr. Monica Behl, Senior Medical Officer	504,097	-	504,097	502,671
Deb Bulych, Vice-President Care Services ⁽⁵⁾	185,066	-	185,066	51,170
Corey Miller, Vice-President, Care Services ⁽⁶⁾	-	-	-	163,959
Kevin Wilson, Vice-President, Population Health, Quality & Research ⁽⁸⁾	176,329	-	176,329	-
Dr. Jon Tonita, Vice-President, Population Health, Quality & Research ⁽⁴⁾	-	-	-	148,382
Ron Dufresne, Vice-President, Corporate Services ⁽⁷⁾	10,602	133	10,735	-
Lauren Donnelly, Vice-President, Corporate Services ⁽⁷⁾	197,310	413	197,723	189,351
Total	\$ 1,323,554	\$ 8,159	\$ 1,331,713	\$ 1,253,201

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

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

(3) Scott Livingstone left the Agency effective August 24, 2017. His earnings are included in the 2017-18 totals up to that date.

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

(5) Deb Bulych became interim and then permanent Vice-President, Care Services as of December 10, 2017. Her salary from December 10 onward is included in the prior year amount and is included for the full year in 2018-19.

(6) Corey Miller left the Agency on December 10, 2017.

(7) Lauren Donnelly retired from the Agency on March 29, 2019. Ron Dufresne became the Vice-President, Corporate Services as of March 11, 2019.

(8) Kevin Wilson became the Vice-President, Population Health, Quality & Research as of April 30, 2018.

2018-19 Financial Statements

Schedule 2

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2019

	Budget 2019	2019	2018
	(Note 12)		Restated (Note 14)
EXPENSES			
Salaries and employee benefits	\$ 95,683,102	\$ 94,917,114	\$ 91,741,132
Drugs and medical supplies	65,232,414	66,342,804	61,268,378
Purchased services	2,593,535	2,748,775	2,443,952
Other expenses	16,847,000	17,449,246	16,774,817
Research grants	854,558	838,558	846,890
Amortization	4,500,000	3,740,662	4,314,090
Loss on disposal of tangible capital assets	-	136,420	80,147
	<u>185,710,609</u>	<u>186,173,579</u>	<u>177,469,406</u>

