

SASKATCHEWAN CANCER AGENCY

A healthy population free from cancer

Annual Report 2019-20



The Saskatchewan Cancer Agency recognizes that our work takes place on the traditional territory of First Nations and Métis people, and includes Treaties 2, 4, 5, 6, 8, and 10. We respect and honour the Treaties, we acknowledge the harms of the past, and we are committed to moving forward with First Nations and Métis people in truth, reconciliation and collaboration.

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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, 2020.

As the entity responsible for providing cancer control for the province of Saskatchewan, the Cancer Agency's primary focus is the safe delivery of services to clients and patients. Never in our history has this been more important than now, amidst a pandemic that has changed the world.

Swift planning and action by leadership, staff, physicians and the Board of Directors ensured that patients could continue to receive safe, high-quality cancer care, through to the end of this fiscal year. The Agency's response to COVID-19 has been second to none and I have never been more proud to be a part of this organization.

The Agency also celebrated many accomplishments over the past year. Some of the more important included:

- Assumed responsibility of the Gyne-Oncology Program of Saskatchewan, and fully staffed this important cancer care need to provide patients a comprehensive program.
- Continued to increase our presence in Northern Saskatchewan in our ongoing work to help educate all Saskatchewan residents about cancer screening, prevention and treatment.
- Added numerous new oncology drugs to treatment options for cancer care.
- Operated in a fiscally responsible manner, achieving balance in our operating budget.
- Welcomed and oriented a new member to our Board of Directors.
- Initiated a re-location of cancer lodge services in Saskatoon to continue serving the needs of patients/families undergoing treatment.
- With assistance from the recently formed Cancer Foundation of Saskatchewan, continued with necessary upgrades and equipment replacement to best serve the diagnostic and treatment needs of Saskatchewan people.
- Facilitated a more patient-centred approach to the provision of care to pediatric cancer patients, through a re-balancing of operational responsibilities with our partners, the Saskatchewan Health Authority, and the pediatric focused care provided at the Jim Pattison Children's Hospital in Saskatoon.

This annual report illustrates the Cancer Agency's commitment to Saskatchewan residents and the ongoing efforts to support the early detection, prevention, research and treatment of cancer in our province.

Respectfully,

A handwritten signature in black ink, appearing to read "Ron Waschuk". The signature is written in a cursive, flowing style.

Ron Waschuk
Board Chair

Message from the President and Chief Executive Officer

Each year, we are presented with new challenges in healthcare. In March 2020, we were faced with the biggest global health crisis in recent history as the COVID-19 pandemic arrived in Saskatchewan.

Due to the progressive nature of cancer and the need for treatment to continue uninterrupted, the Saskatchewan Cancer Agency staff and leadership immediately responded to the crisis in a way that I have never experienced in my career. The Emergency Operations Committee was activated, working groups were developed to address urgent needs, employees were redeployed, and the Cancer Agency was able to adapt quickly to the new environment. We continued to provide cancer treatment and care to Saskatchewan residents in a safe and responsible manner.

We have a long road ahead in overcoming this global pandemic, but there is one thing I know for sure – the people who work for this organization are the people who will see us through this crisis. Their willingness to step into new roles, take on temporary duties, and do whatever is required to keep their colleagues and patients safe are the Agency's values in action. Providing cancer care amidst a pandemic could not continue without a unified team actively demonstrating courage, integrity, vision, innovation and collaboration.

These same values also enabled the Agency to achieve a number of other milestones throughout the 2019-20 fiscal year. We brought the gynecological oncology program under the umbrella of the Cancer Agency; we transitioned the pediatric oncology program to the Jim Pattison Children's Hospital; we embarked on reimagining the breast cancer pathway from screening to treatment; we established four functional disease site groups for the province; we created a research plan; we were invited to visit 30 Northern communities to deliver health and cancer prevention education; and, we made strides in addressing the Truth and Reconciliation Commission of Canada's Calls to Action related to health.

This was a very busy year with many milestones, a lot of progress and some challenges in our ongoing efforts to ensure timely access to safe, high-quality patient and family centred care. As we look forward to the year ahead, I am confident we will find our new normal. We have learned a lot in the short time we have been dealing with COVID-19, and there will be some key takeaways that we can integrate into our operations once we resume business as usual.



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).

CANCER PREVENTION

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

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

RESEARCH

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

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

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

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. The Cancer Foundation of Saskatchewan is 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.

In September 2019, the foundation launched its inaugural provincial grassroots campaign to raise \$3 million to replace two computer tomography (CT) simulators at the Cancer Agency. The Agency's two simulators are almost 10 years old and at the end of their life cycle.



The Screening Program for Breast Cancer bus travels to rural and First Nations communities providing more than 8,000 mammograms each year.

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

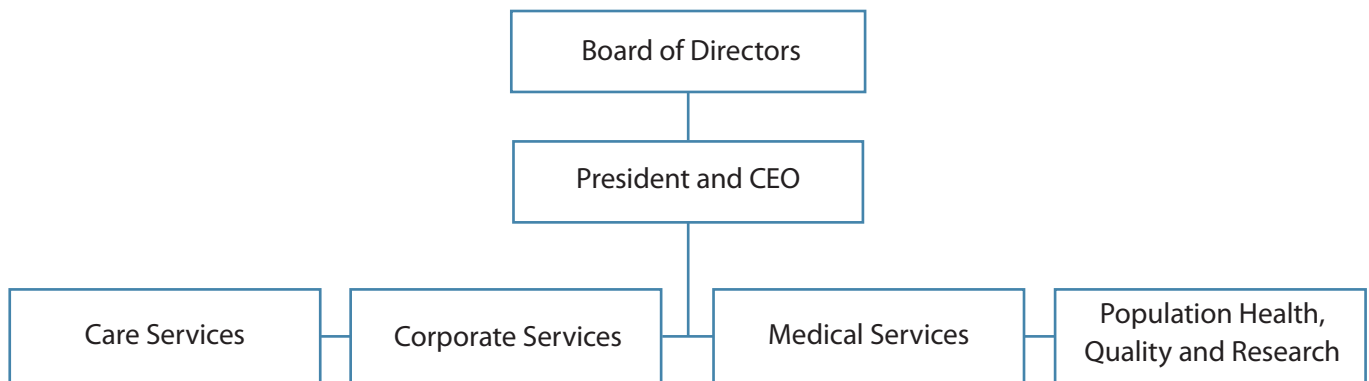
Integrity

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.



Seated left to right: Kelly Scott, Moose Jaw; Ron Waschuk, Chair, Elkridge; Frances Stang, Macklin
Standing left to right: Douglas Finnie, Saskatoon; Howard Crofts, Vice Chair, Regina;
Lionel Chabot, North Battleford; Dr. Walter Strelasky, Melville; Don Ravis, Saskatoon

Governance

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.

