

PROGRESS MADE, BUILDING MOMENTUM

Five Year Highlights 2016-2021



ANNUAL PROGRESS REPORT
2020-2021

VISION

A world free of cancer.

MISSION

To reduce and, where possible, eliminate the burden of cancer on the people of Manitoba through exemplary programs of prevention, diagnosis, treatment, rehabilitation, continuing care, research and education.

VALUES

RESPECT FOR PEOPLE

Dignity, fairness, openness, equity, collaboration, cooperation, sensitivity to cultural diversity and identity, compassion, privacy, confidentiality.

INTEGRITY

Honesty, objectivity, reliability, responsibility, fidelity, transparency.

STEWARDSHIP

Prudence, sensitivity to risks, opportunities and sustainability of human and material resources and the natural and built environment, accountability.

EXCELLENCE

Timeliness, efficiency, effectiveness, relevance, diligence, creativity, initiative.

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LEADERSHIP MESSAGE

From the President and CEO and Board Chair



Mr. Jeffrey Chipman

Chair of the Board of Directors
CancerCare Manitoba



Dr. Sri Navaratnam, MBBS, PhD, FRCPC

President and Chief Executive Officer
CancerCare Manitoba

We are very pleased to present the Annual Progress Report for CancerCare Manitoba (CCMB) for the fiscal year ending March 31, 2021. Along with reporting on the past fiscal year, this report will highlight CCMB's progress, challenges and opportunities during the last five years, as the Manitoba Cancer Plan 2016-2021 strategic timeframe concludes.

A Year of COVID-19 Challenges

The past year has been unprecedented in the challenges brought on by the COVID-19 pandemic. Cancer patients and their families who were already carrying the emotional and physical burden of a cancer diagnosis

and treatment were doubly impacted by the pandemic. We applaud and admire our patients who bravely continued navigating the cancer system and supported us through the operational changes we made to accommodate pandemic restrictions.

CCMB committed itself to maintain high-quality cancer services in a COVID-adapted environment while keeping both staff and patients safe. We extend our gratitude to CCMB staff who quickly adapted their usual practices to be available to patients during adversity. We are grateful to our provincial partners who also continued to provide cancer services to patients throughout the pandemic. Together,

we faced the challenges, showing resiliency and competency.

Executing the Plan; Preparing for the Future

Despite unexpected challenges, we continued to advance the strategies and objectives of CCMB's five-year strategic plan, the *Manitoba Cancer Plan 2016-2021*, and planned for the future of cancer control in Manitoba through the *Roadmap to Cancer Control for Manitoba 2020*, which calls for the best evidence-based, high-quality and equitable care for all Manitobans regardless of age, race, culture, disability, gender, religion or location in the province.

The *Manitoba Cancer Plan 2016-2021* was based on a framework of three pillars: Clinical Excellence, Operational Excellence and Academic Excellence.

CCMB's capability to deliver safe and high-quality cancer care to patients in Manitoba was confirmed in our achievement of Accreditation with Exemplary Standing, the highest level of performance attainable, in our survey by Accreditation Canada in 2015 and 2019. CCMB's, "sound processes in place to ensure fiscal accountability and responsibility" were also noted. We welcomed the opportunity of an Operational Review in 2019, the key findings placing us in a good position, with recommendations aligning with the principles of health transformation. These activities provided a positive testimonial for our organization and confirmed our strong foundation built on the three pillars of excellence.

The *Manitoba Cancer Plan 2016-2021* has six Strategic Directions, each with its Objectives, Operational Strategies and Key Performance Indicators. Significant progress has been made in Priority 3 - Toward Enhanced Reporting on Performance, Quality and Safety. CCMB's rich history of data collection and reporting provided the springboard to further enhance these activities. In 2019, the Manitoba Cancer System Performance Report was published. Our strong reputation in data collection has been used to

benchmark CCMB nationally and internationally. As noted by an external consultant, "CCMB benchmarks very favourably against multiple developed countries for (cancer) survival". Performance reporting is now foundational to our operations.

Good progress was also made in Priority 6 - Toward a Broadened Scope and Enhanced Strength of Research. CCMB's strong commitment to research since its early years has continued and brings tomorrow's treatment to patients today. In early 2021, a change in governance structure and renaming of the Institute to CancerCare Manitoba Research Institute (CCMR), 'Care through Discovery' was announced. These changes will further strengthen our research, maintain our close affiliation with the University of Manitoba and bring research even closer to patient care.

Since 2017, Health System Transformation has brought a provincial approach to care which has helped the progress of the strategies of the *Manitoba Cancer Plan 2016-2021*. The expansion of cancer services in Brandon, CCMB's provincial leadership in cancer surgery, and partnering with the province and Shared Health in a capital plan for expanded capacity at the Health Sciences Centre/University of Manitoba campus, including an inpatient oncology unit, have all been possible through Transformation. We look forward to our continued partnership to move these projects forward.

A Roadmap to Ensure Excellence

Now, in 2021, with the *Roadmap to Cancer Control for Manitoba 2020* in place, we are ready with cancer control priorities for the years ahead and are committed to working with all provincial partners to achieve our goals. The Roadmap calls for all partners and Manitobans to share in the responsibility of working together towards cancer control in our province. We are committed to working as one healthcare system providing the best care to all Manitobans and achieving the best results.

CancerCare Manitoba is grateful for the generosity of Manitobans. Over the past five years, we have seen a steady rise in contributions towards new patient programs, innovative research and recruiting the best and brightest to Manitoba, through the CancerCare Manitoba Foundation.

We have made progress, set the groundwork for the future and are building momentum for CCMB to continue its path as a comprehensive cancer centre delivering state-of-the-art cancer care to Manitobans, driven by research through the CancerCare Manitoba Research Institute.

We trust you will enjoy reading about CCMB's progress not only over the past year but over the past five years as we transition from the Manitoba Cancer Plan 2016-2021 to the Roadmap to Cancer Control for Manitoba.

The Annual Progress Report has been approved by the CancerCare Manitoba Board of Directors. On behalf of CancerCare Manitoba and its Board of Directors, we respectfully present this Report.

Executive Leadership Team



Dr. Piotr Czaykowski,
Chief Medical
Officer



Mr. Paul Penner,
Chief of Clinical
Operations



Dr. Donna Turner,
Provincial
Director of
Population
Oncology



Dr. Neil Watkins,
Chief of Research
and Director of
CancerCare
Manitoba
Research Institute



Mr. Brent Gibson,
Chief of
Corporate
Services and
Finance

BOARD GOVERNANCE

2020-2021

CancerCare Manitoba is charged by an [act of the Manitoba Legislature](#) with responsibility for cancer prevention, detection, care, research and education for the people of Manitoba. We are dedicated to clinical, academic and business excellence, by enhancing the quality of life for those living with cancer and blood disorders.

The CCMB Board of Directors is responsible for the vision and strategic planning at CCMB.

The CCMB Board membership of the corporation consists of:

1. The chairperson of the advisory medical board appointed under section 6 of the [CancerCare Manitoba Act](#);
2. One person appointed by the Board of Governors, University of Manitoba;
3. Six persons, each from a separate geographical area of Manitoba, appointed by the Minister; and
4. Three persons appointed by the corporation subject to the approval of the Lieutenant Governor in Council.

BOARD AND COMMITTEE

Membership at March 31, 2021

CancerCare Manitoba Board Members

Mr. Jeffrey Chipman*	EX-OFFICIO CHAIR
Mr. David Mortimer	Dr. Sri Navaratnam* VICE-CHAIR PRESIDENT AND CEO, CCMB
Mr. Vince Warden	GUESTS.....
Ms. Janet Belanger	Dr. Donald Houston TREASURER MEDICAL STAFF ASSOCIATION, CCMB
Ms. Patti Bell	
Ms. Darlene Grantham	Ms. Annitta Stenning PRESIDENT & CEO CANCERCARE MANITOBA FOUNDATION
Dr. Karen Juce	
Dr. Brent Schacter	
Ms. Mary Beth Taylor	ACKNOWLEDGMENTS.....
Dr. Eberhard Renner	CancerCare Manitoba wishes to thank the following individuals for their dedication and commitment to CancerCare Manitoba and Manitobans during their term of service on the Board of Directors:
Mr. Kevill McNeill	Mr. Michael Evans Dr. Roberta Woodgate

*DENOTES THE CHAIR AND PRESIDENT AND CEO
ARE MEMBERS OF EACH COMMITTEE BY VIRTUE
OF THEIR POSITIONS

Board Committees

Advisory Medical Board Dr. Brent Schacter CHAIR	Quality & Patient Safety Committee Mr. David Mortimer CHAIR Ms. Janet Belanger Ms. Darlene Grantham Dr. Karen Juce » Community Representatives Mr. Bill Daviduk Ms. Brenda Dawyduk Ms. Anna Maria Magnifico
Finance & Audit Committee Mr. Vince Warden CHAIR Ms. Patti Bell » Community Representatives Dr. Arnold Naimark Mr. Darren Rainke Mr. Greg Tallon	Community Connections Committee Judge Rocky Pollack CHAIR Ms. Mary Beth Taylor VICE CHAIR » Community Representatives Mr. Robert Campbell Ms. Pam King Ms. Marilyn Singer » Partner Representatives Ms. Jane Kidd-Hantscher Ms. Annitta Stenning
Facilities Planning and Development Committee Mr. Kevin McNeill CHAIR Dr. Brent Schacter » Community Representatives Mr. Michael Evans Dr. Arnold Naimark » Partner Representatives Ms. Annitta Stenning	

ACTIVITIES AND DECISIONS OF THE BOARD

The Board received the following documents, reports and recommendations for information and/or approval:

- ▶ Annual Risk Management Report
- ▶ Annual Strategic and Operational Plan 2022/2023
- ▶ Roadmap to Cancer Control for Manitoba 2020
- ▶ Annual Construction Report
- ▶ Annual Progress Report
- ▶ Freedom of Information and Protection of Privacy (FIPPA) Annual Report
- ▶ Personal Health Information Act (PHIA) Annual Report
- ▶ Workplace Safety and Health Annual Report 2020
- ▶ Annual Board Self-Assessment
- ▶ Monthly Financial Statements
- ▶ Monthly Health System Leadership Council Financial Indicators
- ▶ Approved minutes of Board Committee meetings
- ▶ Audited Financial Statements for the fiscal year April 1, 2020 to March 31, 2021
- ▶ Preliminary Budget for 2021/2022
- ▶ Monthly President's Report
- ▶ Regular updates on CCMB's response to the COVID-19 pandemic
- ▶ Annual Auditor for CCMB for the fiscal year ending March 2021
- ▶ Privileges for physicians

The Board received presentations on:

- ▶ An Update to the Operational Review
- ▶ Research at CancerCare Manitoba
- ▶ Cancer Clinical Information Management
- ▶ Patient Stories
- ▶ Expansion of the Comprehensive Cancer Services and Programs for Manitoba 2020
- ▶ CCMB Brand Development
- ▶ Board Governance Presentation and Discussion

CancerCare Manitoba Annual Public Forum

- ▶ Held on October 2, 2020
- ▶ Open to all patients, families, staff, the public and other stakeholders of CCMB
- ▶ Held virtually with 190 participants from across the province
- ▶ Presentations included a welcome greeting from Minister Friesen, CCMB Board update from Mr. Chipman, patient story from Janelle, and highlights of the Roadmap to Cancer Control for Manitoba from Dr. Navaratnam
- ▶ There was a question and answer period with good engagement from participants
- ▶ A recording of the Forum was uploaded to the CCMB website (<https://www.cancercare.mb.ca/About-Us/communications-and-public-affairs/news-archive/Watch-the-CancerCare-Manitoba-Board-Annual-Public-Forum>)

Major Consultations

The Board was involved in consultations and discussion regarding the change in governance structure and renaming of the Research Institute in Oncology and Hematology (RIOH) to the CancerCare Manitoba Research Institute (CCMR).

The Board Chair participated in regular provincial Health System Transformation meetings and met with the Minister of Health and Deputy Minister of Health.