Payee Disclosure List

For the year ended March 31, 2019

Personal Services

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

Jenelle Abbs-West	\$ 92,867	Wayne Berzolla	\$ 93,595	Lorna Campbell	\$ 88,319
Lawal Adegboyega	85,489	Debashish Bhowmik	57,729	Michelle Carr	86,956
Nazir Ahmad	246,858	Tristan Bilash	81,726	Corrine Casavant	67,352
Raheel Ahmed	65,614	Julia Billett	72,614	Heather Cattet	90,499
Shahid Ahmed	438,725	Megan Black	88,328	Alison Caza	57,937
Andrew Alexander	147,311	Maitland Blackwell	88,472	Kali Chabot	100,619
Magdi Ali	326,260	Courtney Blazeiko	87,779	Haji Chalchal	443,563
S Kaiser Ali	415,857	Jonathan Blazeiko	87,804	Ayesha Chandna	283,712
Joyce Allan	64,190	Timothy Bodnarchuk	96,523	Penny Cherepuschak	51,931
Joanne Allen	86,610	Deborah Boehm	73,599	Susan Cherland	55,063
Karen Almasi	87,533	Darryl Boehm	136,516	Lindsay Cherniawsky	103,970
Lisa Alport	103,881	Susan Bollinger	68,727	Heather Choquette	105,760
Sara Alton	75,045	Rachel Bolt	85,223	Kendra Christenson	78,724
Riaz Alvi	122,201	Keith Bonham	152,877	Rebecca Clark	70,931
Saima Alvi	246,789	Gabriel Bonnell	66,083	Kimberly Clayton	87,649
Deborah Anderson	181,639	Janelle Bortis	80,886	Scott Cole	87,586
J. Joe Andreas	96,080	Brennan Bosch	103,478	Dena Colleaux	88,353
Kaitlin Arnold	71,824	Mark Bosch	473,953	Sheldon Conklin	66,927
Sheila Ash	65,258	Kelsie Boszak	51,214	Darcy Cook	89,699
Tehmina Asif	438,725	Riley Boyko	54,453	Randi Coons	58,210
Rebecca Aspen	130,991	Laurie Brad Richards	51,967	Denise Corbin	68,308
Ericka Auditor	80,587	Theresa Bradel	204,206	Kenapha Cousins	51,895
Patricia Babi	52,385	Darsh Brahmhatt	67,998	Sarah Cowan	87,731
Darren Baender	55,027	Nicole Braun	87,487	Noah Cowin	90,894
Richelle Bailey	72,547	Ronald Brecht	117,189	Ernest Craig	78,485
Julie-Ann Baisley	90,811	Marlene Brenzil	81,558	Amanda Crane	88,940
Sara Baker	85,344	Sheri Briggs	103,810	Gavin Cranmer-Sargison	199,063
Tammy Barilla	57,686	Aleksandr Britton	108,483	Cody Crewson	90,725
Stacy Barlow	53,501	Rhonda Brockman	65,477	Justine Crittenden	87,146
Christopher Barnardo	87,292	Chandra Broley	57,066	Deborah Cross	64,725
Kimberly Basey	51,931	Kelsey Brose	448,014	Jolene Crump	116,172
Ayesha Bashir	63,426	Shardelle Brown	84,860	Katlin Curran	50,728
Mitchell Basiove	67,290	Kara Browne	75,406	Christine Dacey Dudey	58,878
Cindy Beale	61,305	Bryan Brunet	447,664	Suzanne Dallorto	105,272
Craig Beckett	193,937	Lydia Bruse	74,602	Patricia Danyluk	115,519
Monica Behl	504,097	Denise Budz	138,092	Laci Davies	81,678
Kim Belhumeur	85,199	Deborah Bulych	185,066	Martie Davies	93,614
Renee Belitski	137,495	Ada Bunko	90,796	Karen Davis	102,545
Janice Belous	87,622	Christine Burke	51,791	Jennifer Dawes	105,308
Sandra Bernauer	80,918	Sandra Byblow	93,387	Lana Dean	105,522