Finance and Audit Committee

Members:

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

Governance and Human Resources Committee

Members:

- *Don Ravis, Chair*
- *Lionel Chabot*
- *Kelly Scott*
- *Frances Stang*

Quality, Safety and Risk Committee

Members:

- *Dr. Walter Streelasky, Chair*
- *Howard Crofts*
- *Doug Finnie*

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

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

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

The SCA is guided by four strategic directions: better health, better care, better value and better teams. This multi-year plan informs our delivery of care, services, research and programs and ensures our continued commitment to quality, safety and improvement.

The driving force behind our goals and helping us move from vision to action is our strong desire to put people first—clients, patients, families, and staff. This year, 2019-20, marks year 5 of our five-year plan.

Saskatchewan Cancer Agency Strategic Direction 2015-2020



Strategic Plan

PROGRESS IN 2019-20

The following is a snapshot of the progress the Saskatchewan Cancer Agency (SCA) made in 2019-20 on key priorities. We are unwavering in our commitment to providing Saskatchewan residents with patient and family-centred care through initiatives under the strategies of better health, better care, better value and better teams.

High Operational Priorities

In 2019-20, the SCA focused its efforts on several key initiatives that were time sensitive and involved external partners. These initiatives touch on each of the four strategic directions.

Provincial Gynecological Oncology Program

In June 2019, the SCA established a new gynecological oncology program to provide Saskatchewan residents timely access to this highly specialized area of cancer care. This brings all aspects of gynecological oncology under the SCA, where previously, the Cancer Agency, the Saskatchewan Health Authority and the University of Saskatchewan's College of Medicine collectively administered different components.

The program resulted in the hiring of a provincial physician lead and five gynecological oncologists – all permanent positions based in Saskatchewan. The team has developed provincial model of care guidelines, and is working on quality improvement initiatives and clinical trials, in addition to providing care to residents who require gynecological oncology services.

Pediatric Oncology Program

In September 2019, the SCA transitioned pediatric oncology and hematology to the Jim Pattison Children's Hospital (JPCH). The move was made to leverage the expertise and facilities available within JPCH, which has positioned itself to be a provincial pediatric center of excellence. It provides pediatric oncology patients and families the opportunity to benefit from programs and services tailored to children, in a state-of-the-art facility. Pediatric oncology services will continue to be offered in Regina for follow-up patients who prefer this location, wherever possible.

Moving to the new facility also means that patients and families are closer to both the inpatient unit and the new pediatric emergency department. Having all of these lifesaving services and providers under one roof helps to improve the quality and continuity of care.

Administrative Information Management System (AIMS)

In October 2018, the SCA, the Saskatchewan Health Authority, 3sHealth, eHealth and affiliate organizations launched a project to implement a new and integrated administrative information management system (AIMS) throughout the health sector. AIMS will replace 82 existing, non-integrated systems and allow the health system to better manage financial, capital, and human resources.

The SCA has been working with partners across healthcare on the project team delegated to developing and configuring the system.

Strategic Plan

BETTER HEALTH INITIATIVES

Early Detection - Endoscopy Standards

Goal:

Enhance the colorectal screening program by continuing to coordinate the Direct Observation of Procedural skills (DOPS) process for provincial endoscopists. Through DOPS, colonoscopists are observed and assessed to support ongoing quality improvement. Increase the number of endoscopists volunteering for DOPS from 47 to 55 out of 69 eligible endoscopists by March 2020.

Actions:

- The SCA received Medical Services Branch (MSB) billing data for colonoscopy, which resulted in efficiency savings. The colonoscopy data ensures invitations are being sent to the appropriate screening population at the correct interval.
- CAG SEE Colonoscopy Skills Improvement (CSI) sessions were hosted in January, May and October 2019.
- A quality colonoscopy report is produced and provided to each colonoscopist to benchmark their performance against peers and literature.
- The SCA collected and monitored participation rates among Saskatchewan residents to help narrow our focus to target areas that may be below the recommendations set forth by the Canadian Partnership Against Cancer (CPAC), and provide the opportunity to develop strategies to increase participation.

Results:

Surpassed original projected target for colonoscopists volunteering for DOPS with 59 of 69 colonoscopists completed.

Early Detection - Breast Pathway

Goal:

Redesign the current breast pathway from screening to follow-up care, to ensure Saskatchewan residents have equitable access to timely, high-quality, safe, efficient, person-centred care.

Actions:

- The SCA is collaborating with the SHA, Ministry of Health, eHealth Saskatchewan, community radiologists and patients, to lead a review of the breast pathway in the province, which includes screening through treatment.
- The SCA hosted a Design Day in April 2019 and has conducted various meetings, interviews and analyses with stakeholders throughout the year.
- A draft mammography service delivery model was presented in December 2019, with an agreement obtained from the SCA, SHA and Ministry of Health on this delivery model.

Results:

The redesign of the breast pathway from screening to follow-up care is approximately 80 per cent completed. It is anticipated this work will conclude June 2020, depending on key stakeholder ability due to current state. Further planning and analysis is required before seeking final leadership team approval of the breast pathway vision documents and strategic plan.

Strategic Plan

Health Promotion

Goal:

Develop programming for the mobile health bus as a part of the Northern Engagement Strategy with SCA related services piloted and evaluated to determine appropriateness for this channel.

Actions:

- Since 2016, the SCA has funded a mobile unit that travels to northern communities in Saskatchewan by invitation, bringing health education and activities, and partnering with local clinical staff to offer health services and cancer prevention education.
- Between May and August 2019, the bus traveled 20,000 kms and participated in 38 visits to 30 northern communities (8 re-visits). Approximately 3,000 people visited the bus to participate in education/awareness activities on cancer prevention and screening and other health topics.
- Approximately 525 people accessed testing for HIV, hepatitis, STIs, etc.
- New partnerships in providing influenza vaccination clinics was trialed in Prince Albert, as well as a mobile food market in Saskatoon in areas with low food access.
- Staff submitted an abstract and presented at the September 2019 World Indigenous Cancer Conference in Calgary, AB.

Results:

A 2019 evaluation of community-directed health initiatives showed 100 per cent of communities want the bus back next year. The number of community visits grew nearly 1.5 times from 2018 to 2019.

Several participants indicated that the health bus has a positive impact on the access to health services, provides visibility to the issue of cancer, eliminates the barrier of transportation, and provides awareness, education, testing, and a feeling of community.

Research

Goal:

Implement provincial cancer research plan.