The Board assures implementation of the health plan, appropriate allocation of funds, and maintenance of an effective system of control and legislative compliance through the following:

- ▶ The CCMB Board and the Finance & Audit Committee of the Board are involved in the development of the Annual Strategic & Operational Plan (ASOP)
- ▶ The Board and Committees of the Board develop annual work plans to ensure they are overseeing their respective responsibilities efficiently and cost-effectively
- ▶ The Board received required reports from the President, Management, Department Heads, and Board Committees
- ▶ The Finance & Audit Committee thoughtfully and expertly prepared the annual budget for approval by the Board and for submission to the Department of Health and Seniors Care. The Committee reviews the monthly financial statements which are approved by the Board
- ▶ The Board Chair and President and CEO meet on a regular basis

Process of Evaluation of Board Performance:

- ▶ The Board members complete an annual self-assessment that is measured against the results of previous years
- ▶ Accreditation has a governance component that evaluates Board performance/ governance
- ▶ When recruiting to the Board, the Nominations and Governance Committee considers the skills required to fill a position. Individuals complete a skills matrix that identifies their strengths
- ▶ When a Board member's term is expiring, their performance is evaluated by the Nominations and Governance Committee before recommendation for appointment of a second term

CCMB Board Members



Mr. Jeffrey
Chipman



Mr. David
Mortimer



Mr. Vince
Warden



Ms. Janet
Belanger



Ms. Patti
Bell



Ms. Darlene
Grantham



Dr. Karen
Juce



Dr. Brent
Schacter



Ms. Mary Beth
Taylor



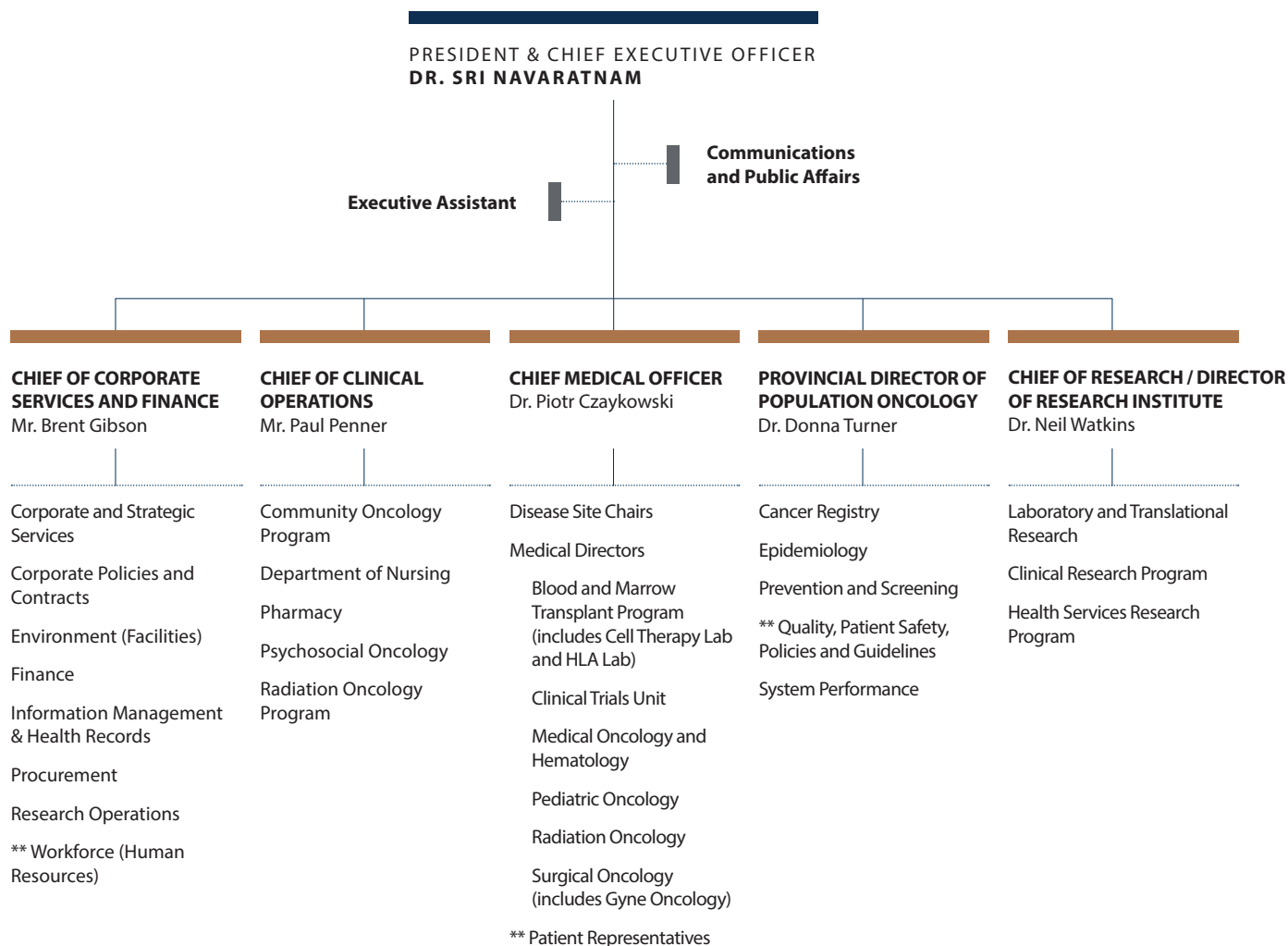
Dr. Eberhard
Renner



Mr. Kevin
McNeill

ORGANIZATIONAL STRUCTURE

March 31, 2020 to March 31, 2021



** DIRECT ACCESS TO PRESIDENT AND CEO WHEN OPERATIONALLY REQUIRED.

CANCERCARE MANITOBA AT A GLANCE

Our Locations

CancerCare Manitoba (CCMB) is the provincially mandated cancer agency responsible for setting strategic priorities and long-term planning for cancer and blood disorders for the province. CCMB provides clinical services to both children and adults, including prevention, early detection, multidisciplinary cancer treatment, supportive and end-of-life care.



McDermot & Urgent Cancer Care Site

675 McDermot Avenue
Winnipeg, Manitoba
Phone: 204-787-2197
Toll-Free: 1-866-561-1026



St. Boniface Site

O Block - 409 Taché Avenue
Winnipeg, Manitoba
Phone: 204-237-2559



Screening Programs

5 - 25 Sherbrook Street
Winnipeg, Manitoba
Toll-Free: 1-855-95-CHECK (1-855-952-4325)
screening@cancercare.mb.ca



Grace Hospital Site

300 Booth Drive
Winnipeg, Manitoba
Phone: 204-837-0246



Victoria General Hospital Site

2340 Pembina Highway
Winnipeg, Manitoba
Phone: 204-477-3328



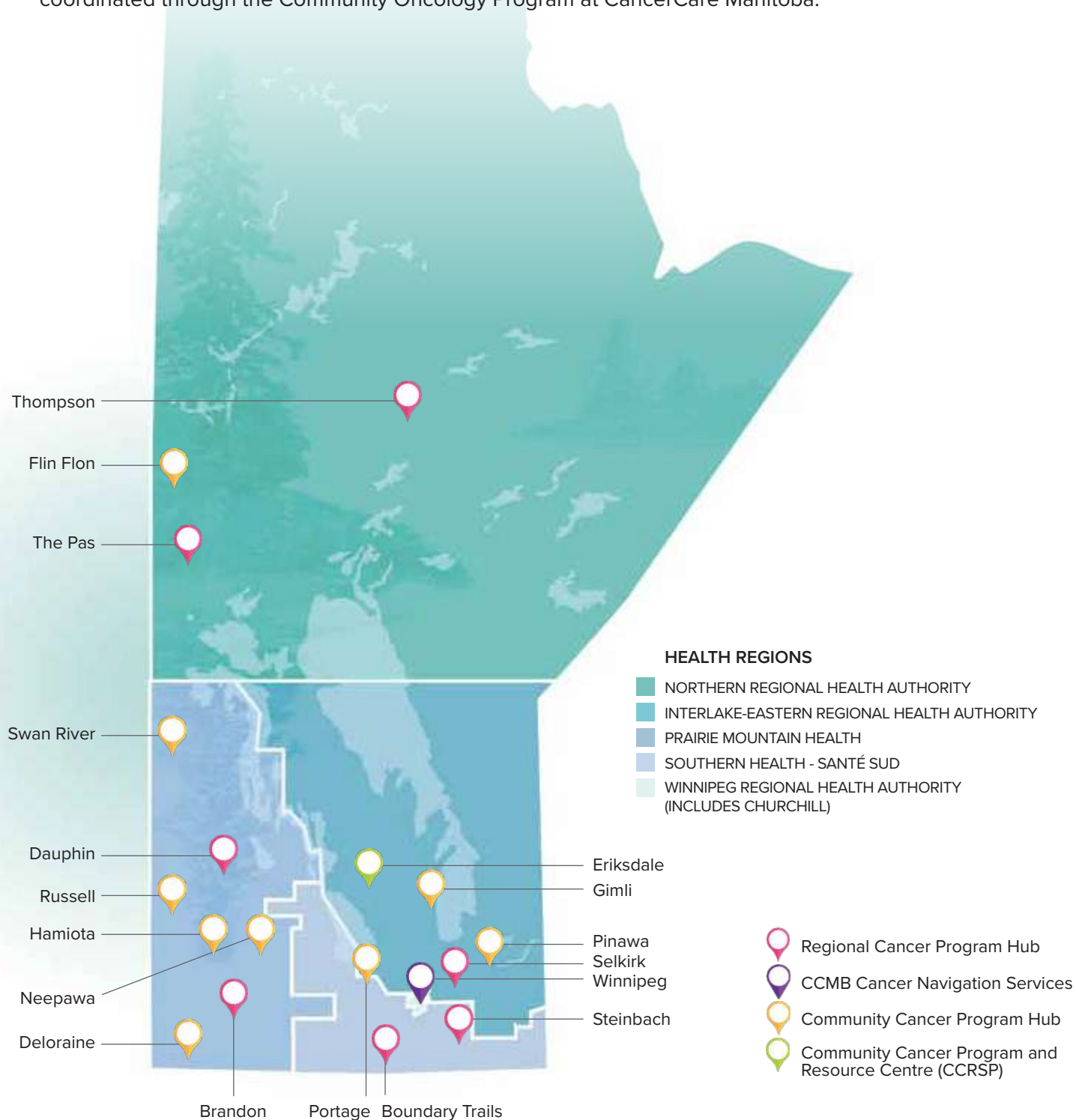
Western Manitoba Cancer Centre

300 McTavish Avenue East
Brandon, Manitoba
Phone: 204-578-2222

BRINGING QUALITY TO PATIENTS AND PATIENTS TO QUALITY

Working Together with Our Provincial Partners

Cancer patients in Manitoba can receive care close to home thanks to CCMB's partnerships with regional health authorities. Community Cancer Program sites are located in all health regions. As well, cancer navigation services are available to individuals in every health region. These are coordinated through the Community Oncology Program at CancerCare Manitoba.



Cancer by the Numbers in Manitoba

Number of new cases in 2019	7,051
Incidence rate, 2019 (cases per 100,000 per year) <i>Note: Age-standardized to the 2011 Manitoba population</i>	480.5
Number of cancer deaths in 2019	2,864
Number of people with cancer alive as of January 1, 2019 <i>(Diagnosed 2009-2018)</i>	34,979
1-year relative survival rate, 2014-2016	77%
5-year relative survival rate, 2014-2016	62%
Number of clinic visits with oncologists, 2020-21	111,806

Cancer Treatment

CANCER PATIENTS UNDERGOING TREATMENT <i>(within 1 year of diagnosis)</i>	Diagnosed 2017-19
	% of all cancer patients
SYSTEMIC THERAPY (Includes chemotherapy)	42.2%
RADIATION THERAPY	19.4%
SURGERY	51.7%



RESPONDING TO COVID-19

A New Normal



The COVID-19 pandemic brought the world unprecedented challenges and an unparalleled time in our recent history. Collectively, we had not planned nor prepared for what became our reality. In the face of enormous adversity, we witnessed the strength, resilience and determination of individuals who rose to the challenges and persevered amidst the struggles.

For cancer patients and their families already carrying the physical and emotional burden of a cancer diagnosis, the pandemic compounded the burden and heightened anxieties. When the first wave of the COVID-19 pandemic hit Manitoba in March 2020, CCMB remained steadfast for patients and quickly modified its operations and environment to keep patients and staff safe while continuing to provide vital cancer treatments including chemotherapy and radiation. We are grateful to the CCMB staff who made this possible and to all cancer patients

who persevered throughout this time. CCMB implemented measures to ensure the safety of patients and staff by:

- Rapidly adapting to virtual patient visits whenever possible
- Implementing entry screening for COVID-19 for all individuals entering CCMB facilities
- Providing COVID-19 testing for symptomatic patients
- Providing patients and staff with masks and PPE in clinical and non-clinical areas
- Modifying patient areas, office spaces and pathways for physical distancing

Across all CCMB sites, programs and services, leadership and staff stepped up to the task. The CCMB Incident Command team came

together quickly to bring updates from provincial and health partners, and to share information between CCMB departments and sites.

Screening all individuals for COVID-19 on entry became a new normal - new staff for these positions continue to play a key role in keeping us safe every day. Our Quality and Patient Safety team, including Infection Prevention and Control Services, played critical roles in screening, on-site testing and contact tracing. The Epidemiology team pivoted their priorities to track and monitor data in real-time, reporting on the impact of COVID-19 on patients and CCMB operations on a weekly basis.

Under the leadership of our Chief Medical Officer, the medical leads provided expertise and guidance on caring for immunocompromised patients in a pandemic, with a special focus on safeguarding patients from requiring hospitalization during this critical time. Our clinical staff have been unwavering in their professional care of patients, showing courage and compassion through difficult times when patients were not allowed to have a companion with them for treatments or follow-up visits.

We are grateful to report the overall impact of COVID-19 on the provision of cancer services was relatively small. Our cancer screening programs, after an initial pause in the first wave, resumed full operations. Delivery of chemotherapy and radiation treatments were maintained at close-to-normal levels with no suspension of services in Manitoba. Throughout the pandemic, most cancer surgeries were prioritized and carried out.

Support services for patients and their families through Psychosocial Oncology moved to virtual platforms whenever possible. Cancer navigators, available in all regions throughout the province, experienced an increase in demand for services to assist patients in navigating the cancer system.

CCMB's Community Oncology Program found new and innovative ways to connect with remote communities and underserved

populations, including First Nations, Métis and Inuit. The unique needs and inequities faced by these populations when accessing healthcare were intensified during the pandemic. CCMB's existing partnerships throughout the province proved to be critical at this time, including a partnership with the Canadian Partnership Against Cancer (CPAC) who provided emergency funding related to cancer services for these populations through CCMB.