Payee Disclosure List

Mary Deane	\$ 84,331	Kelli Finlay	\$ 75,289	Karen Hala	\$ 80,921
Kathryn Decker	52,976	Jennifer Fisher	80,449	Dayna Hamilton	64,877
Allison Decker	92,643	Josiah Flaman	59,892	James Haney	78,664
Peng Deng	89,195	Joanna Flegel	50,555	M. Mansoor Haq	502,346
Peter Derrick	92,657	Jackie Florizone	60,796	Caroline Hart	200,017
Michelle Deschamps	112,235	Barbara Flowers	107,931	James Hastings	90,137
Tim Deters	94,274	Tiffany Flynn	60,722	Jo-Anne Hautz	59,284
Lauren Didowycz	66,466	Lacey Fondrick	51,718	Wanda Hawryluk	58,441
Greg Dionne	78,471	Chelsey Fontaine	50,226	Arlene Heinrich	85,891
Leanne Dockray	64,037	Christel Foord	87,212	Heather Helfrick	53,735
Wojciech Dolata	441,523	Lisa Foster	91,140	Jaclyn Hepting	89,087
Mandi Donald	51,931	Pauline Fox	88,439	Laura Herasymuik	61,016
Lauren Donnelly	197,722	Tracy Frank	87,914	Chandra Herle	74,344
Leona Douglas	72,938	Kimberly Friedrich	81,477	Jenny Ho	67,723
Laura Drever	152,076	Robin Friskie	57,445	Raelene Hobson	87,150
Dana Duchscher	92,087	Andrea Gallivan	60,514	Debra Hodgins	112,150
Tina Dukes	57,527	Donald Gardiner	448,925	Lynn Holtz	57,627
Karla Dumais	78,028	Kevin Garratt	112,868	Edith Holzapfel	95,618
Lynn Dwernychuk	107,754	Helen Gartner	86,864	Janelle Hordos	95,065
Theresa Dyczkowski	87,035	Ryan Geisler	53,316	Shyanne Hornseth	87,818
Laurie Edmunds	80,414	Shawn Geisler	65,873	Shauna Houshmand	83,613
Trent Edwards	94,589	Khloe George	56,080	Nicole Ingenthron	77,632
Karen Efthimiou	105,759	Janet George	88,233	Mussawar Iqbal	443,969
Shaylin Eger	62,298	Laurie Gerber	59,461	Mohammed Islam	89,477
Ali El-Gayed	442,413	Amanda Gervais	84,522	Waleed Sabry Ismail	446,866
Naglaa Elsayed	296,456	Kathy Gesy	60,131	Rose Jackson	64,725
Assem El-Sayed	333,637	Joshua Giambattista	207,651	Amanda Jacobson	86,319
Mohamed Emara	306,743	Nicole Gibney	61,493	Brenda Jameson	151,986
Azure English	103,780	Della Gibson	51,395	Miroslav Jancewicz	408,219
Karen Enns	81,669	Lisa Glass	138,776	Tracie Janzen	81,645
Heather Erickson	87,603	Shannon Glenister	88,991	Andrew Jelovic	87,454
Lina Esmail	92,577	Frances Glover	65,439	Norine Johnson	55,959
Abdulhaki Eswedi	464,392	Carlene Good	90,660	Kate Johnson	232,235
Carly Falkenstein	75,014	Sandra Goodman Chartier	64,796	Terrilee Johnstone	55,418
Xiao Yan Fan	57,468	Genny Goodyear	58,495	Shannon Jones	70,623
Delee Farrow	80,982	Hadi Goubran-Messiha	459,831	Brenda Jones	103,967
Merle Farthing	57,982	Denise Gray-Lozinski	66,791	Bryan Jorgensen	117,414
Merrick Faulkner	52,085	Terry Greene	60,168	Alison Judd	91,302
April Fay	93,010	Sasa Grubor	85,268	Susan Kaban	66,334
Michelle Ferguson	444,347	Keely Gyorfi	50,987	Doug Kaminski	87,194
Sajjad Ferozdin	72,567	Courtney Hackywicz	72,417	Steven Kary	77,615
Kerri Fiddler	89,221	Kimberly Hagel	375,190	Melodie Keffer	63,794
Wanda Fiessel	94,007	Salma Haider	51,380	Carol Kennedy	51,883
Monica Filipchuk	80,660	Kamal-Udd Haider	440,891	Donna Kennedy	75,193