Actions:

- The Research department submitted a plan to executive, which was vetted and approved by the Executive Leadership Team.
- A research strategy map has been completed, and a research governance committee is in place.
- The research Data Access Committee was established and provides research data to external partners within their requested target time.

Results:

A provincial cancer research plan has been achieved and is currently underway.



Dr. Jim Xiang
SCA Senior Research Scientist

Strategic Plan

BETTER CARE INITIATIVES

Access and Effective Treatment Programs - Clinical Management System

Goal:

The SCA strives to provide patients with their first appointment with an oncologist within 28 days of referral. The annual targets are based on location and are as follows:

- ABCC MO 60% SCC MO 65%
- ABCC RO 80% SCC RO 70%
- ABCC Hem 80% SCC Hem 80%

Actions:

- The work to have patients see an oncologist within 28 days of referral relies on many integrated systems that fall under the Clinical Management System (CMS) project.
- In 2019-20, the SCA implemented its new BDM pharmacy dispensing system, which replaced the former Rx3000 application. The new BDM system is a welcome addition to the pharmacy department as it provides faster order processing, greater stability, more features than the previous application, as well as the ability to report on drug regimens and individual drug use.
- As well this year, the Aria Medical Oncology Upgrade was completed, which is required for Computerized Physician Order Entry (CPOE). The Aria Radiation Oncology Upgrade was also completed, which is required to enable new features of TrueBeam linear accelerators.
- The non-drug CPOE workflow processes were completed and training documentation prepared.
- The Tap-N-Go Workstation pilot in clinics was completed.
- The Scanning Operative Reports implemented.

Results:

First patient appointment with an oncologist within 28 days of referral. As of March 31, 2020:

- ABCC MO 43% SCC MO 67%
- ABCC RO 48% SCC RO 59%
- ABCC Hem 88% SCC Hem 76%

Access and Effective Treatment Programs - Disease Site Groups

Goal:

The SCA strives to establish four functional disease site groups by March 2020 for breast, gastrointestinal (GI), genitourinary (GU) and lung cancer teams.

Actions:

- Provincial chairs were selected for the four disease site groups – breast, GI, GU and lung. Rights and responsibilities were established and terms of reference were created, as the groups defined their structure and function.
- Developed standardized process of approving non-funded systemic treatment requests through the Case-by-Case Review (CBCR) request policy by involving the disease site groups and pharmacy.

Results:

Provincial chairs were selected, terms of references developed, and disease site groups functioning for breast, GI, GU and lung cancer teams. Future work includes establishing disease site-specific clinics, as well as creating a similar structure for the other solid tumour disease sites.

Strategic Plan

BETTER TEAMS INITIATIVES

Leadership/Talent Management and Engagement

Goal:

The SCA aims to increase the overall staff engagement score by at least four per cent. It also strives to increase the talent maturity score from 2.6 to 2.8 by March 2020 and the change management maturity index from 1.2 to 2.8 by March 2020.

Actions:

- New hires are surveyed and surveys indicate average-to-high performing ratings in the four key categories: Hiring Experience, Acclimatization, Training and Development and Defining Performance Expectations (three average ratings and one high performing rating).
- Leaders at the SCA are required to complete the Coaching for Engagement course to help create more connected teams. As of March 31, 92 per cent of current leadership has completed it.
- The annual employee engagement survey indicates positive progress in many areas, and team discussions will better target actions to benefit groups.
- A committee was established this year to help the SCA move towards a culturally responsive organization to support the Calls to Action for health in the Truth and Reconciliation Commission (TRC) of Canada's final report. The SCA completed TRC mapping facilitated by the Office of The Treaty Commissioner to establish a baseline. This work will support the development of the plan for a culturally responsive organization and track the SCA's progress.
- The SCA has been using the SHA's Cultivating Cultural Change training program and 260 new and existing employees have attended Cultivating Cultural Change as of March 31.
- The Change Network met quarterly to share different ways change management supports initiatives/projects.

Results:

Actual engagement scores captured in the annual employee survey increased by seven per cent. The updates to maturity indices were not completed by end of March as a result of resources redirected to the COVID-19 response.



Strategic Plan

BETTER VALUES INITIATIVES

Sustainability

Goal:

Establish a balanced financial position.

Actions:

- The SCA launched its own version of the provincial advance care plan called My Voice.
- The In-home Inter-professional Palliative Care Virtual Clinic was piloted and involved Community Palliative Care and Para-medicine.
- Serious Illness Conversation (SIC) rollout – 191 physicians and staff trained, triggers for SIC identified & inter-professional documentation template develop.

Results:

Balanced operating position (audited as at March 31, 2020).

Continuous Improvement

Goal:

Establish a maturity score of 2.36.

Actions:

- The SCA implemented daily visual management practices with the CEO and Vice President of Population Health, Quality and Research.
- Daily visual management training was completed with most Wave 5 participants in Lean Improvement Leader Training (LILT). Twelve participants were enrolled into Wave 6 of LILT.
- The Enterprise Risk Management (ERM) program developed an SCA risk registry and risk profile, and began planning for risk tolerance and appetite statements.
- A risk analysis was conducted on the Breast Pathway initiative.
- Increased awareness of the Safety Management System with the Board, and executive and senior leadership teams, and started a safety maturity assessment.

Results:

Established and maintained maturity score of 2.36.

Facility Investment

Goal:

Complete a structural assessment and submit recommendations to ELT.

Actions:

- Using the 2018 space assessment at Regina's Allan Blair Cancer Centre, the SCA completed minor upgrades to a room on level 0 for multi-use of Pain and Symptom, Head and Neck, and Radiation Therapy teams. Office space was created for three new gyne-oncologists and one medical oncologist.
- Workflow improvements were made at the Allan Blair Cancer Centre that include completing the bunker construction and installation of new Varian 2 Linac, completing installation of the new CT scanner and room renovations, and leveled and replaced deficient flooring in an office area on level 2.

Results:

The assessment and recommendations have been completed.