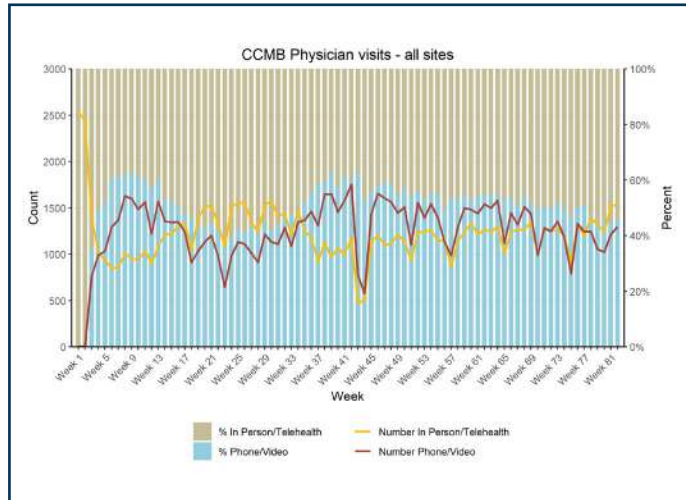
Like others, we have realized some benefits of changes in operations brought about by the pandemic. Patients have appreciated virtual appointments, allowing them to stay home where they are safe and comfortable. We have recognized the wider public reach available to us through virtual events such as our annual public forum. Some of these measures will remain and will change our practices going forward.

The pandemic has shown us what is possible when individuals come together for a common goal. We are grateful to our province who continue to lead us through a difficult time and to our provincial health partners who continue to work with us to support cancer patients throughout Manitoba during the pandemic.

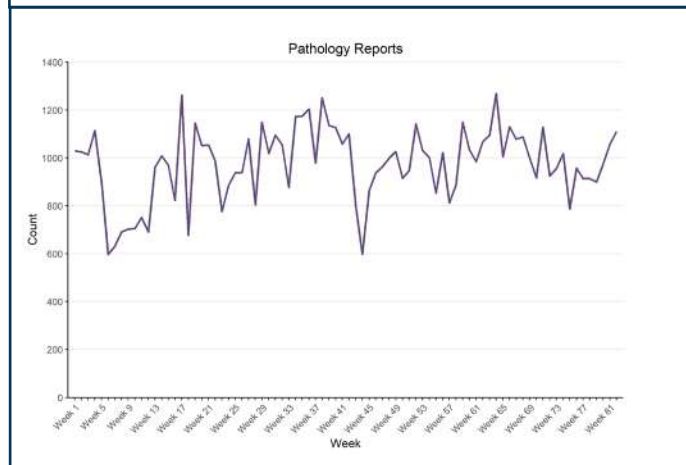


RESPONDING TO COVID-19

Cancer Services at CCMB During the Pandemic

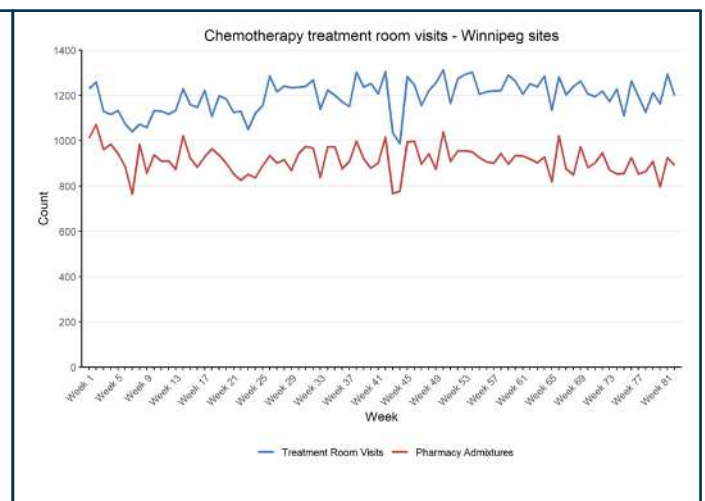
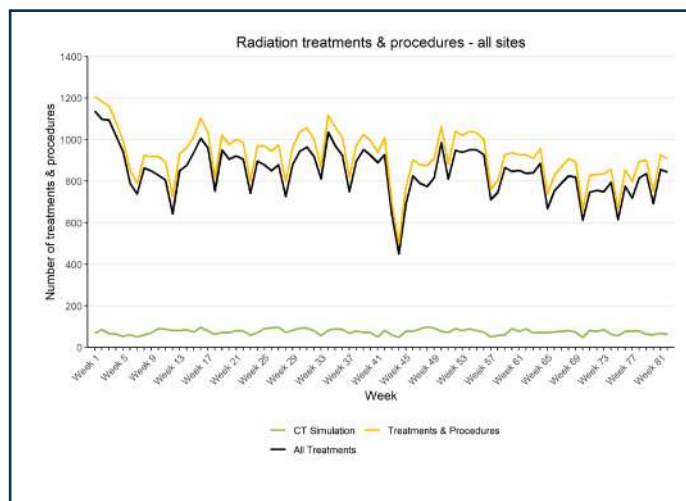


Physician visits were maintained. Virtual visits were implemented quickly with approximately 50% of patient visits being virtual.



Pathology for cancer cases continued to be reported with no appreciable reduction.

Radiation and chemotherapy treatments have continued throughout the pandemic with no reduction in services.





Thank you to CCMB staff who continue to work tirelessly to keep us safe and to keep our services going!



Nurses and clerks at MacCharles site



Chemotherapy nurses at St. Boniface site



Nurses at St. Boniface site



Clinical team at Grace Oncology site



Clinical team at VGH, Buhler Cancer Centre



FPO (Family Physician in Oncology) Team at St. Boniface site



Western Manitoba Cancer Centre



Nurses at St. Boniface site



Population Oncology, System Performance Team



Entry Screening Team



Quality Patient Safety & Risk and Infection Control Services



Environment/Facilities Team



Urgent Cancer Care staff

DELIVERING EXCELLENCE

Progress Report: Year Five - 2020 to 2021

The Manitoba Cancer Plan 2016-2021, Delivering Excellence, completed its fifth year in 2020-2021. The progress made over the past two years is shown below.

STRATEGIC DIRECTION 1 - TOWARD STATE-OF-THE-ART PATIENT CARE

	2019-2020	2020-2021
1. Enhanced access to advances in radiation therapy	●	●
2. Ready access to and delivery of novel systemic therapy	●	●
3. Increased availability of genetic testing to support personalized treatment	●	●
4. Achievement of province-wide leadership in cancer surgery	●	●
5. Increased opportunity for patients to participate in clinical trials	●	●
6. Established leadership in the broad communication of current, evidence-based knowledge on prevention of cancer and in the conduct of specific prevention programs in selected areas	●	●
7. Introduction of new and improved screening methods for early detection of cancer and increased rates of public participation	●	●

STRATEGIC DIRECTION 2 - TOWARD TIMELY ACCESS TO MULTIDISCIPLINARY CARE

1. Significant reduction in the time patients wait from when a suspicion of cancer first arises until treatment is initiated	●	●
2. Efficient, expedited patient flow within the CancerCare Manitoba system	●	●
3. Timely access to quality clinical services close to home	●	●
4. Multidisciplinary organization of care	●	●
5. Expanded access to specialized urgent care services	●	●
6. Provide coordinated and efficient inpatient cancer care in host hospitals	●	●
7. Improved planning and broaden options for continuing care	●	●

STRATEGIC DIRECTION 3 - TOWARD ENHANCED REPORTING ON PERFORMANCE, QUALITY, AND SAFETY

1. Development of a comprehensive and integrated set of performance indicators regarding quality, patient safety, and clinical outcomes	●	●
2. Sustained engagement in quality improvement projects, including Medication Reconciliation	●	●
3. Advanced methods established for assessing and reporting on the level of patient satisfaction	●	●

STRATEGIC DIRECTION 4 - TOWARD BUILDING CAPACITY TO MEET GROWING NEEDS

	2019-2020	2020-2021
1. Establishment of a comprehensive Health Information Systems Program	●	●
2. Introduction of new and improved operational practices	●	●
3. Enhanced process for encouraging high performance of staff	●	●
4. Provision of expanded facilities to accommodate increased patient volume, improve operating systems, and enhance the patient experience	●	●

STRATEGIC DIRECTION 5 - TOWARD IMPROVED CARE FOR UNDERSERVED POPULATIONS

1. Provision of new and enhanced access to services for First Nations, Métis, and Inuit with special attention to newcomers, the elderly and residents of geographically-isolated areas	●	●
2. Development of a new multidisciplinary care program for adolescents and young adults	●	●

STRATEGIC DIRECTION 6 - TOWARD A BROADENED SCOPE AND ENHANCED STRENGTH OF RESEARCH

1. Expanded scope and strength of research	●	●
2. Provision of state-of-the-art laboratories and research technology platforms	●	●
3. Greater collaborations to enhance cancer and blood disorders research	●	●
4. Increased complement of highly-qualified researchers	●	●

The colours shown below represent the status of progress made over four years compared with the status from the prior year.

- On Track
- Some Progress
- Slow Progress

PROGRESS AT A GLANCE 2016-2021

STRATEGIC DIRECTION 1

Toward State-of-the-Art Patient Care

ENHANCED ACCESS TO ADVANCES IN RADIATION THERAPY

\$21 million

total investment from
Manitoba Health
2016-2021

- 3 Linear Accelerators with a
4th approved for funding
- 2 CT scanners for radiation
treatment planning

\$460K

investment from
CancerCare Manitoba Foundation
2016-2021

- ✓ Calypso system
- ✓ 3D Printers

- More precise treatment
- Shorter treatments
- Fewer treatments
- Improved outcomes
- Greater patient satisfaction

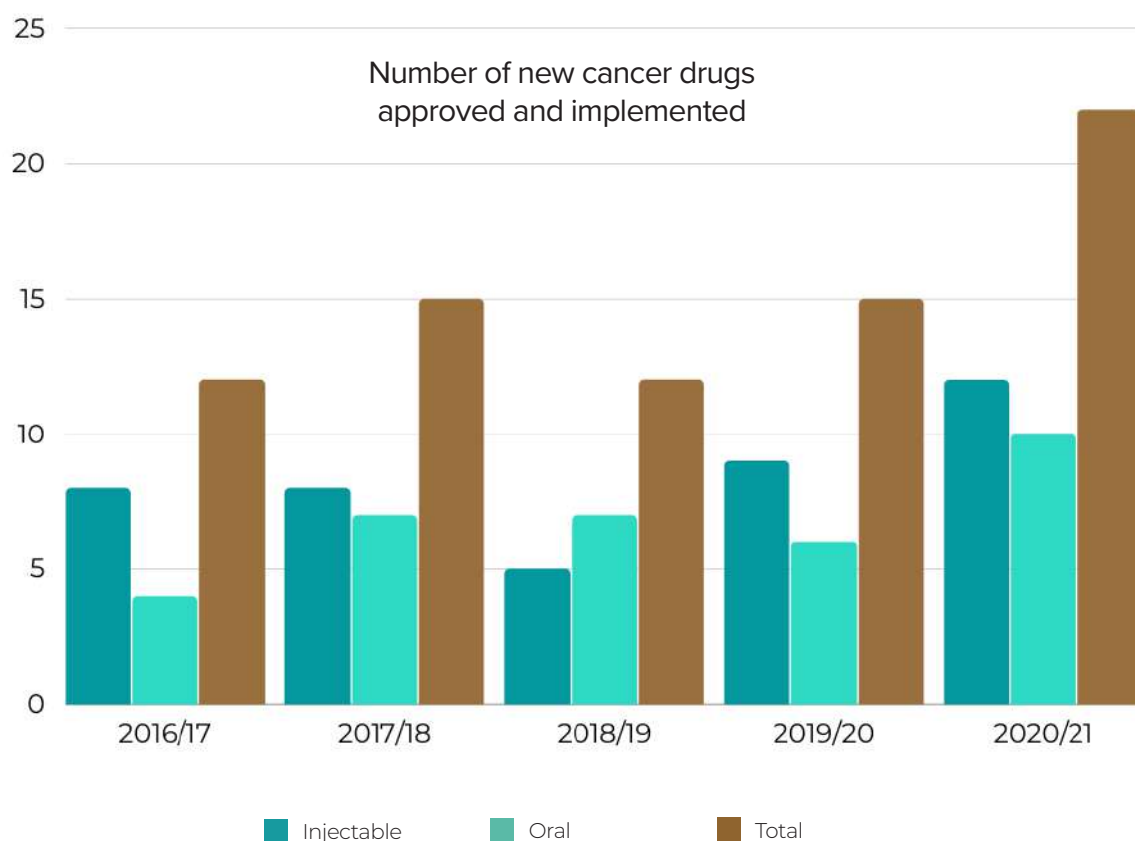


State-of-the-Art Radiation Therapy: Linear Accelerator



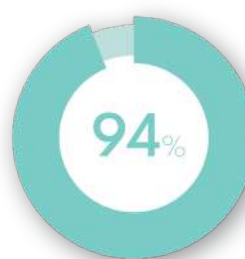
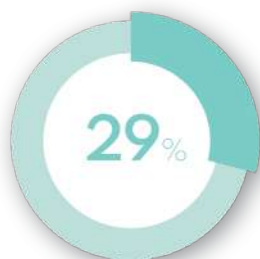
Radiation Oncology Program Team members (L to R):
Dr. R. Koul (Program Head), Dr. J. Kim (Radiation Oncologist),
Dr. B. McCurdy (Head, Medical Physics)