Payee Disclosure List

Annette Kerviche	\$ 67,520	Rebecca Logan	\$ 84,863	Laurel Mitchell	\$ 66,006
Lisa Keuler	86,224	Vanessa Lomenda	64,607	Lisa Moens	67,194
Muhammad Khan	445,672	Jacquelin Longworth	93,665	Kelli Molde	86,983
Ajinkya Khare	86,035	Kristen Lukowich	90,474	Jennifer Monteith	74,757
Marg Kindrachuk	70,045	Sharon Luterbach	68,155	Abeer Musa	283,421
Gregory Kirby	80,329	Ketsia Ly	83,893	Lori Muz	92,697
Donna Kish	88,257	Shasta Lysohirka	62,228	Alena Mychan	51,909
Sara Kliewer	72,728	Benjamin Maas	128,952	Janessa Myhre	61,763
Shruthi Kodad	160,453	Janice MacDonald	80,481	Gopinath Narasimhan	98,087
Aleksander Kolosnjaji	95,605	Colin MacDonald	87,374	Samahlee Nault	62,721
Erica Kondra	89,514	Kathy MacEdward	92,103	Lauren Neufeld	78,313
Megan Koolen	52,109	Francesca Macera	71,691	Amanullah Panhwar	77,228
Judy Kosloski	70,681	Matt Magosse	91,207	Brittany Parr	52,291
Rachelle Kosokowsky	80,242	Pearl Mah Vuong	71,624	Rebekah Neufeld	81,518
Lindsay Kostyniuk	79,023	Shazia Mahmood	476,378	Leah Neufeld	94,408
Cindy Kovacs	87,684	Louise Mallett	84,131	Lisa Newton	74,145
Beverly Kowbel	104,868	Mary Elle Mann	87,933	Kara Nicholson	102,913
Serena Koziie	87,849	Justin Manz	76,300	Sharon Nickel	92,541
Carie Kreis	57,968	Kristin Marchant	91,247	Linda Nilson	202,218
Dana Kroeker	92,915	Dolores Martens	76,831	Gail Nistor	67,253
Lana Kruger	99,735	Stacy Martin	70,806	Syed Noor	267,725
Suresh Kumar	153,427	Chantel Martin	105,158	Robert Nordal	87,001
Vijayanan Kundapur	459,144	Alexandra Martinson	123,316	Carla Norman	86,904
Sherry Kuyek	87,067	Kane Matcyk	53,487	Tracy Nygaard	67,338
Jill Lacey	107,491	Karen McAuley	93,595	Natasha Olesen	97,719
Kevin Lacey	178,429	Stephanie McClean	77,684	Ibraheem Othman	429,298
Dana Laczko	56,756	Cheryl McDougall	62,139	Chantel Otitoju	84,155
David Laing	86,561	Christine McDougall	79,579	Cory Ouellette	69,376
Nicole Lamontagne	54,794	Denise McEwen	78,183	Melody Paculan	57,292
Serena Landry	81,196	Cherith McGregor	80,781	Reg Padbury	157,765
Taralyn Landstad	51,763	Sarah McIvor	87,910	Jignesh Padia	94,420
Danielle Langston	108,718	Letitia McKay	68,498	Amy Paiva	89,017
Becky Laursen	62,637	Courtney McKay	81,848	Anna Liza Palmer	57,195
Jane Le	88,611	Erin McKenzie	66,154	Leah Palmer	98,509
Duc Le	436,675	Jennifer McKenzie	94,525	Shrey Patel	54,640
Jessica Leask	58,306	Jessica McLean	94,885	Yaminkuma Patel	61,579
Angela Legare	88,505	Denise McMurphy	53,708	Charmi Patel	64,713
Brooklyn Lemon	73,459	Laurie McVicar	88,435	Janet Patterson	90,672
Dawn Lewis	51,413	Asif Mehmood	58,009	Laurie Pearce	81,590
Margaret Lewis	137,082	Mary Mendoza	79,668	Derek Pearson	410,049
Allen Li	84,331	Jackie Mensch	101,275	Annamaria Pedulla	75,098
Shavaun Liss	52,076	Kelly Mentanko	93,595	Julius Pekar	144,554
Derek Liu	135,426	Laura Milligan	52,578	Devon Pelletier	88,177
Kevin Lobzun	95,508	Natalya Milner	109,919	Lindsay Pelzer	93,748