Volume Statistics

Number of New Patient Appointments	2016-17	2017-18	2018-19	2019-20
Allan Blair Cancer Centre				
- Medical oncology	1,425	1,395	1,733	1,978
- Radiation oncology	1,389	1,413	1,440	1,490
- Pediatric oncology	14	11	9	13
- Hematology	230	272	292	276
Total	3,058	3,091	3,474	3,757
Saskatoon Cancer Centre				
- Medical oncology	1,779	1,799	1,754	2,030
- Radiation oncology	1,591	1,590	1,693	1,738
- Pediatric oncology	32	43	50	16*
- Hematology	392	429	441	465
Total	3,794	3,861	3,938	4,249
Provincial				
- Medical oncology	3,204	3,194	3,487	4,008
- Radiation oncology	2,980	3,003	3,133	3,228
- Pediatric oncology	46	54**	59	29
- Hematology	622	701	733	741
Total new patient appointments	6,852	6,952	7,412	8,006

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

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

Radiation Therapy Workload	2016-17	2017-18	2018-19	2019-20
Allan Blair Cancer Centre				
- Treatment sessions started	959	974	1,040	1,077
- Fractions (number of treatment sessions)	17,891	17,440	18,276	17,621
- Fields (number of beams delivered)	88,018	83,296	72,433	62,046
Saskatoon Cancer Centre				
- Treatment sessions started	1,023	1,045	1,049	1,234
- Fractions (number of treatment sessions)	19,148	18,520	18,999	20,397
- Fields (number of beams delivered)	69,762	68,463	68,630	66,248
Provincial				
Total treatment sessions started	1,982	2,019	2,089	2,311
Total fractions (number of treatment sessions)	37,039	35,960	37,275	38,018
Total fields (number of beams delivered)	157,780	151,759	141,063	128,294

Review Patient Appointments	2016-17	2017-18	2018-19	2019-20
Allan Blair Cancer Centre				
- Systemic oncology	17,607	18,047	19,354	20,319
- Radiation oncology	6,021	6,135	6,659	7,248
- Pediatric oncology	812	719	654	703
Total	24,440	24,901	26,667	28,270
Saskatoon Cancer Centre				
- Systemic oncology	20,187	21,533	22,289	24,359
- Radiation oncology	6,829	7,004	6,575	6,337
- Pediatric oncology	1,544	1,466	1,705	688*
Total	28,560	30,003	30,569	31,384
Provincial				
- Systemic oncology	37,794	39,580	41,643	44,678
- Radiation oncology	12,850	13,139	13,234	13,385
- Pediatric oncology	2,356	2,185	2,359	1,391
Total review appointments	53,000	54,904	57,236	59,654

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

Chemotherapy Treatments	2016-17	2017-18	2018-19	2019-20
Allan Blair Cancer Centre				
- Treatment visits	9,889	9,460	10,641	11,357
- Number of patients	1,258	1,295	1,410	1,542
Saskatoon Cancer Centre				
- Treatment visits	11,906	11,972	12,044	12,568*
- Number of patients	1,566	1,606	1,652	1,718*
Provincial				
Total treatment visits	21,795	21,432	22,685	23,925
Total number of patients	2,824	2,886**	3,062	3,260

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

**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	2016-17	2017-18	2018-19	2019-20
Number of allogeneic transplants	25	14	20	21
Number of autologous transplants	42	40	39	42
Number of patients sent out of province	0	0	0	0

Volume Statistics

Access	2016-17				2017-18				2018-19				2019-20			
	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	77	79	74	83	83	80	75	70	69	66	73	67	64	76	73	76
- Radiation oncology	48	50	50	58	55	77	58	76	93	68	62	64	58	57	65	65
Number of Days Between Ready to Treat and First Treatment (90th percentile)																
- Chemotherapy	11	13	14	13	10	12	11	13	12*	13	14*	14*	15	14	15	13
- Radiation therapy	17	18	16	18	17	14	17	20	19	16	18	20	20	20	24	22

* 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	2016-17	2017-18	2018-19	2019-20
Number of Oral Prescriptions Processed				
- Allan Blair Cancer Centre	24,381	24,166	24,628	27,587
- Saskatoon Cancer Centre	32,402	32,953	33,285	35,973
Total	56,783	57,119	57,913	63,560
Number of IV Medications - Inpatient				
- Allan Blair Cancer Centre	2,980	2,367	1,847	2,074
- Saskatoon Cancer Centre	4,462	2,945	2,907	2,398
Total	7,442	5,312	4,754	4,472
Number of IV Medications - Outpatient				
- Allan Blair Cancer Centre	21,406	20,027	22,083	23,960
- Saskatoon Cancer Centre	25,323	23,864	24,519	27,948
Total	46,729	43,891	46,602	51,908
Number of COPS Orders Dispensed				
- Through the Allan Blair Cancer Centre	6,734	5,856	6,301	7,354
- Through the Saskatoon Cancer Centre	7,084	6,480	6,866	8,891
Total	13,818	12,336	13,167	16,245

Community Oncology Program of Saskatchewan	2016-17	2017-18	2018-19	2019-20
Number of patients	1,899	1,868	2,008	2,057
Number of treatment visits	13,106	12,106	13,514	13,869
Number of kilometres saved in patient travel	4,067,360	3,852,188	4,283,028	4,354,665

Telehealth Appointments	2016-17	2017-18	2018-19	2019-20
Allan Blair Cancer Centre appointments	2,895	3,039	4,232	4,989
Saskatoon Cancer Centre appointments	2,828	3,818	4,918	6,364
Total	5,723	6,857	9,150	11,353
Number of kilometres saved in patient travel (provincial)	2,295,365	2,748,408	3,595,484	4,521,016

Clinical Trials	2016-17	2017-18	2018-19	2019-20
Number of patients enrolled to a clinical trial	131	150	162	143
Per cent of new patients enrolled	3.4%	3.6%	3.9%	2.9%

Volume Statistics

Safety	2016-17	2017-18	2018-19	2019-20
Sick leave hours per FTE	67.56	66.22	65.78	65.09
Wage-driven premium hours per FTE	13.59	14.36	10.59	13.11
Lost time workplace injuries per 100 FTEs	0.6	0.59	0.43	0.43
Critical Incidents	2	0	1	1
Falls	16 patients	12 patients	13 patients	19 patients
	13 staff	11 staff	5 staff	10 staff
Total falls	29	23	18	29

Number of Influenza Vaccines	2016-17	2017-18	2018-19	2019-20
Staff	410	427	450	630

Screening Program for Breast Cancer	April 2016-March 2017	April 2017-March 2018	April 2018-March 2019	April 2019-March 2020
Number of screening mammograms on the mobile unit	8,266	8,973	8,513	8,242
Number of screening mammograms at the Regina centre	11,304	10,732	10,643	9,023
Number of screening mammograms at the Saskatoon centre	8,961	8,684	8,701	8,960
Number of screening mammograms at satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	9,990	9,666	9,699	9,452
Total	38,521	38,055	37,556	35,677
	April 2015-March 2017	April 2016-March 2018	April 2017-March 2019	April 2018-March 2020
Participation rate	40.3%	39.7%	39%	39%