READY ACCESS TO AND DELIVERY OF NOVEL SYSTEMIC THERAPY



INCREASED AVAILABILITY OF GENETIC TESTING TO SUPPORT PERSONALIZED TREATMENT

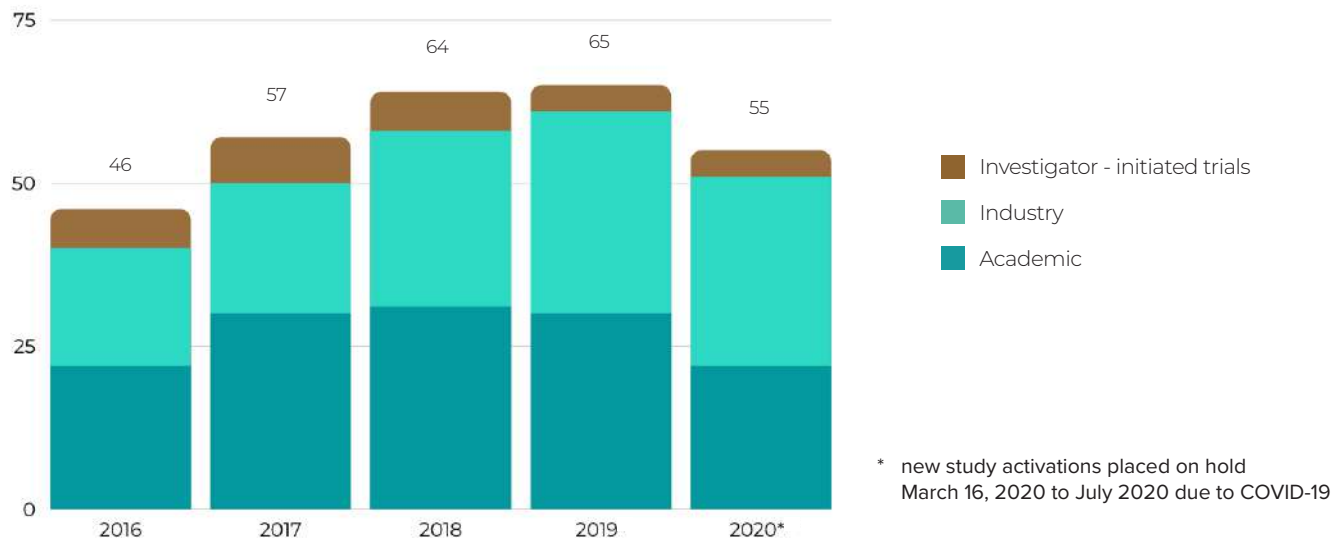
2017
↓
5 of 17
genetic tests
done locally



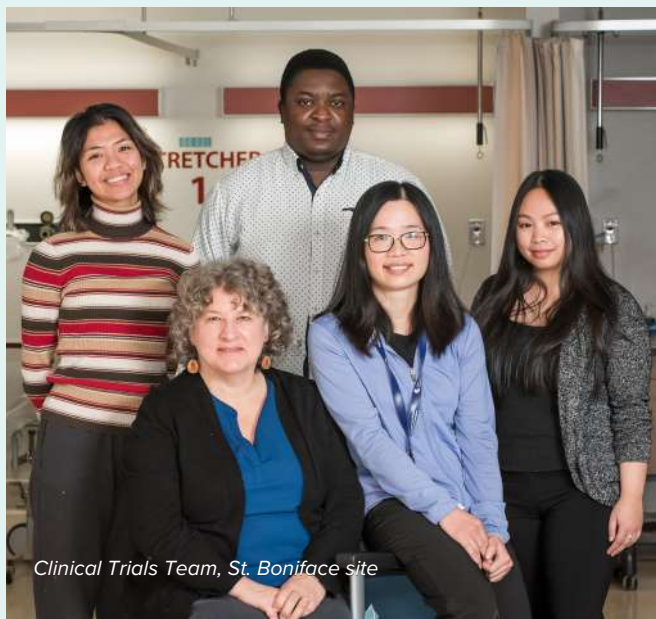
2021
↓
16 of 17
genetic tests
done locally

Since October 2020 with the opening of the Genome Sequencing Laboratory, over 350 patient tumours have been tested which would otherwise have been tested outside of Manitoba.

INCREASED OPPORTUNITY FOR PATIENTS TO PARTICIPATE IN CLINICAL TRIALS



Clinical trials open for participation 2016-2020, for adults



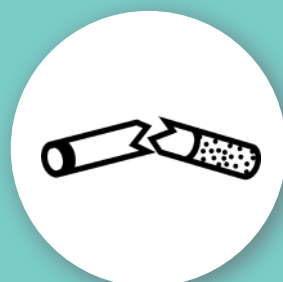
LEADERSHIP IN CANCER PREVENTION PROGRAMS



The HPV vaccine campaign to eliminate cervical cancer was launched in September 2019.



The CCMB
Smoking
Cessation
Program
has been
successful



1763
participants

72%
quit rate
within 6
months

NEW AND IMPROVED SCREENING METHODS FOR BREAST CANCER

CCMB's mobile mammography clinic visits over **90** communities across Manitoba. Some communities are accessible by winter roads only.



TOTAL NUMBER OF MAMMOGRAMS

Over 5 years



Digital Mammography was implemented in 2016:

- ✓ Less radiation used
- ✓ Conventional film development replaced with electronic images
- ✓ Immediate review of images

Genetic Testing and Precision Medicine

“The new Genome Sequencing Laboratory has been an excellent collaborative effort between CCMB and Shared Health. It will allow CCMB and Shared Health to use precision medicine to conduct genetic testing in Manitoba, which brings new treatment options and faster turnaround time for results.”

- Dr. Sri Navaratnam, President and CEO, CCMB.



Official opening of the Genome Sequencing Laboratory: Dr. S. Navaratnam, Dr. A. Kabani, Ms. A. Stenning

Great strides have been made in establishing genetic testing in Manitoba over the past five years. This was a priority of the *Manitoba Cancer Plan* in Strategic Direction 1 – Toward State-of-the-Art Patient Care to increase the availability of genetic testing to support personalized treatment, or precision medicine - a new generation of cancer therapy.

Genetic testing makes precision medicine possible by customizing cancer treatment to an individual's genes or features of their cancer. The testing helps in clinical decision-making by identifying the treatment that will work best for

a specific individual and avoiding therapies less likely to be of benefit for that individual. This approach improves the quality of a patient's life and survival.

Over the past several years, a strategic partnership was developed with Shared Health, the leader and provider of diagnostic services in the province, to systematically build capacity for genetic testing in Manitoba. Before developing a precision medicine platform locally, multiple tests had to be performed in other provinces or the United States.

After several years of planning and working together, in early 2021, CCMB and Shared Health announced the official opening of the Genome Sequencing Laboratory located within CancerCare Manitoba Research Institute, bringing this state-of-the-art testing and personalized treatment to Manitobans in their province.

The new Genome Sequencing Laboratory is capable of testing more than 30 genes simultaneously in multiple tumour types. The lab will also provide testing for many genes that contribute to inherited cancers like hereditary breast cancer and Lynch syndrome.

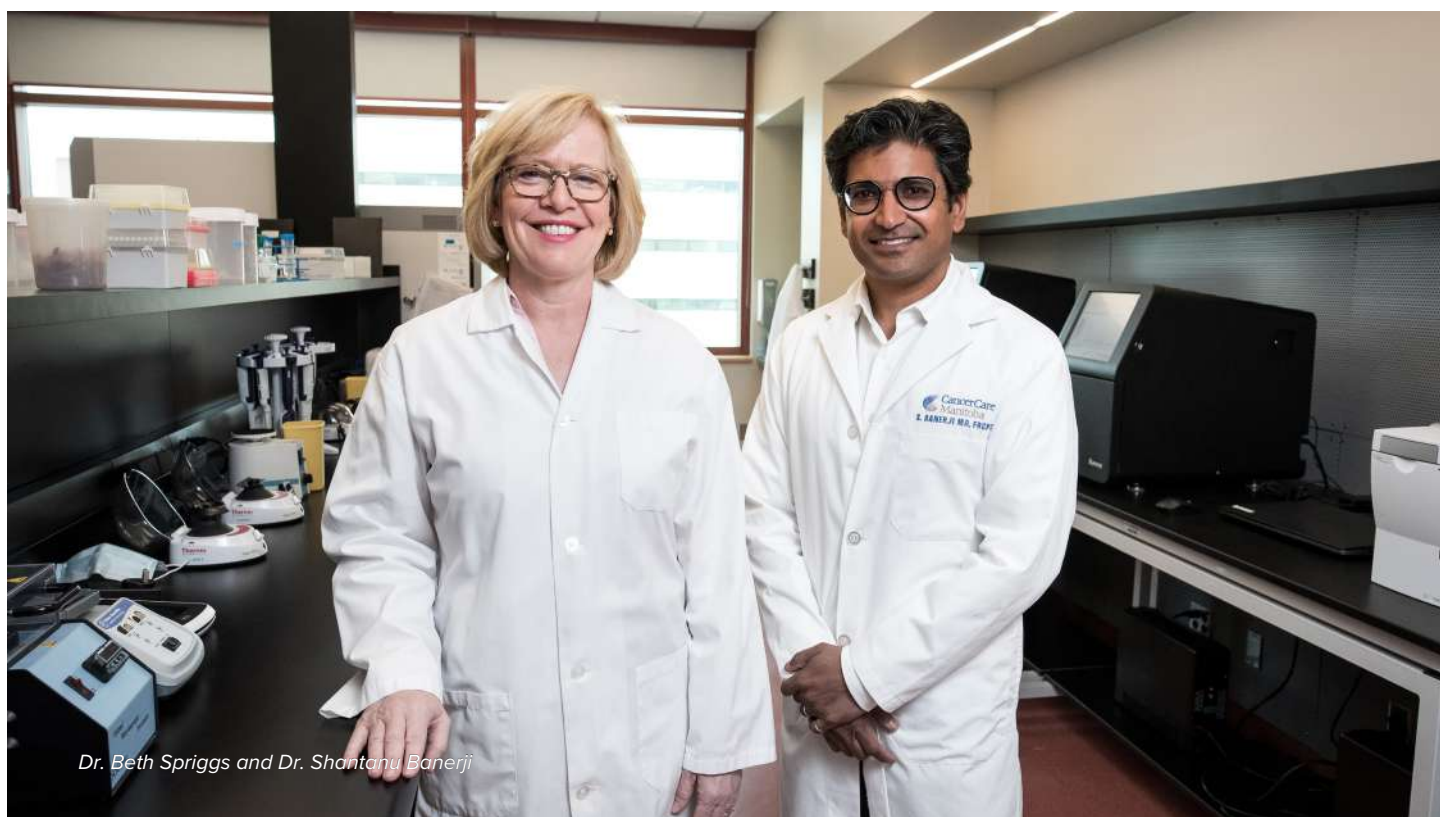
Despite staffing restrictions due to COVID-19, over 350 patients have been tested locally which, before 2020, would have been sent to facilities outside of Manitoba. Bringing genomic testing to Manitoba aims to reduce costs and wait times associated with a cancer diagnosis, as well as allows for increased and expedited access to precision oncology clinical trials.

“Genome sequencing can have a significant positive impact on outcomes for patients by informing more effective and predictable

cancer treatment options,” said Dr. Amin Kabani, Medical Lead, Provincial Laboratory Diagnostic Services, Shared Health. “The dedicated lab space will support our ability to meet the growing demand for a more personalized, gene-specific approach to medicine.”

We thank Dr. Shantanu Banerji, Director of Precision Medicine and Advanced Therapeutics, CCMB and Dr. Beth Spriggs, Medical Director of Genomics, Shared Health, as well as Dr. Eilean McKenzie-Matwiy, Research Officer, CCMB and Dr. Amin Kabani, Medical Lead, Provincial Laboratory Diagnostic Services, Shared Health for their vision, dedication and hard work since the early planning of this lab through to its fruition.

This project would not have been possible without the support of the CancerCare Manitoba Foundation who fundraised for this innovative project, as well as the contributions of Western Economic Diversification Canada, Genome Canada, and Genome Prairie.



Dr. Beth Spriggs and Dr. Shantanu Banerji

PROVINCE-WIDE LEADERSHIP IN CANCER SURGERY



*Dr. Pamela Hebbard (R), surgical oncologist
with Pam (L), oncology nurse at CCMB*

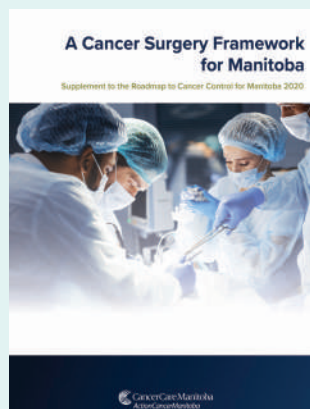
Surgery plays a critical role in the diagnosis, treatment, and palliation of most solid-tumour cancers. Approximately 55% of cancer patients undergo surgery within one year of diagnosis and in 2018, 4,323 cancer surgeries were conducted in Manitoba for invasive cancers.

The distributed nature of providers and facilities offering surgery poses a unique set of challenges and the provision of treatment can be fragmented at times. As a result, variation in surgical practice patterns and outcomes of care, along with inequity in access to care have been identified. In addition to this, demand for cancer surgery is increasing due to a growing and aging population, improved detection of earlier stage cancers, and the increasing role of surgery for more advanced disease in the context of multidisciplinary care.