Payee Disclosure List

Robert Penley	\$ 69,359	Colette Schiltz	\$ 92,246	Renee Stuckel	\$ 80,794
Stephanie Penna	86,420	Darren Schmidt	87,607	Reezwan Sumar	65,494
Emily Perry	70,101	Danielle Schultz	57,469	Vinita Sundaram	299,493
Annamae Perry	79,055	Kayla Schultz	81,513	Shwetank Swaroop	82,357
Chantal Perry	94,505	Irmgard Schumann	92,995	Rhonda Sweet	50,845
Carolyn Petersen	91,086	Lyndon Schwartz	104,461	Landon Switzer	91,883
Deanne Pettigrew	65,846	Delinda Schwardtzenberger	87,969	Patricia Tai	457,340
Leah Phillips	110,854	Shauna Sebastian	55,429	Wendie Templeton	70,370
Joan Pierlot	111,124	Kimberly Sebastian	66,541	Raquel Tenezaca	57,878
Jaimie Piper	94,420	Janelle Seidler	62,954	Lindsay Tessier	82,464
Harriette Pituley	109,780	Taralyn Selch	85,111	Caroll Thain	105,091
Lenore Pollock	88,914	Judy Shaw	87,537	C. Scot Thiesson	98,341
Nadine Poulton	59,604	Patty Shinkewski	77,263	Barbara Thomas	65,974
Katrina Power	88,707	Laureen Shuflita	71,656	Anna-Marie Thompson	80,075
Manu Prashar	69,031	Shavon Shull	51,109	Cheryle Thompson	104,868
Bernadette Procyk	64,991	Theodosia Siarkos	83,368	Deanna Thue	60,322
Kahekasha Qureshi	321,274	Trevor Siemens	51,970	Colleen Thurber	79,932
Ghazala Radwi	436,376	Jo Anne Sigurdson	116,897	Paula Tiefenbach	88,342
Allie Reich	54,497	Jennifer Simon	53,024	Paula Tinline	94,662
Brian Reichert	102,972	Nicole Singh	52,821	Jon Tonita	258,763
Colyn Rempel	68,596	Varun Singh Thakur	142,139	Brenda Toon	88,296
Maeghan Richard	87,789	John Sirdar	91,932	David Tran	82,415
Mardel Richards	92,626	Lynn Skelly	99,373	Diane Treppel	102,567
Yvonne Ripplinger	60,014	James Smetaniuk	80,907	Dominic Turley	94,159
Karen Robb	55,646	Shelly-Ann Smikle	59,023	Tyna Turner	56,725
Kathy Robertson	79,403	Preslie Smith	71,834	Alisha Tyacke	75,986
Joy Robinson	59,226	Jocelyne Smith	78,999	Cara Tymchak	63,362
Laura Robson	60,559	Angela Smith	89,327	Joanne Tyndall	93,099
Brittany Rodger	71,559	Lisa Sorsdahl	79,279	Sherrill Ullrich	81,782
Tiffany Rohel	86,479	Madison Sotnikow	57,523	Barbara Usher	80,414
Donald Roszell	114,118	Osama Souied	374,489	Mohammad Uz Zaman	56,280
Laurie Rumpel	105,653	Michelle St. Pierre	53,157	Vanessa Valentini	87,611
Elaine Russell	59,380	Kyle Stacey	65,052	Angela Vandenameele	65,655
Nancy Russell	82,113	Julie Stakiw	470,095	Jennifer Vandenberg	52,810
Darla Russill	61,041	Joann Starosta	90,818	Niranjan Venugopal	99,893
Susan Ryan	91,137	Krista Stewart	70,499	Carissa Villeneuve	89,201
Sanjeev Saini	83,569	Christine Stinson	74,096	Brittney Visvanathan	69,587
Amer Sami	438,725	Carina Stopanski	73,685	Franco Vizeacoumar	124,167
Jennifer Sanderson	52,855	Stacey Stoppler	57,930	Steven Wacker	99,180
Shannon Sapieha	91,201	Heather Strachan	51,382	Maya Wagner	51,758
Sabuj Sarker	69,368	Evan Stroh	76,988	Dominique Wagner	88,402
Matthew Sauder	83,234	Irene Stroshein	53,206	Alana Wall	89,645
Donna Schaffel	50,438	Karly Struck	55,696	Lana Wallace	52,045
Jennifer Scherman	127,120	Heather Stuart-Panko	108,580	James Wallace	93,595