Screening Program for Cervical Cancer	April 2016-March 2017	April 2017-March 2018	April 2018-March 2019	April 2019-March 2020
Number of Pap tests completed in the Saskatchewan Health Authority	95,244	94,291	91,649	90,287
	April 2014-March 2017	April 2015-March 2018	April 2016-March 2019	April 2017-March 2020
Participation rate (non-hysterectomy corrected)	55.2%	54.4%	53.3%	53.5%

Screening Program for Colorectal Cancer	April 2015-March 2017	April 2016-March 2018	April 2017-March 2019	April 2018-March 2020
Number of people who have completed at least one fecal immunochemical test (FIT)	160,711	158,007	159,367	152,727
Participation rate	51.1%	49.3%	49.3%	46.9%

Volume Statistics

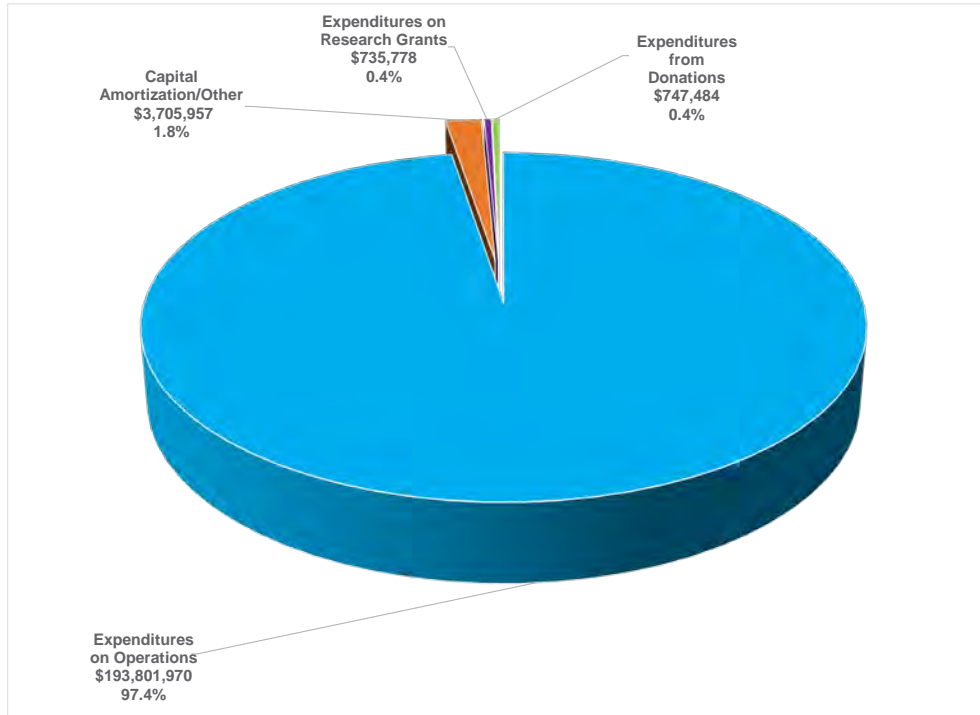
Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2019-20 Amount Awarded
FOLFIRI alternate with FOLFOX in untreated metastatic gastric and esophageal adenocarcinoma	Dr. Shahid Ahmed	2018-20	\$100,138	\$45,069
New targets for metastatic breast cancer	Dr. Deborah Anderson	2018-20	\$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	\$199,240	\$99,620
Beneficial cytotoxic T lymphocytes derived from irreversible electroporation ablation of breast cancer	PDF Award: Dr. Aizhang Xu	2018-20	\$83,000	\$42,000
Exploring the landscape of circular RNA expression in breast cancer	PDF Award: Dr. Archana Kumari	2018-20	\$83,000	\$42,000
Investigating spinal cord normal tissue toxicity in retreatment scenarios using spatially fractionated microbeam radiotherapy as a leading study towards radiation oncology applications	Dr. Andrew Alexander	2019-21	\$160,594	\$90,941
Preclinical evaluation of HDAC inhibitors in combined therapy	Dr. Keith Bonham	2019-21	\$200,000	\$100,000
Machine learning-based auto-segmentation for high-dose-rate prostate brachytherapy	Dr. Derek Liu	2019-21	\$79,000	\$42,000
Comparison of perioperative chemotherapy versus postoperative chemoradiation therapy for operable stomach cancer: a retrospective population-based cohort study	Dr. Adnan Zaidi	2019-20	\$36,171	\$36,171
Understanding the role of circular RNA in triple negative breast cancer	PDF Award: Dr. Sharmila Narayanan	2019-21	\$83,000	\$41,000

Volume Statistics

Funded Research Grants	Organization Funding Received From	Researcher	Award Period	Total Amount Awarded	2019-20 Amount Awarded
High throughput molecular imaging platform	Canadian Foundation for Innovation	Dr. Franco Vizeacoumar	2015-20	\$1,259,322	\$22,668
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
New therapies for triple negative breast cancer	College of Medicine, University of Saskatchewan	Dr. Deborah Anderson	2019-20	\$20,000	\$20,000
Simulated microgravity blocks osteoblastic differentiation and mineralization leading to bone loss via suppressing the FAK/RhoA-regulated Wnt pathway	Natural Sciences and Engineering Research Council	Dr. Jim Xiang	2019-24	\$180,000	\$36,000
Eradication of localized prostate cancer by irreversible electroporation ablation	Prostate Cancer Fight Foundation (PCCF) & TELUS Ride For Dad (RFD)	Dr. Jim Xiang	2019-20	\$40,000	\$40,000
Conversion from unresectable to resectable liver metastases in patients with liver-only metastatic colorectal cancer treated with FOLFOXIRI plus bevacizumab. The Conversion Trial	Canadian Institutes of Health Research	Dr. Shahid Ahmed	2019-22	\$100,000	\$26,618

Financial Summary

In 2019-20, the Cancer Agency received revenues of \$198.208 million and incurred expenditures of \$198.991 million resulting in an excess of expenses over revenues of (\$.783 million). The following chart gives a breakdown of the total expenditures in 2019-20.



In 2019-20, the Cancer Agency funded and implemented 11 new oncology drug programs, 13 new indications for existing drugs and two biosimilar drugs. Biosimilar oncology drugs are new to the Canadian oncology market, highly similar to another approved oncology biologic drug which has gone off-patent, and less expensive. All of the new drugs/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).

Advances in cancer treatments and technology continue to emerge, which create 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 2019-20, the Cancer Agency worked toward the next scheduled replacement of a linear accelerator treatment machine at the Allan Blair Cancer Centre. The new machine was installed in 2019-20 and began treating patients in April 2020.