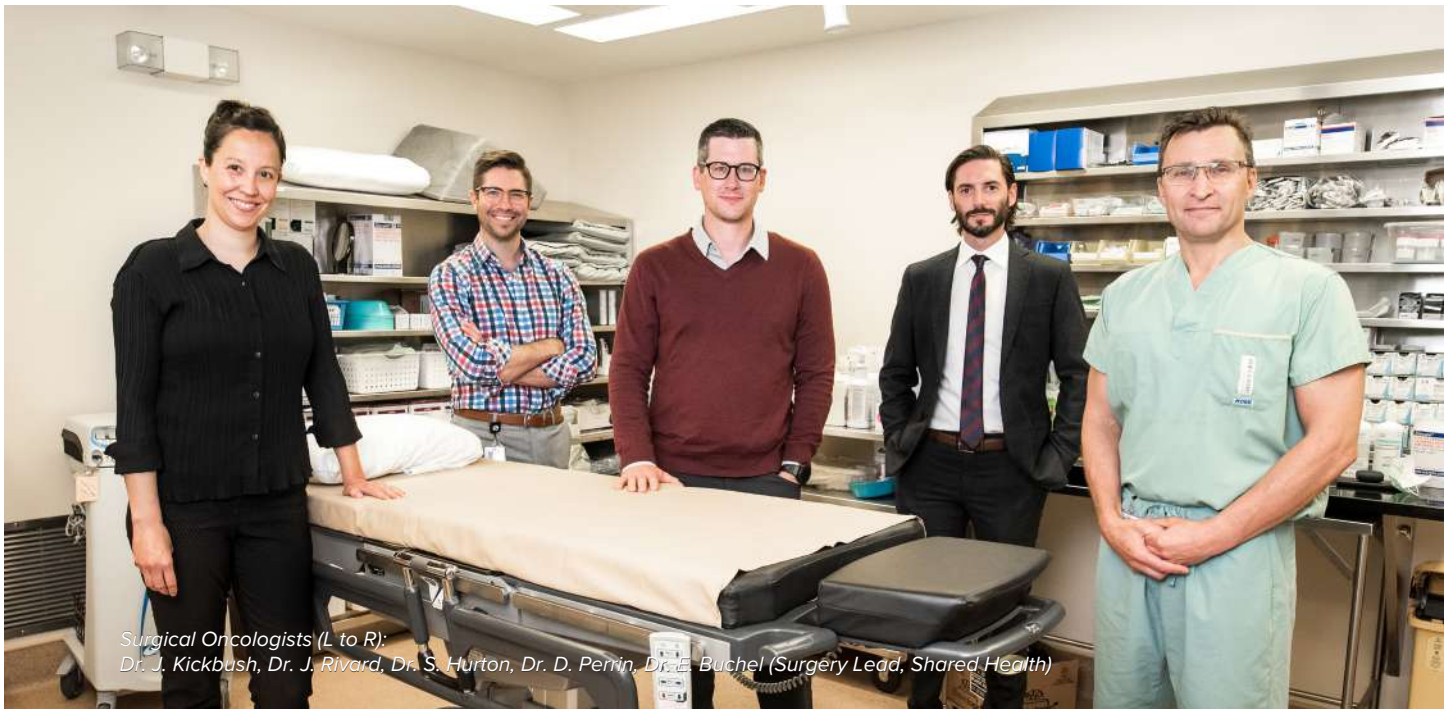
To meet growing demand and address practice variation and inequities in access, a central and cohesive approach to surgical oncology is needed. Surgery remains a core treatment modality for cancer treatment and will significantly benefit from increased stewardship,

service delivery planning, and an effective quality assurance infrastructure.

The Cancer Surgery Framework for Manitoba presented by CancerCare Manitoba is a framework to promote and advance high-quality cancer surgery in Manitoba. The framework was developed by surgical leads and is based on stakeholder engagement at various levels of the healthcare system. The first engagement was held in January 2020 through the Manitoba Cancer Control Visioning Session which included a presentation and discussion on Cancer Surgery in Manitoba: Plans for Moving Forward. Following this broad engagement, focused discussions were held with clinical leads for breast, colon, rectal, thoracic, and prostate cancers to understand the current surgical landscape and to determine goals for cancer surgery in Manitoba.



<https://www.cancercare.mb.ca/About-Us/corporate-publications>



Surgical Oncologists (L to R):
Dr. J. Kickbush, Dr. J. Rivard, Dr. S. Hurton, Dr. D. Perrin, Dr. E. Buchel (Surgery Lead, Shared Health)

Surgical Quality Measurement and Reporting

40

Indicators

53

Stakeholders
Engaged

Audit and Feedback Reports

28

Surgeons
Received a
Report

Cancer Surgery Communities of Practice

Manitoba
Cancer Surgery
Update Course

12

Events

Quality Improvement Projects

4

Quality
Improvement
Initiatives

Significant efforts have been made in developing province-wide communities of practice to engage surgeons from all regions in quality improvement efforts.

PROGRESS AT A GLANCE 2016-2021







STRATEGIC DIRECTION 2

Toward Timely Access to Multidisciplinary Care

SIGNIFICANT REDUCTION IN THE TIME PATIENTS WAIT

CCMB has set specific wait time targets that allow us to monitor and work to ensure Manitobans do not have to wait unnecessarily. Wait time reporting has increased to 6 disease sites, doubling the number of patients tracked on wait times - from Referral to Consult to Treatment.

Wait Times Dashboard for Breast Cancer

	Target	Average 2019	Average 2020	October - December 2021	Direction of Change
Breast Cancer					
For Medical Oncology Consults (Referral to Consult)	≤ 14 days	20	10		
For Intravenous Systemic Therapy (Consult to Treatment)	≤ 14 days	14	9		
For Radiation Therapy (Ready to Treat to Treatment)	≤ 21 days	21	19		

EFFICIENT, EXPEDITED PATIENT FLOW WITHIN THE CANCER SYSTEM

The Provincial Cancer Referral and Navigation Service (PCRN) at CCMB ensures a centralized referral system for all new consultations, as well as centralized Navigation Services to assist patients in navigating the cancer system.



All new patient referrals to CCMB have been managed electronically as of October 5, 2020 - Improved access to information for care providers.

MULTIDISCIPLINARY ORGANIZATION OF CARE



Multidisciplinary organization of care is the hallmark of high-quality cancer management. At CCMB there are 14 disease site groups.

Every year approximately **2,000 patient cases** are discussed. This is approximately 34% of newly diagnosed patient cases across the disciplines.

There are approximately **112,000 patient visits** with CCMB Oncologists every year.

EXPANDED ACCESS TO SPECIALIZED URGENT CARE SERVICES

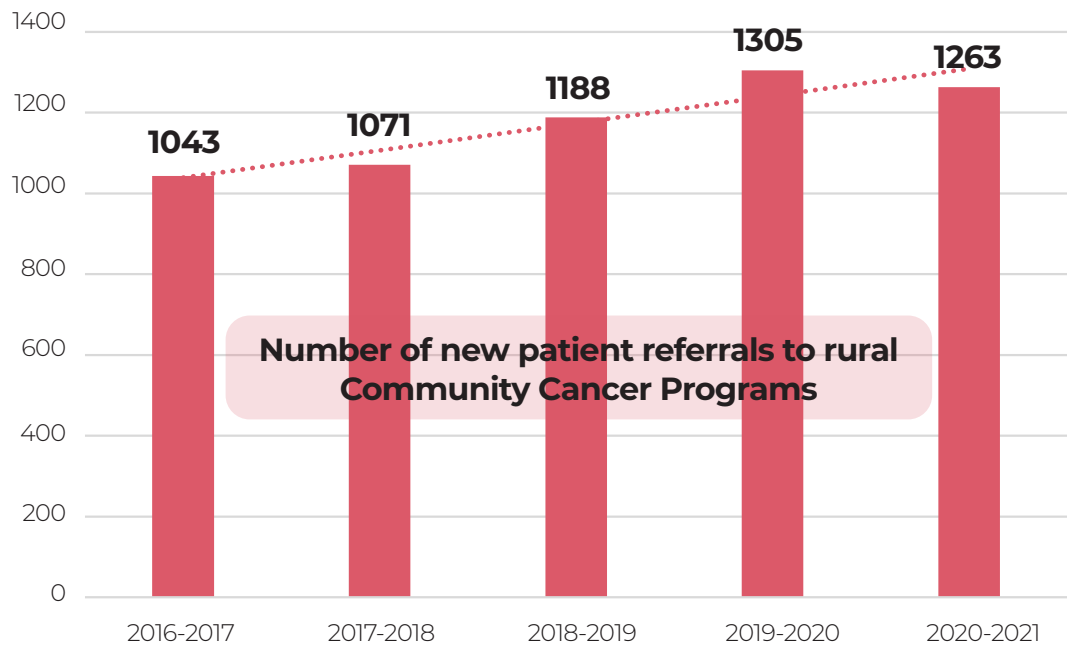
Urgent Care Services are provided at the MacCharles site, reducing the need for patients to attend Emergency Departments.

From 2016 to 2021:

- **Telephone Triage calls - 7,344**
- **UCC patient visits - 15,474**



TIMELY ACCESS TO QUALITY CLINICAL SERVICES CLOSE TO HOME



IMPROVED PLANNING AND BROADENED OPTIONS FOR CONTINUING CARE

Transitions of Care appointments ensure continuity of care back to community providers.



**KILOMETERS SAVED IN TRAVEL WHEN PATIENTS
RECEIVE CARE CLOSE TO HOME**



80,124,525
from 2015/16 to 2020/21



The monthly [Navigator Newsletter](https://www.cancercare.mb.ca/Patient-Family/support-services/programs-and-support-groups) provided by CCMB's Patient and Family Support Services lists all cancer rehab programs as well as many support groups, support programs, and education opportunities for patients.

<https://www.cancercare.mb.ca/Patient-Family/support-services/programs-and-support-groups>



Cancer Rehabilitation Programs have expanded:

- Physiotherapy - Mobility & Self-Management Program
- Occupational Therapy Services
- Yoga and Cancer Program
- Moving Forward After Cancer Wellness

Participants rate these programs very highly on satisfaction surveys. The programs have been found to help alleviate emotional distress, reduce pain and fatigue, improve energy, help improve task management and memory, and improve overall quality of life, and for some cancers, reduce the risk of recurrence.

Over 4 years, 2016 to 2020, 181 programs were offered with 274 participants.

PROGRESS AT A GLANCE 2016-2021

STRATEGIC DIRECTION 3

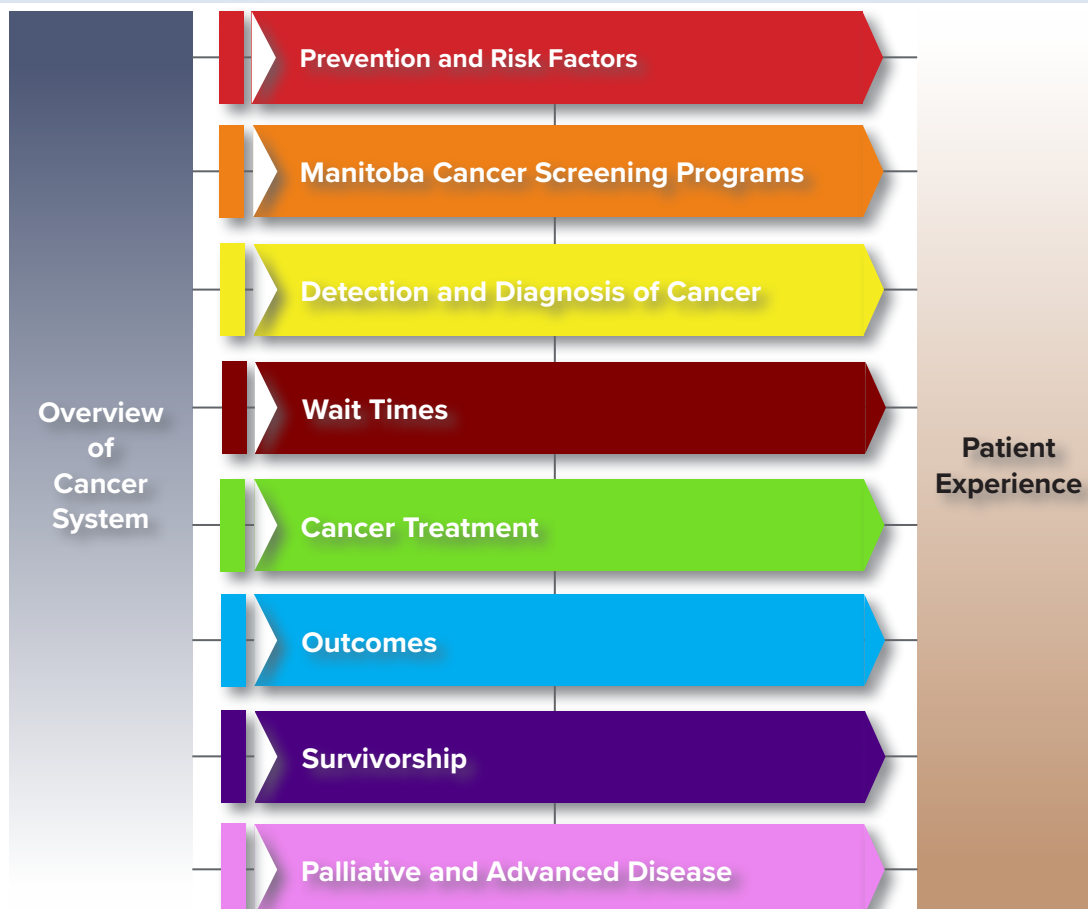
Toward Enhanced Reporting on Performance, Quality and Safety