Payee Disclosure List

Linda Walliser	\$ 66,135	Alison Whittle	\$ 111,949	Sunil Yadav	\$ 438,725
Joyce Warren	101,036	Joanne Williams	89,226	Heidi Yathon	79,839
Gladys Wasylenchuk	201,150	Marlo Wilson	59,634	Jana Young	90,779
Pauline Watson	64,725	Khristine Wilson	104,905	Hanaa Youssef	55,202
Tracy Watts	52,010	Kevin Wilson	176,462	Patricia Yuzik	100,814
Tamara Weigel	98,269	Carla Woitas	64,460	Donna Zaba	88,428
Ian Weinrich	85,156	Valerie Wood	87,952	Michelle Zahayko	66,708
Linda Weir	137,464	Nicole Woodrow	87,846	Mirjana Zarkovic	440,944
Richard Weppler	89,464	Lisa Woodside	57,207	Paula Zatylny	75,434
Louise Werner	92,529	Tanya Woolsey	77,836	Terry-Lynn Zerff	121,376
Lindsay Weslowski	57,887	Kendra Wright	60,094	Tong Zhu	98,207
Anne Westad	103,632	Philip Wright	439,512	Christin Zibreski	70,055
Jennifer Whelan	58,152	Peter Wyant	66,930	Natasha Zimmer	111,700
Cheryl Whiting	121,376	Jim Xiang	170,911	Keeley Zimmer	71,823

Payee Disclosure List

For the year ended March 31, 2019

Supplier Payments

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

3sHealth	\$	562,012	Life Technologies Inc.	\$	79,984
Dr.Tahir Abbas Medical Professional Corporation		475,623	Carma Lim Medical Professional Corporation		181,607
Abbvie Corporation		2,510,188	Lynden International Logistics Company		159,015
Dr. Osama Ahmed Medical Professional Corporation		273,595	Macquarie Equipment Finance Ltd.		68,146
Alberta Health Services		157,094	Dr.Rebecca MacKay Medical Professional Corporation		141,928
Alvi, Dr. S.		61,037	Marsh Canada Ltd.		121,857
Dr. A. Amjad Medical Professional Corporation		476,108	Dr. A. Paul Masiowski Medical Professional Corporation		120,000
Apobiologix		1,823,972	McKesson Canada		15,938,424
Dr. Muhammad Aslam Medical Professional Corporation		514,617	McKesson Distribution Partners		9,015,760
Associated Radiologists		339,364	Melemary Medical Professional Corporation		485,732
Dr Ayesha Bashir Medical Professional Corporation		60,290	Merck Canada Inc.		6,538,052
Baxter Corporation		564,939	Miller Thomson LLP		53,630
Bayer Inc.		481,800	Minister of Finance		343,264
Biomed Recovery & Disposal		109,662	Minister of Finance-Central Services		185,742
Bristol-Myers Squibb Canada		6,580,628	Dr. O. Moodley Medical Professional Corporation		419,811
Brook Global		51,172	Dr. C. Mpofu Medical Professional Corporation		537,782
Canadian Blood Services		281,322	NewWest Enterprise Property Group (Sask) Inc.		1,202,356
Canadian Medical Protective Association		173,208	Otsuka Canada Pharmaceutical Inc.		56,160
Canadian Pharmaceutical Distribution Network		25,345,324	Paladin Labs Inc.		78,447
CancerCare Manitoba		126,372	Paradigm Consulting Group Inc.		739,681
Cardinal Health Canada		83,351	Pfizer Canada Inc. Pharmaceutical		1,100,000
CDR Systems Inc.		101,886	Pharmacy Computer Services Inc.		53,596
Celgene Inc.		12,158,905	Prairie Advertising Direct Mail Specialists		1,564,457
City of Saskatoon		57,738	Provincial Health Services Authority c/o BC Cancer Agency		96,443
College of Physicians & Surgeons of Saskatchewan		90,175	Prosci Canada ULC		53,704
Curium Canada Inc.		115,229	Purolator Courier Ltd.		142,658
Cxtec		76,063	Radiology Associates of Regina		378,688
Dell Canada Inc.		331,099	Royal Bank Visa - Payment Centre		202,187
Derby Holdings Ltd.		111,532	Dr.Evgeny Sadikov Medical Professional Corporation		486,922
Diners Club		104,017	Dr. Muhammad Salim Medical Professional Corporation		515,543
Dr. Reddy's Laboratories Canada Inc		1,009,183	Sandoz Canada Inc.		74,697
Dorie-Anna Dueck Medical Professional Corporation		473,521	Sask Govt Employees Union		1,249,059
eHealth Saskatchewan		892,420	Sask Power		66,143
Eisai Ltd.		227,793	Saskatchewan Registered Nurses Association		73,283
Elekta Canada Inc.		242,834	Sask Tel		156,280
Essaltani Medical Professional Corporation		478,842	Saskatchewan Health Authority		8,395,705
Fastprint Saskatoon		51,112	Schaan Healthcare Products Inc.		134,021
Ferring Inc.		461,820	Dr. David Sheridan, Medical Professional Corporation		74,754
Fisher Scientific Limited		81,628	Shire Pharma Canada ULC		55,044
GE Healthcare Canada Inc.		189,486	Siemens Healthcare Ltd.		559,579
Genomic Health Inc.		542,904	Singh, N.		137,250
GMD Distribution Inc.		221,860	Solvera Solutions		136,821
Grand & Toy Office Products		141,702	Somagen Diagnostics Inc.		646,789
ICU Medical Canada Inc.		241,140	Stantec Architecture Ltd.		75,153
Illumina Canada Inc.		347,365	Dr. Derek Suderman Medical Professional Corporation		482,666
Innovative OncoSolutions Inc.		778,065	Tehseen, S.		57,900
Innomar Strategies		495,892	Teva Canada Ltd.		280,889
Insight Canada		193,898	Thyssen Elevator Ltd.		55,948
Inverness Consulting		404,567	University of Saskatchewan		1,343,286
Dr.Nayyer Iqbal Medical Professional Corporation		513,015	Dr. Haresh Vachhrajani Medical Professional Corporation		510,437
Jazz Pharmaceuticals Canada Inc.		249,506	Varian Medical Systems		1,474,558
Karl Storz Endoscopy Canada Ltd.		55,453	VCM Construction Ltd.		76,838
Lawlor, Dr. B.		76,941	J Venkatesh Health Care Consulting Inc.		276,345
N. Leong Medical Professional Corporation		481,296	WBM Office Systems		129,817
Li-Cor Inc.		75,457	Dr. A. Zaidi Medical Professional Corporation		472,892