A replacement of a computed tomography scanner (CT scanner) for the Allan Blair Cancer Centre was also completed in 2019-20. The CT scanner replacement at the Saskatoon Cancer Centre is also underway and will be completed in 2020-21. The replacement of the CT scanners including associated renovations was the first major fundraising campaign launched by the Cancer Foundation of Saskatchewan, in early 2019-20.

Management Report

The accompanying financial statements are the responsibility of management and are approved by the Saskatchewan Cancer Agency Board of Directors. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards 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 20, 2020

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, 2020, and the statement of operations, statement of changes in net financial assets (debt) and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2020, and the results of its operations, changes in its net financial assets (debt), and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of 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.

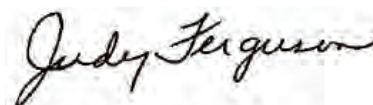
Independent Auditor's Report



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

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

Regina, Saskatchewan
May 20, 2020



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

2019-20 Financial Statements

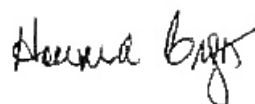
Statement 1

SASKATCHEWAN CANCER AGENCY STATEMENT OF FINANCIAL POSITION As at March 31

	2020	2019
FINANCIAL ASSETS		
Cash and cash equivalents	\$ 5,748,417	\$ 12,912,026
Accounts receivable:		
- Ministry of Health – General Revenue Fund	270,000	270,000
- Other	9,170,913	7,521,952
Loan Receivable (Note 13)	-	250,000
Total Financial Assets	<u>\$ 15,189,330</u>	<u>\$ 20,953,978</u>
LIABILITIES		
Accounts payable	\$ 10,046,407	\$ 10,290,509
Accrued salaries	2,493,922	1,950,027
Vacation payable	1,775,544	1,167,016
Deferred revenue (Note 7)	130,373	92,321
Employee future benefits (Note 8)	2,863,100	2,714,300
Total Liabilities	<u>17,309,346</u>	<u>16,214,173</u>
NET FINANCIAL ASSETS (DEBT)	<u>(2,120,016)</u>	<u>4,739,805</u>
NON-FINANCIAL ASSETS		
Tangible capital assets (Note 4)	26,056,409	23,266,672
Inventory held for use	12,512,199	9,281,626
Prepaid expenses	940,471	884,009
Total Non-Financial Assets	<u>39,509,079</u>	<u>33,432,307</u>
ACCUMULATED SURPLUS	<u>\$ 37,389,063</u>	<u>\$ 38,172,112</u>
Contractual Obligations (Note 5)		



Ron Waschuk
Board Chair



Howard Crofts, FCPA FCA
Finance and Audit Committee Chair

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

2019-20 Financial Statements

Statement 2

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

	Budget 2020 (Note 11)	2020	2019
REVENUES			
Ministry of Health	\$ 181,780,000	\$ 193,614,225	\$ 175,386,154
Grants	1,520,749	1,280,790	1,161,317
Donations	444,817	1,318,830	1,718,817
Investment income	223,500	364,627	295,324
Other revenues	1,783,125	1,629,668	2,480,294
	<u>185,752,191</u>	<u>198,208,140</u>	<u>181,041,906</u>
EXPENSES (Schedule 2)			
Clinical services	38,597,299	40,303,942	36,439,448
Care services	37,436,386	37,400,323	36,611,882
Pharmacy & drugs	74,434,679	81,174,022	72,682,568
Population health	16,156,322	16,455,989	16,868,704
Research	1,071,563	1,083,471	1,102,328
Corporate services	15,878,191	15,924,425	15,474,705
Other	4,565,892	6,649,017	6,993,944
	<u>188,140,332</u>	<u>198,991,189</u>	<u>186,173,579</u>
Annual (deficit)	<u>(2,388,141)</u>	<u>(783,049)</u>	<u>(5,131,673)</u>
ACCUMULATED SURPLUS, BEGINNING OF YEAR	<u>38,172,112</u>	<u>38,172,112</u>	<u>43,303,785</u>
ACCUMULATED SURPLUS, END OF YEAR	<u>\$ 35,783,971</u>	<u>\$ 37,389,063</u>	<u>\$ 38,172,112</u>

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

2019-20 Financial Statements

Statement 3

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

	Budget 2020 (Note 11)	2020	2019
Annual (deficit) (Statement 2)	\$ (2,388,141)	\$ (783,049)	\$ (5,131,673)
Net acquisition of tangible capital assets (Note 4)	(12,294,351)	(6,495,694)	(2,066,816)
Amortization of tangible capital assets (Note 4)	4,000,000	3,604,274	3,740,662
Loss on disposal of tangible capital assets	-	101,683	136,420
	(10,682,492)	(3,572,786)	(3,321,407)
Net consumption of inventory	-	(3,230,573)	(448,205)
Net (increase) decrease in prepaid expenses	-	(56,462)	300,820
CHANGE IN NET FINANCIAL ASSETS (DEBT)	(10,682,492)	(6,859,821)	(3,468,792)
NET FINANCIAL ASSETS, BEGINNING OF YEAR	4,739,805	4,739,805	8,208,597
NET FINANCIAL ASSETS (DEBT), END OF YEAR	<u>\$ (5,942,687)</u>	<u>\$ (2,120,016)</u>	<u>\$ 4,739,805</u>

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

2019-20 Financial Statements

Statement 4

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

	<u>2020</u>	<u>2019</u>
Cash provided by (used in):		
Operating Activities:		
Annual (deficit) (Statement 2)	\$ (783,049)	\$ (5,131,673)
Net change in non-cash working capital (Note 3)	(3,590,823)	(2,092,438)
Amortization of tangible capital assets (Note 4)	3,604,274	3,740,662
Loss on disposal of tangible capital assets	101,683	136,420
	<u>(667,915)</u>	<u>(3,347,029)</u>
Capital activities:		
Purchase of tangible capital assets	(6,495,694)	(2,066,816)
	<u>(6,495,694)</u>	<u>(2,066,816)</u>
Investing Activities:		
Purchase of investments	-	-
Disposal of investments	-	1,415,000
	<u>-</u>	<u>1,415,000</u>
Net (decrease) in cash and cash equivalents during the year	(7,163,609)	(3,998,845)
Cash and cash equivalents, beginning of year	12,912,026	16,910,871
Cash and cash equivalents, end of year	<u>\$ 5,748,417</u>	<u>\$ 12,912,026</u>

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

2019-20 Financial Statements

SASKATCHEWAN CANCER AGENCY NOTES TO THE FINANCIAL STATEMENTS As at March 31, 2020

1. Legislative Authority

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

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

2. Significant Accounting Policies

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

a) Basis of accounting

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

b) Revenue recognition

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

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

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

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

Investment income 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.

c) Cash and cash equivalents

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

2019-20 Financial Statements

d) 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.

e) 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.

f) 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.

g) 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.

h) Non-financial assets

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

i) Employee future benefits

(i) Pension plan:

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

(ii) Disability income plan:

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

2019-20 Financial Statements

(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.

j) 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.

k) 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.

l) Leases

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

m) New accounting standards in effect

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

- (i) PS 3280 Asset Retirement Obligations (effective April 1, 2021), a new standard establishing guidance on the recognition, measurement, presentation and disclosure of a liability for retirement of a tangible capital asset.
- (ii) PS 3400 Revenue (effective April 1, 2022) a new standard establishing guidance on the recognition, measurement, presentation and disclosure of revenue.