SYSTEM PERFORMANCE REPORTING



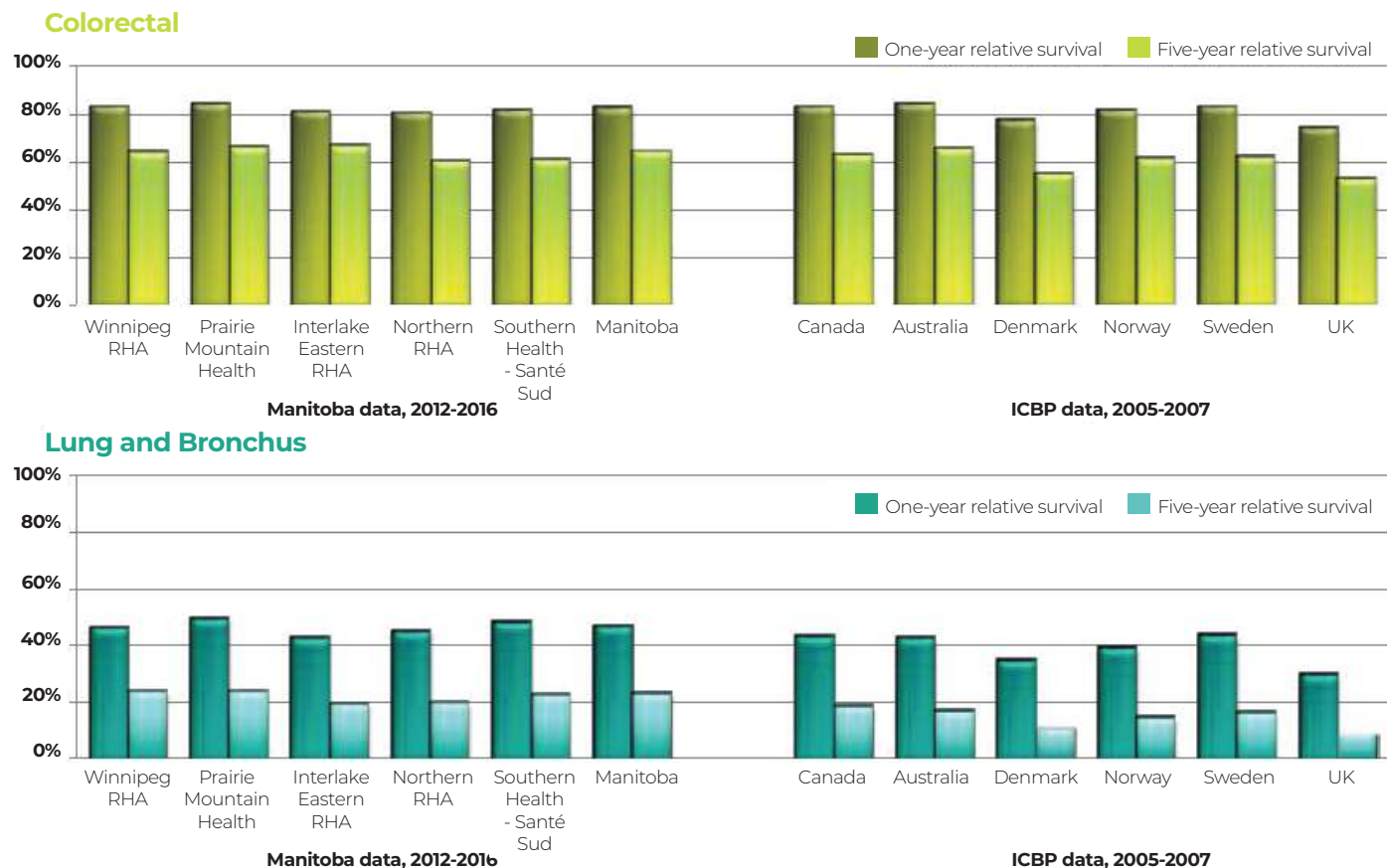
<https://www.cancercare.mb.ca/About-Us/corporate-publications>

DEVELOPMENT OF PERFORMANCE INDICATORS FOR QUALITY, PATIENT SAFETY AND CLINICAL OUTCOMES



Manitoba data compared with International Cancer Benchmarking Partnership data

Figure 44. Age-standardized one-year and five-year relative survival rates for colorectal and lung cancer with comparison of Manitoba data (2012-2016) and data from the International Cancer Benchmarking Partnership (ICBP).

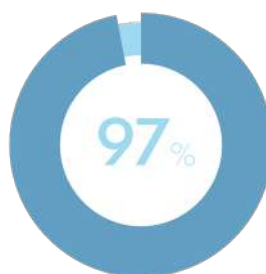


*From the Manitoba Cancer System Performance Report, 2019

ADVANCED METHODS FOR ACCESSING AND REPORTING ON PATIENT SATISFACTION

2019 Ambulatory Oncology Patient Satisfaction Survey

Overall Satisfaction

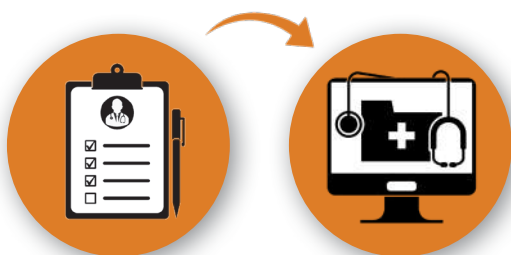


PROGRESS AT A GLANCE 2016-2021

STRATEGIC DIRECTION 4

Toward Building Capacity to Meet Growing Needs

ESTABLISHMENT OF A COMPREHENSIVE HEALTH INFORMATION SYSTEMS PROGRAM



FEBRUARY 2018

CCMB moved to a **complete electronic chart** for adults and discontinued paper charts.

INTRODUCTION OF NEW AND IMPROVED OPERATIONAL PRACTICES

60%
complete

Integrate and improve interoperability with other provincial data systems

Improve electronic workflows to facilitate data capture for improved quality of operations and patient care

75%
complete



“CCMB has ensured that there are sound processes in place to ensure fiscal accountability and responsibility”

ENHANCED PROCESS FOR ENCOURAGING HIGH PERFORMANCE OF STAFF



PROGRESS AT A GLANCE 2016-2021

STRATEGIC DIRECTION 5

Toward Improved Care for Underserved Populations

PROVISION OF NEW AND ENHANCED ACCESS TO SERVICES FOR FIRST NATIONS, MÉTIS AND INUIT

Community Connectors in First Nations, Métis and Inuit Communities

Providing cancer care that is patient- and community-centred within Indigenous communities means looking at health from an Indigenous holistic view - looking at all aspects of care and providing assistance for the unique needs of the individual within the context of their community. Community Connectors provide a comfortable, safe place for cancer patients to share their fears and the obstacles they face when accessing health services. They facilitate support related to family dynamics, emotional needs, financial support, or connecting with the right person or services at CancerCare Manitoba. Having a local, trusted person to talk to makes difficult conversations easier.

The Community Connectors are part of a project focused on access to cancer care for First Nations, Métis and Inuit communities in Manitoba and the Kivalliq region of Nunavut.

The project is hosted through CCMB's Underserved Populations Program and funded by the Canadian Partnership Against Cancer (CPAC). CCMB works with Indigenous communities and partners to identify individuals as Community Connectors in their own or neighbouring Indigenous communities. These individuals receive training and support from CCMB; through learning about the cancer pathways from a community perspective, they can provide support to those with cancer in their communities. Currently, there are 70 Community Connectors across all regions in Manitoba and Kivalliq, with the largest proportion in the Northern and Interlake-Eastern regions.



70

community connectors
in Manitoba and Kivalliq



Community Connectors receive training

The Community Connectors also provide essential information on cancer prevention and screening to these communities to increase participation rates and prevent cancer or find cancer earlier. This project is a wonderful story showing engagement at the community level and working together with partners to break down barriers and improve care and the patient experience. It is a step towards addressing health inequity in Manitoba and Kivalliq.

The Manitoba Cancer Plan's Strategic Direction 5 - Toward Improved Care for Underserved Populations set out the objective to provide new and enhanced access to services for First Nations, Métis, and Inuit communities and residents of geographically isolated areas. This project addresses and moves this objective forward for these communities.



Underserved Populations Program Team (L to R): Anna Weier, Ruth Leewen, Allison Wiens, Patricia Bocangel, Morgan Stirling

Two stories reflect the positive impact of Community Connectors assisting cancer patients in the First Nations, Métis and Inuit communities.

The St. Laurent Community Connector recognized a need for transportation for cancer patients going to and from appointments. Local community members came forward, willing to volunteer their time and vehicle to provide transportation to and from Winnipeg. Each one had a personal connection with cancer and wanted to help in any way possible. The Community Connector coordinated safe and affordable transportation to and from appointments for patients through this group of volunteer drivers. Through CPAC's support, CCMB provided pre-purchased gas cards to volunteers to subsidize transportation of these patients. This local community effort identified and filled a need, positively impacting cancer patients.

A Home and Community Care nurse in a First Nation community was trained as a Community Connector and learned about the resources and services of CCMB. She worked closely with one patient receiving palliative care who, during the pandemic, felt isolated and alone as she was unable to see her family. The Community Connector worked with CCMB and the local health centre to access a virtual connection device and wi-fi for the patient at no cost. These devices were available from CCMB through CPAC funding to make virtual connections possible during the pandemic. This patient's experience was greatly improved when she was able to connect virtually with her family and healthcare providers.

PROVISION OF NEW AND ENHANCED ACCESS TO SERVICES FOR THE ELDERLY



Fortunately, we are living longer, with the number of Canadians aged 65 years and older increasing quickly. Unfortunately, aging is the number one risk factor for cancer, and an increasing number of people aged 70 years and older are now being diagnosed with cancer. Providing improved and age-appropriate care to the elderly with cancer is an objective of the Manitoba Cancer Plan's Strategic Direction 5 – Toward Improved Care for Underserved Populations.

CCMB's team, led by medical oncologist Dr. David Dawe with Allison Wiens (Education and Liaison Nurse) and Morgan Stirling (Projects and Evaluation Coordinator) from the Underserved Populations Program at CCMB, created the Frailty Investigation and Treatment Selection (FITS) Initiative in 2017, intending to improve the experiences and outcomes of older adults with

cancer in Manitoba. The initiative is organized around four pillars - Research, Clinical Care, Education, and Community Engagement.

Research has focused on enhancing organizational awareness and planning for older adults with cancer. The Manitoba Cancer Registry data show that 45% of new cancers are diagnosed in Manitobans aged 70 years and older. The Canadian Institutes of Health

45% of new cancers are diagnosed in Manitobans aged 70 years and older.

Research (CIHR) funded a study, now near completion, led by Dr. Dawe, to investigate the impact of age, the number of prescription medications and the number of health conditions on cancer treatment in Manitoba.

Small group interviews were conducted to better understand barriers faced by older adults and their caregivers as they navigate the healthcare system. To guide educational initiatives an educational needs assessment was completed and published. In the last year, a scoping review on integrating geriatric assessment into clinical practice was published.

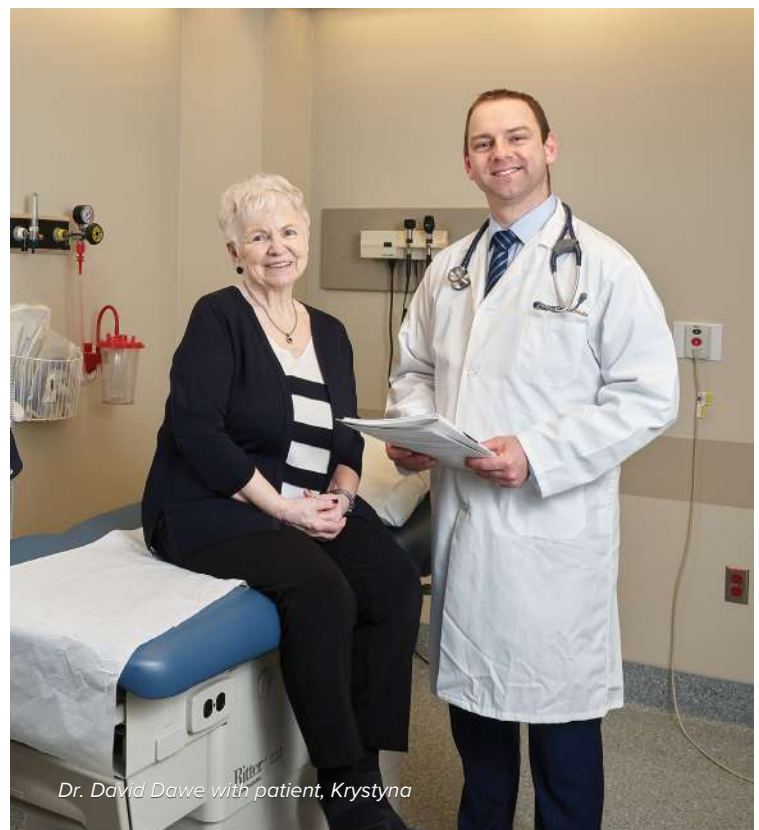
To increase care providers' knowledge of geriatric oncology principles, presentations on geriatric oncology (cancer care in older adults) have been provided at CCMB, the University of Manitoba, and the Provincial Cancer Care Education Conference. Two full-day educational sessions were held through the University of Manitoba, Geriatric Oncology Day in 2017 and 2018, with the content of the program informed by the educational needs assessment. These sessions were well attended and received.

Within CCMB clinics, four different tools have been piloted to screen for frailty. In 2020, a project was completed in collaboration with the Canadian Patient Safety Institute looking at ways of integrating frailty screening and deprescribing. While screening of patients was possible, the tools piloted were not ideal. Currently, ways to more effectively integrate frailty screening, geriatric assessment, and assessment of potentially inappropriate medications into CCMB clinics to benefit Manitobans with cancer are being explored.

To increase awareness and understanding of services and cancer care for older adults in Manitoba, an internal document with descriptions and contacts for agencies assisting older adults throughout the province was developed and is available. The team is also developing and strengthening relationships with external stakeholders, partially through a diverse advisory group that includes members from home care, long-term care, primary care, geriatrics and rehabilitation, and several other organizations. The team also shares important information related to practical health equity tips and resource

information, including caring for older adults with cancer, to healthcare providers at CCMB and with the broader Community Oncology Program.

Knowledge about the best ways to care for older adults with cancer has been changing quickly over the last ten years. There has been very good progress made at CCMB over the past five years to ensure the best care for this age group is provided. We look forward to the next steps to use existing data and contributing new research to further improve the experiences and outcomes for older adults with cancer both in Manitoba and beyond.