Payee Disclosure List

Transfers

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

Cancer Foundation of Saskatchewan	\$	450,000
University of Saskatchewan - Saskatchewan Alliance for Youth & Community Well-being		150,000
Saskatchewan Health Authority - COPS delivery at Battlefords Union Hospital		60,000

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	\$	331,136
Public Employees Disability Income Fund - employer's share		82,573
Public Employees Pension Plan - employer's share		4,030,346
Receiver General for Canada :		
- Canada Pension Plan - employer's share		1,907,918
- Employment Insurance - employer's share		807,932
3S Health - Core Dental Plan		580,754
3S Health - Extended Health Care Plans		309,225
3S Health - In-Scope Health & Dental		1,193,671
Saskatchewan Healthcare Employee's Pension Plan - employer's share		539,024
Workers' Compensation Board		741,958

Get in Touch

Saskatchewan Cancer Agency

General Reception

639-625-2010

Treatment Centres

Allan Blair Cancer Centre (Regina)

306-766-2213

Saskatoon Cancer Centre

306-655-2662

Hematology Clinic (Regina)

639-625-2016

Lodges

Regina Cancer Patient Lodge

306-359-3166

Saskatoon Cancer Patient Lodge

306-242-4852

Screening Programs

Screening Program for Breast Cancer

1-855-584-8228

Screening Program for Cervical Cancer

1-800-667-0017

Screening Program for Colorectal Cancer

1-855-292-2202

Patient Representative

Quality of Care Coordinator

1-866-577-6489

qcc@saskcancer.ca

Cancer Foundation of Saskatchewan

1-844-735-5590

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