2019-20 Financial Statements

3. Net Change in Non-Cash Working Capital

	2020	2019
(Increase) in accounts receivable	\$ (1,648,961)	\$ (1,667,406)
Decrease (increase) in loan receivable	250,000	(250,000)
(Increase) in inventory held for use	(3,230,573)	(448,205)
(Increase) decrease in prepaid expenses	(56,462)	300,820
Decrease in investments	-	2,501
(Decrease) in accounts payable	(244,102)	(20,124)
Increase in accrued salaries	543,895	180,026
Increase (decrease) in vacation payable	608,528	(303,190)
Increase in deferred revenue	38,052	7,540
Increase in employee future benefits	148,800	105,600
	\$ (3,590,823)	\$ (2,092,438)

4. Tangible Capital Assets

	Land and Improvements	Buildings	Leasehold Improvements	Equipment and Furniture	2020	2019
Cost, beginning of year	\$ 280,297	\$ 25,691,908	\$ 19,162,492	\$ 47,814,063	\$ 92,948,760	\$ 91,168,665
Additions	-	160,272	1,145,731	5,189,691	6,495,694	2,358,466
Adjustments	-	11,029	(11,029)	-	-	(291,650)
Disposals	-	-	(909,644)	(2,968,922)	(3,878,566)	(286,721)
Cost, end of year	280,297	25,863,209	19,387,550	50,034,832	95,565,888	92,948,760
Accumulated amortization, beginning of year	-	20,987,595	14,148,000	34,546,493	69,682,088	66,091,727
Amortization	-	453,842	706,426	2,444,006	3,604,274	3,740,662
Adjustments	-	(597)	597	-	-	-
Disposals	-	-	(891,875)	(2,885,008)	(3,776,883)	(150,301)
Accumulated amortization, end of year	-	21,440,840	13,963,148	34,105,491	69,509,479	69,682,088
Net Book Value	\$ 280,297	\$ 4,422,369	\$ 5,424,402	\$ 15,929,341	\$ 26,056,409	\$ 23,266,672

Work in progress amount included in the assets above is \$1,133,998 (2019 - \$425,521).

5. Contractual Obligations

a) Tangible Capital Asset Acquisitions

At March 31, 2020, contractual obligations for acquisition of tangible capital assets are \$1,392,480 (2019 - \$1,123,441).

b) Operating Leases

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

2021	2,024,893
2022	2,024,893
2023	1,979,596
2024	1,481,329
2025	1,483,599

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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, 2020 will continue to be contracted for the following fiscal year. In the year ended March 31, 2020, the Cancer Agency contracted services amounting to \$9,142,399 (2019 - \$8,217,355).

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division (Society), previously donated two cancer patient lodges in the Province to the Cancer Agency. Under the terms of an agreement with the Society, the Cancer Agency has assumed responsibility for the operations of these lodges. Prior to March 31, 2020, the Cancer Agency discontinued providing lodge services at the Saskatoon location and has temporarily moved to an alternate location (Parkville Manor) to provide lodge services. The Cancer Agency is currently working with the Canadian Cancer Society (CCS) on the impact of this change on the obligation to transfer title of the Saskatoon lodge property to CCS under the agreement and to provide for a long-term permanent solution to the Saskatoon lodge.

7. Deferred Revenue

As at March 31, 2020	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Government of Saskatchewan Initiatives				
3sHealth - Smart Pump Program	\$ 44,887	\$ 14,962	\$ -	\$ 29,925
Total Other Government of Saskatchewan	<u>44,887</u>	<u>14,962</u>	<u>-</u>	<u>29,925</u>
Non-Government of Saskatchewan Initiatives				
Other revenue received in advance	47,434	-	53,014	100,448
Total Non-Government of Saskatchewan	<u>47,434</u>	<u>-</u>	<u>53,014</u>	<u>100,448</u>
Total Deferred Revenue	<u>\$ 92,321</u>	<u>\$ 14,962</u>	<u>\$ 53,014</u>	<u>\$ 130,373</u>

8. Employee Future Benefits

a) Pension Plan

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

- (i) Public Employees Pension Plan (PEPP) is a defined contribution pension plan and is the responsibility of the Government of Saskatchewan. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in salaries and employee benefits in Schedule 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 included in salaries and employee benefits in Schedule 2. The last actuarial valuation was performed on December 31, 2017.

	SHEPP	PEPP	2020 Total	2019 Total
Number of active members	108	735	843	830
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)	\$542	\$3,909	\$4,451	\$4,416
Cancer Agency contributions (thousands of dollars)	\$607	\$3,911	\$4,518	\$4,474

Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2020. 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.

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

	PEBA	SGEU	2020 Total	2019 Total
Number of active members	168	720	888	875
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)	\$277	\$591	\$868	\$856
Cancer Agency contributions (thousands of dollars)	\$278	---	\$278	\$275

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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, 2020. Key assumptions used as inputs into the actuarial calculation are as follows:

	2020	2019
Discount rate (per annum)	2.20%	2.50%
Percentage earnings increase (per annum)		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over	0.00%	0.00%
Termination rates (sample rates)		
Age 20	0.048	0.048
Age 25	0.041	0.041
Age 30	0.039	0.039
Age 35	0.037	0.037
Age 40	0.029	0.029
Age 45	0.025	0.025
Age 50	0.024	0.024
Age 55	0.027	0.027
Age 60	0.027	0.027
	2020	2019
Accrued benefit obligation, beginning of year	\$ 2,714,300	\$ 2,608,700
Cost for the year		
Current period benefit costs	429,100	351,300
Interest expense	79,800	71,200
Actuarial (gains) losses	39,400	1,800
Benefits paid during the year	(399,500)	(318,700)
Accrued benefit obligation, end of year	\$ 2,863,100	\$ 2,714,300

9. Related Party Transactions

These financial statements include transactions with related parties. The Cancer Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. 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.