Dr. David Dawe with patient, Krystyna

DEVELOPMENT OF A NEW MULTIDISCIPLINARY CARE PROGRAM FOR ADOLESCENTS AND YOUNG ADULTS (AYA)

Caring for AYAs with Cancer

The Manitoba Cancer Plan called for the development of a new multidisciplinary care program for adolescents and young adults (AYAs) in Strategic Direction 5 - Toward Improved Care for Underserved Populations. AYAs with cancer encounter several unique challenges, including but not limited to biographical disruption, social isolation, vocational/educational concerns, financial challenges, loss of independence, oncofertility, ageism, late effects from treatment and low enrolment in clinical trials. In 2016, CancerCare Manitoba created a new AYA psychosocial oncology (PSO) clinician position to provide tailored support for AYAs and their families across Manitoba, with the generous support from CancerCare Manitoba Foundation (CCMF).

After conducting a review of existing AYA programs across Canada, the AYA PSO clinician began counselling patients between the ages of 15-35 in January 2017. The age bracket has now expanded up to age 39 to recognize the challenges that young adults with cancer continue to face into their 30s. The interest in and demand for AYA PSO services grew quickly after the position was created. This is perhaps best exemplified by the popularity of the Young Adult Cancer Support (YACS) Group, which saw its attendance triple in two years (2017 to 2019). Participation remained high through the onset of the COVID-19 pandemic in 2020, thanks to a successful transition to online support group sessions. The virtual group platform increased

access to AYAs living across the province and in Nunavut's Kivalliq region.

CCMB has a unique advantage in Canada, treating children and adults with cancer by pediatric and adult cancer specialists within the same facility. This provides for the smooth transition of patients in this age group as they transfer from their pediatric to an adult oncologist. CCMB has emerged as a national leader in AYA care; this became clear when CCMB hosted Primetown from May 6-8, 2021, a virtual cancer summit for young adults and those who care for them, in partnership with CCMF and Young Adult Cancer Canada (YACC).

Several other initiatives have been launched in the last five years that improve the care and support available to AYAs at CCMB:

- ▶ A new psychosocial referral pathway to encourage physicians and nurses to refer AYAs for counselling.
- ▶ A made-in-Manitoba resource book for AYAs in the post-treatment phase was developed and distributed in partnership with the Community Oncology Program.
- ▶ The AYA PSO clinician has been the key referral source for a patient-led peer support social group called Localife, which has grown into the biggest group of its kind in Canada in total numbers, without having to

"My feelings weren't dismissed and there was an understanding from the group that I'm not able to get from my support system, which I think is something I needed, especially right now. We all have different cancers and stories but listening to other people made me feel like I'm not alone."

- Feedback from a YACC group member

adjust participation on a per-capita basis.

- ▶ The AYA PSO clinician acts as a referral source for the Teens Living with Cancer (TLC) support group.
- ▶ CCMB entered a formal partnership with Camp Quality (CQ) in 2019 to open enrolment to CQ's Breaking Borders therapeutic adventure program for Manitoban young adult survivors of childhood cancer.
- ▶ There are ongoing discussions between CCMB and Heartland Fertility Clinic to ease access to fertility preservation services for Manitoban AYAs.
- ▶ The AYA program is routinely speaking to service providers inside and outside of CCMB to highlight the reasons AYA care is important and how to better support this group.

The AYA program at CCMB also made the PRecision Oncology For Young peopLE (PROFYLE) program accessible to AYAs up to 29 years of age diagnosed with cancer in Manitoba in the year 2016. PROFYLE is a unique pan-Canadian partnership of medical and research experts to provide children and AYA with rare

and hard-to-treat cancers with opportunities for newer targeted treatments based on their tumour signature. Since 2016, 13 AYA Manitobans have been enrolled in the PROFYLE initiative.

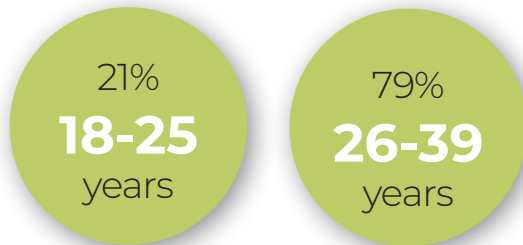
The enrollment of AYAs into clinical trials has been considered a pivotal step for improving their survival and overall outcomes. One of the AYA program priorities at CCMB has been to provide increased access to clinical trials to Manitoban AYAs with cancer. The pediatric and adult oncologists, researchers and clinical trial unit at CCMB are constantly working to open clinical trials at CCMB that offer increased opportunities to newer drugs and treatments to AYAs with cancer in Manitoba.

Over the past five years, the multidisciplinary care program for AYA cancer patients has seen very good progress thanks to a keen team of individuals developing this program including leadership from both pediatric and adult oncology programs at CCMB and cancer patients in this age group who have found their niche in the cancer community. We look forward to the next developments by this group as it continues to grow.

A Survey Exploring the Impact of COVID-19 Pandemic on Cancer Care of Adolescents and Young Adults (AYAs) in Canada

Conducted in January and February 2021

Age of participants (n=805)



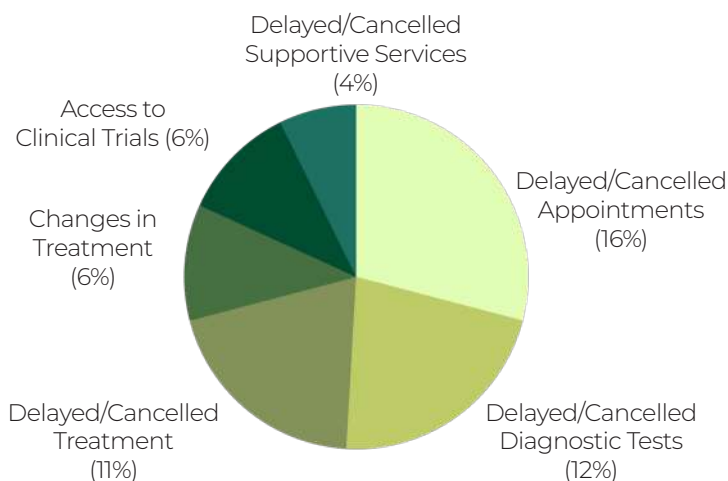
Cancer Treatment (n=805)



77%
felt satisfied with
their cancer care



21%
reported at least one
negative impact on
their cancer care



Factors associated with a
negative impact

- ✓ Personal income <\$20,000 CAD per year
- ✓ Actively Receiving Cancer Treatment
- ✓ Presence of a Physical or Mental Health Condition

Changes in Cancer Care Associated with Positive impact



Used with permission. Howden K, Glidden C, Romanescu RG, Hatala A, Scott I, Deleemans J, Chalifour K, Eaton G, Gupta AA, Bolton JM, Mahar AL, Garland SN, Oberoi S. A Cross-Sectional Survey Exploring the Impact of the COVID-19 Pandemic on the Cancer Care of Adolescents and young Adults. Current Oncology. 2021; 28(4): 3201-3213 <https://doi.org/10.3390/curroncol28040278>



Adolescent and Young Adult (AYA) Care Team (L to R): Lorena Gerl, Dr. B. Schacter, Dr. G. Cuvelier, Dr. S. Oberoi, and Ian Scott



Dr. R. Wong with patient, Matt

PROGRESS AT A GLANCE 2016-2021

STRATEGIC DIRECTION 6

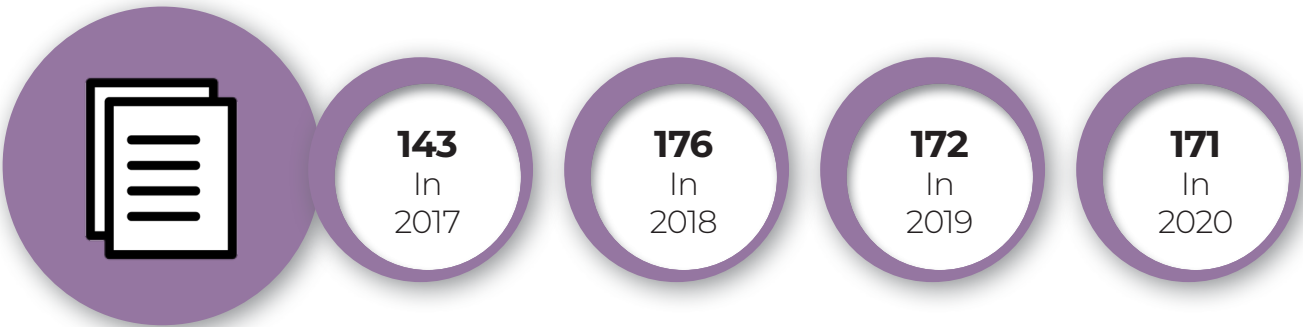
Toward a Broadened Scope and Enhanced Strength of Research

EXPANDED SCOPE AND STRENGTH OF RESEARCH



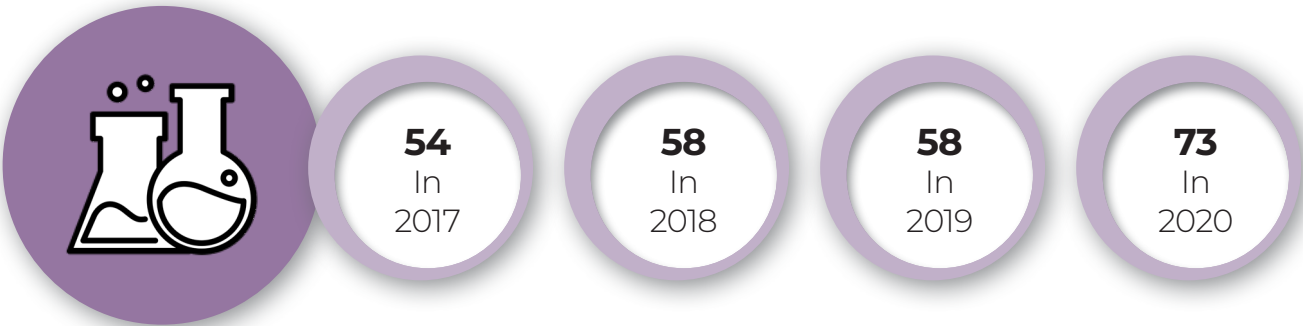
<https://www.cancercare.mb.ca/Research/research-institute-at-cancercare-manitoba/about-the-research-institute>

GREATER COLLABORATIONS TO ENHANCE RESEARCH



Number of Publications 2017-2020

INCREASED COMPLEMENT OF HIGHLY-QUALIFIED RESEARCHERS



Number of Scientists and Members 2017-2020

EXTERNAL PEER-REVIEWED
GRANT FUNDING TO SCIENTISTS

CLINICAL TRIALS UNIT
TOTAL FUNDING

\$17.8M
In 2020

\$6.3M
In 2019

\$6.6M
In 2018

\$5.8M
In 2017

\$3.82M
In 2019/20

\$3.77M
In 2018/19

\$3.03M
In 2017/18

\$2.62M
In 2016/17



Care through Discovery

Strategy to Foundational in 5 Years

CancerCare Manitoba has a rich and strong history of linking research innovation to improved patient care since its beginning in 1930 as the Manitoba Cancer Relief and Research Institute, and later as the Manitoba Institute of Cell Biology in 1969 as a joint initiative between CancerCare Manitoba and the University of Manitoba. In 2015, the scope of research was expanded from lab-based research to the addition of clinical research.

Over the past five years, CCMB has continued to broaden the scope and enhance the strength of its research through a Strategic Direction of the Manitoba Cancer Plan 2016-2021. These efforts resulted in the launch of the newly named CancerCare Manitoba Research Institute (CCMR), and a change in governance model in May 2021, bringing research even closer to patient care. Research has moved from a strategic direction to being fully foundational to CancerCare Manitoba in four overarching areas: expanded scope and strength of research, provision of state-of-the-art laboratories and research technology platforms, greater

As the only provincial organization dedicated exclusively to improving cancer control in Manitoba through research and innovation, CCMR must continuously look forward while building on successes from the past.

collaborations to enhance cancer and blood disorders research, and increased complement of highly-qualified researchers. Under the direction of Dr. Neil Watkins, Chief of Research at CCMB, and Director of Research at CCMR, the Research Institute's Strategic Plan 2018-2023 was completed to set the priorities to best serve the Manitoba community. Three major

strategic directions spanning clinical, basic, translational and health services research have been identified: developing multidisciplinary teams, enhancing infrastructure platforms, and identifying research themes.

Developing Multidisciplinary Teams

These research teams organized by disease site include:

- ▶ *Chronic Lymphocytic Leukemia (CLL) Research Cluster*
- ▶ *Manitoba Breast Cancer Research Group*
- ▶ *Acute Care Hematology*
- ▶ *Neuro-Oncology*
- ▶ *Ovarian Cancer*
- ▶ *Lung Cancer*
- ▶ *Acute Myeloid and Leukemia and Myelodysplastic Syndrome*

Enhancing Infrastructure Platforms

As new cancer research concepts and technologies enter the research and clinical space, investment in infrastructure is essential. Seed investments from CancerCare Manitoba Foundation have allowed the Institute to launch three new platform initiatives.