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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 be assessed during the normal course of operations). The Cancer Agency and the SHA are considered related through their common control by the Government of Saskatchewan.

10. Financial Instruments

a) Significant Terms and Conditions

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

b) Financial Risk Management

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

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

c) Credit Risk

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

	2020	2019
Cash and cash equivalents	\$ 5,748,417	\$ 12,912,026
Accounts receivable		
Ministry of Health - General Revenue Fund	270,000	270,000
Other	9,170,913	7,771,952
	<u>\$ 15,189,330</u>	<u>\$ 20,953,978</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, 2020, the Cancer Agency does not deem one as necessary.

2019-20 Financial Statements

d) Market Risk

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

(i) Foreign exchange risk:

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

(ii) Interest rate risk:

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

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

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

As of March 31, 2020, 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 \$151,893 (2019 - \$209,539).

(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, 2020, the Cancer Agency has a cash and cash equivalents balance of \$5,748,417 (2019 - \$12,912,026).

(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.

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As at March 31, 2020, the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives (2019 – none). Financial assets are categorized as level 1 in the fair value hierarchy and have not changed from the prior year.

11. Budget

The 2019-20 budget plan was approved by the Cancer Agency's Board of Directors on May 31, 2019.

12. Collective Bargaining Agreement

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

13. Cancer Foundation of Saskatchewan

In 2017-18, the Cancer Foundation of Saskatchewan (Foundation), an arms-length foundation, was incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*. This Foundation 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 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.

In 2019-20, the Board of the Agency approved forgiveness of the loan to the Foundation. The Agency expensed the amount of the loan through other expenses.

	2020	2019
Loan receivable to the Cancer Foundation was forgiven during the 2019-20 fiscal year.	\$ -	\$ 250,000

14. Subsequent Events

In March 2020, the World Health Organization declared the outbreak of novel coronavirus (COVID-19) as a pandemic which continues to spread throughout Canada. On March 18, 2020, the Government of Saskatchewan declared a provincial state of emergency due to the pandemic. The COVID-19 pandemic is complex and rapidly evolving and will have a major impact on the health sector and the Cancer Agency.

The duration and impact of the COVID-19 pandemic is unknown at this time, as is the effectiveness of government interventions. Consequently, an estimate cannot be made of the potential impact of this uncertainty on the Cancer Agency.

15. Comparative Information

Certain of the comparative figures have been reclassified to conform to the financial statement presentation adopted in the current year.

2019-20 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF BOARD MEMBER REMUNERATION For the Year Ended March 31, 2020

Board Members	2020					2019
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Total ⁽¹⁾	Total
Board Chair:						
Waschuk, Ronald	\$ 9,960	\$ 5,550	\$ 4,125	\$ 8,003	\$ 27,638	\$ 32,377
Board Members:						
Crofts, Howard	-	4,375	500	1,707	6,582	4,175
Finnie, Doug	-	2,763	300	1,278	4,341	7,778
Streelasky, Dr. Walter	-	3,463	1,563	3,836	8,862	9,564
Ravis, Don	-	3,225	931	2,405	6,561	8,006
Ahmed, Zeba ⁽²⁾	-	-	-	-	-	874
Chabot, Lionel	-	2,438	1,025	2,190	5,653	5,616
Stang, Frances	-	2,875	2,188	4,189	9,252	8,682
Scott, Kelly ⁽³⁾	-	1,238	450	766	2,454	-
Total	\$ 9,960	\$ 25,927	\$ 11,082	\$ 24,374	\$ 71,343	\$ 77,072

(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) Zeba Ahmed resigned from the Board on February 26, 2019.

(3) Kelly Scott was appointed to the Board on August 1, 2019.

2019-20 Financial Statements

Schedule 1

SASKATCHEWAN CANCER AGENCY SCHEDULE OF SENIOR MANAGEMENT REMUNERATION, BENEFITS AND ALLOWANCES For the Year Ended March 31, 2020

Senior Employees	2020			2019
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Total	Total
Dr. Jon Tonita, Chief Executive Officer	\$ 258,117	\$ 7,591	\$ 265,708	\$ 257,763
Dr. Monica Behl, Senior Medical Officer ⁽³⁾	261,002	-	261,002	504,097
Dr. Shazia Mahmood, Vice-President, Medical Services ⁽⁶⁾	248,210	-	248,210	-
Deb Bulych, Vice-President Care Services	194,909	-	194,909	185,066
Kevin Wilson, Vice-President, Population Health, Quality & Research ⁽⁴⁾	201,270	825	202,095	176,329
Ron Dufresne, Vice-President, Corporate Services ⁽⁵⁾	185,176	-	185,176	10,735
Lauren Donnelly, Vice-President, Corporate Services ⁽⁵⁾	-	825	825	197,723
Total	\$ 1,348,684	\$ 9,241	\$ 1,357,925	\$ 1,331,713

(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) Dr. Monica Behl retired from the Agency on September 30, 2019.

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

(5) Lauren Donnelly retired from the Agency on March 29, 2019. Ron Dufresne became the Vice-President, Corporate Services as of March 11, 2019. A payment was made to her in April, 2019 for allowable expenses incurred prior to March 31, 2019.

(6) Dr. Shazia Mahmood became Vice-President, Medical Services, on September 30, 2019.

2019-20 Financial Statements

Schedule 2

SASKATCHEWAN CANCER AGENCY SCHEDULE OF EXPENSES BY OBJECT For the Year Ended March 31, 2020

	Budget 2020 <u>(Note 11)</u>	2020 <u></u>	2019 <u>(Note 15)</u>
EXPENSES			
Salaries and employee benefits	\$ 98,902,900	\$ 100,753,819	\$ 95,059,529
Drugs and medical supplies	67,730,153	74,116,466	66,342,804
Amortization	4,000,000	3,604,274	3,740,662
Other expenses	3,764,421	6,782,098	7,140,831
Purchased services	2,914,200	2,741,118	2,748,775
Professional fees	2,535,936	2,140,971	2,148,346
Repairs and maintenance	2,233,723	2,431,308	2,572,614
Office supplies and other office costs	2,105,657	2,156,835	2,247,776
Rent of buildings	1,910,825	2,205,497	1,886,696
Clinical and other supplies	958,909	904,377	995,945
Research grants	763,801	735,778	838,558
Housekeeping and laundry	319,807	316,965	314,623
Loss on disposal of tangible capital assets	-	101,683	136,420
	<u>\$ 188,140,332</u>	<u>\$ 198,991,189</u>	<u>\$ 186,173,579</u>

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
info@cancerfoundationsask.ca
www.cancerfoundationsask.ca



info@saskcancer.ca



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