- ▶ *Manitoba Tumour Bank*
- ▶ *In vivo cancer models*
- ▶ *Genomic Sequencing Laboratory*
- ▶ *Manitoba Cancer Informatics and data analytics*
- ▶ *Clinical Trials and Clinical Research*
- ▶ *CAPTAIN Project - a clinical trial that will leverage the "MindSet" learning health system framework*

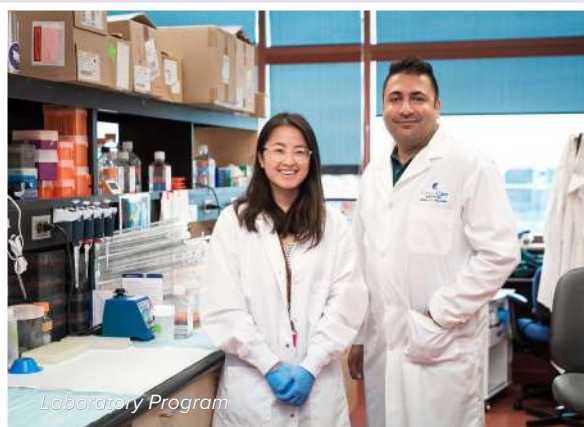
Identifying Research Themes

The centralization of cancer care, treatment, population-based screening programs, province-wide cancer registries, and tumour biobanking allows the Institute to research the cancer continuum. Important new developments in the Institute over the past 12 months have led to success in three themes.

- ▶ *Early Detection of Cancer*
- ▶ *Precision Medicine*
- ▶ *Health Care Innovation*

With such important areas of research at our Institute, we must continue to deliver tomorrow's research today. Without local research, there is no cancer control. As we move from the Manitoba Cancer Plan 2016-2021, we focus on implementing the priorities and objectives outlined in the Roadmap to Cancer Control for Manitoba by focusing on these four vital needs for the Institute: new research laboratories, clinical research facilities, new research technology, and recruitment.

Research Areas



CancerCare Manitoba
RESEARCH INSTITUTE

ActionCancer Manitoba
INSTITUT DE RECHERCHE

Care through Discovery

CANCERCARE MANITOBA RESEARCH INSTITUTE

COVID-19 Research

Despite the suspension of most research activities during the pandemic, several CCMR researchers redirected their efforts towards COVID-19 research, to assist in the global quest for answers and to learn from the pandemic and its impact on cancer patients and CCMB operations through the collection of data.



L to R: Pascal Lambert, Dr. Kathleen Decker, Allison Feely, Oliver Bucher, Dr. Maclean Thiessen.

Evaluating the Impact of the COVID-19 Pandemic on New Cancer Diagnoses and Oncology Care in Manitoba

Dr. Kathleen Decker, Senior Scientist and Epidemiologist, CancerCare Manitoba Research Institute

Dr. Maclean Thiessen, Medical Oncologist, CancerCare Manitoba

People with cancer have proven vulnerable to infection with COVID-19. Many receive anti-cancer treatments such as chemotherapy that weaken their immune systems making them more susceptible to viruses. Treatments are often complex requiring multidisciplinary teams to coordinate care and communicate clearly and effectively with patients and their

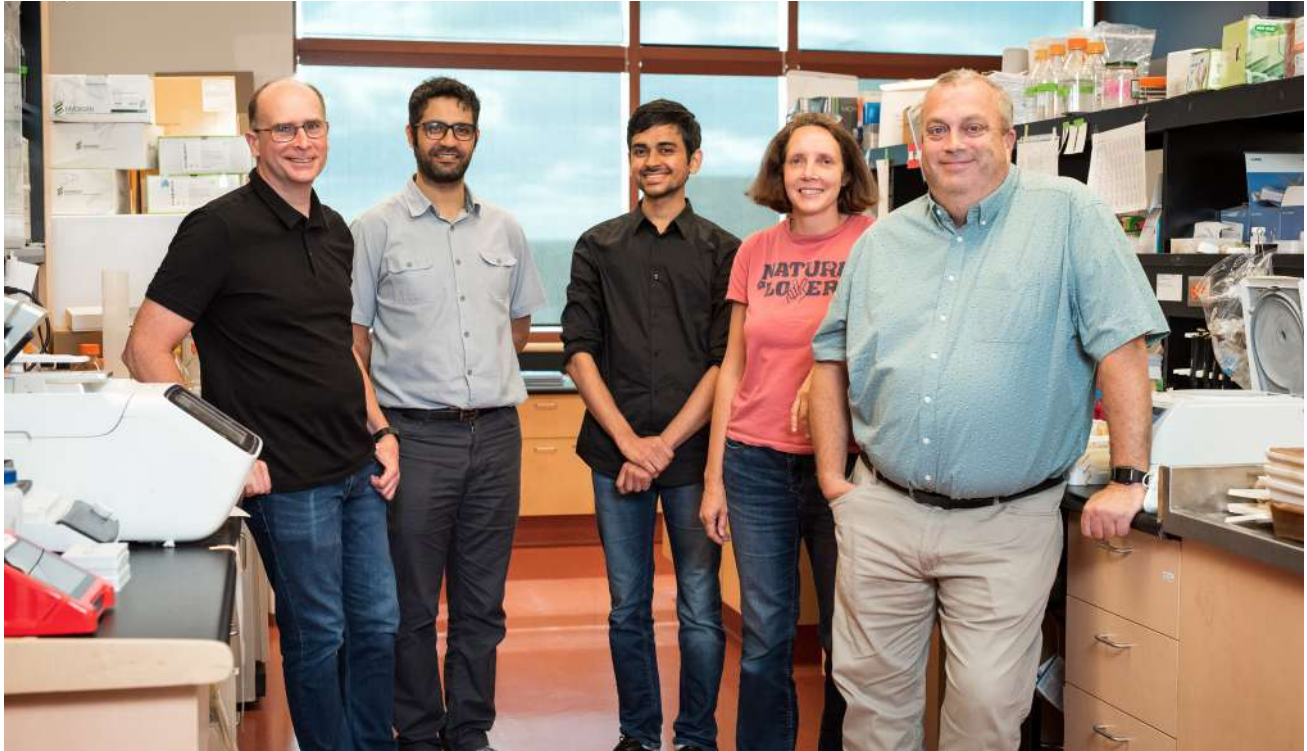
families. Physical distancing, the reallocation of healthcare resources, and the need to implement new procedures to reduce the spread of COVID-19 may also have serious consequences for people with cancer. These include delays in cancer screening, diagnosis, and treatment. In addition to health system changes, patients may also be afraid to access the healthcare system or experience new barriers to care. Therefore, we understand how COVID-19 has affected individuals with cancer. This research is focusing on four questions:

- 1 What is the impact of COVID-19 on the number of new cancer cases, cancer treatment, and survival?
- 2 Is this different for some people compared to others (for example, people who live in rural Manitoba compared to an urban area)?
- 3 Are more people diagnosed with a higher stage, more serious cancer compared to before the pandemic?
- 4 What is the impact of COVID-19 on the cancer patient experience?

The study is being led by Dr. Kathleen Decker. The fourth question is being investigated by Dr. Maclean Thiessen. This research is funded by Research Manitoba and the CancerCare Manitoba Foundation. Dr. Decker and the Health Services Research Platform team are using population-based cancer care and healthcare data to answer these questions.

Dr. Thiessen is using surveys and patient interviews to explore the experience of individuals receiving treatment and determine what is helpful and unhelpful as it relates to virtual cancer care. Ultimately, the study will provide results to healthcare providers, patients, and decision-makers to ensure that Manitobans with cancer receive the highest standard of care during and after the pandemic.

This work has been published in [Current Oncology](#), 12 August 2021.



Dr. Jody Haigh (far right) with research team members: Dr. A. Cuddihy, Dr. A. Benyoucef, Mr. V. Krishnamoorthy, Mrs. K. Haigh

Improving Q-RT-PCR Screening for COVID-19 by Tracking Viral Variants

Dr. Jody Haigh, Senior Scientist, CancerCare Manitoba Research Institute

COVID-19 research conducted by the Haigh lab began in March 2020 with funding from BioXplor Inc., as an industrial partner, and MITACS, a nonprofit national research funding organization. This allowed the purchase of a server from which novel computational tools were developed for tracking SARS-CoV-2 variants and using large amounts of sequencing data. The initial version of the analysis pipeline identified unique mutations to the virus based on the geography (US, Australia, China) of the infection during the first wave of the pandemic. Variants that can cause false negatives during diagnostic testing were also identified. These results were published in [PeerJ](https://doi.org/10.7717/peerj.9255) on May 21, 2020 (doi: 10.7717/peerj.9255).

After this work, a process to download and store large amounts of sequencing datasets to the server was streamlined until the beginning of 2021. Developing a separate analysis pipeline, the existence of SARS-CoV-2 hypermutation with low frequency (less than in 2% of genomes) was discovered, likely arising due to host immune response and not due to sequencing errors. Also discovered was a region of the viral genome subject to active evolution during the pandemic that may be involved in viral immune cell avoidance.

This research was published in *Frontiers in Microbiology* on June 21, 2021.

<https://doi.org/10.3389/fmicb.2021.665041>.

Development of Conditional Humanized ACE2 Mouse

In April 2020, the Haigh lab was approached by Dr. Josef Penninger, a world-leading expert in SARS research at the University of British Columbia, to make a humanized mouse model for COVID-19 research. This mouse model expresses the human ACE2 receptor – a protein on the surface of cells and tissues which the SARS-CoV-2 virus uses to gain entry. This humanized mouse model (termed conditional R26-hACE2 mice) will allow for a better understanding of SARS-CoV-2 induced pathologies observed in COVID-19 patients and will be extremely useful for viral variant testing and drug validation studies in the future. The

Haigh lab received special permission to remain open during lockdown to complete this project and was supported by the Research Manitoba COVID-19 Rapid Response grants program. This important mouse model was generated in less than 6 months and has since been transferred to the Penninger lab for further studies on the role of hACE2 in SARS-CoV-2 based infections and pathology.



L to R: Dr. Emily Rimmer, Dr. Ryan Zarychanski, and Dr. Brett Houston.

Therapeutic Anticoagulation with Heparin in Critically Ill Patients with COVID-19

Dr. Ryan Zarychanski, Senior Scientist,
CancerCare Manitoba Research Institute

Dr. Ryan Zarychanski, hematologist and senior scientist, is leading clinical trials for COVID-19 in collaboration with researchers in Manitoba, nationally and internationally, including Dr. Emily Rimmer and Dr. Brett Houston. Dr. Zarychanski is the Chair of international trials evaluating anticoagulation strategies in COVID-19 and severe non-COVID infection. These trials include the Antithrombotic therapy to ameliorate complications of COVID-19 in ATTACC and REMAP-CAP platforms and the HALO (Heparin anticoagulation to improve outcomes in severe infection) trial. The COVID-19 anticoagulation trials led by Dr. Zarychanski are supported by Research Manitoba, the Victoria General Hospital Foundation and CancerCare Manitoba

Foundation. These trials were [published](#) in the prestigious New England Journal of Medicine and established best-practice for anticoagulation care for hospitalized COVID-19 patients around the world.

Dr. Zarychanski also co-chairs an international trials group evaluating convalescent plasma in critically ill and immunocompromised patients with cancer. Leveraging the successful experience of implementing adaptive platform trials during the COVID-19 pandemic, in collaboration with others across Canada, Dr. Zarychanski is chairing the development of a CIHR-funded national acute care platform trial. Such a trial will facilitate the enrollment of patients into clinical trials so that effective therapies can be more quickly identified.



Dr. Rashmi Koul, Department Head, and members of the Radiation Oncology Program.

Innovation in Radiation Treatment

When the COVID-19 pandemic was announced in the province of Manitoba, the Radiation Oncology Program (ROP) quickly looked at innovative ways to offer state-of-the-art radiation treatment to Manitobans. This team effort resulted in new highly effective enhanced radiation techniques such as single fraction lung Stereotactic body radiotherapy (SBRT), hypofractionated breast cancer radiation, and prostate bed hypofractionated radiation. These protocols were tested by a robust Quality Assurance team led by the Medical Physics team. These new techniques yielded excellent

oncological results with fewer treatment fractions, effectively reducing the number of visits patients were required to make to CCMB for radiation treatment, and an overall reduction in patient traffic through CCMB facilities, thus enhancing our compliance with COVID-19 distancing requirements.

To date, these efforts have yielded good cancer control and treatments that are world-class and extremely safe. Some of these efforts in innovative modifications to radiation treatments have been published.

[A Call for a Radiation Oncology Model Based on New 4R's During the COVID-19 Pandemic.](#) Rathod S, Dubey A, Chowdhury A, Bashir B, Koul R. in *Advances in Radiation Oncology*. 2020 April 25.

[Bracing for impact with new 4R's in the COVID-19 pandemic – A provincial thoracic radiation oncology consensus.](#) Rathod S, Dubey A, Bashir B, Sivananthan G, Leylek A, Chowdhury A, Koul R in *Radiotherapy and Oncology*. 2020 August.

[In regard to “Radiation for glioblastoma in the era of COVID-19: Patient selection and hypofractionation to maximize benefit and minimize risk”.](#) Rathod S, Kakamanu S, Koul R. in *Advances in Radiation Oncology*. 2020 July-August.

[Working in the dark: Interaction with a sub clinical COVID-19 subject and lessons learned.](#) Rathod S, Ahmed S, Vanstone R, Fatoye T, Desautels D, Koul R. in *European Journal of Cancer*. 2020 August.

CURRENT CHALLENGES

Increase in Demand for Cancer Services and New Treatments and Technologies

Over the next two decades, it is projected that Manitoba will see a continued rise in the number of cancer cases. This is due to Manitoba's aging population and the higher incidence of cancer in older age groups, as well as advances in cancer treatment leading to improved outcomes and more patients living longer with cancer. Some patients will develop secondary or new cancer diagnoses requiring more aggressive treatment. These factors will result in an increased volume of patients requiring cancer services in Manitoba in the coming decades and increasing demand on the healthcare system.

Technologies and treatments for cancer are constantly evolving, allowing CCMB to deliver state-of-the-art cancer treatments. To sustain delivery of these new evidence-based treatments to Manitobans as they become available continues to be a challenge in our

current environment of fiscal constraint and limited resources. New and improved cancer screening methods like screening for lung cancer and CAR-T therapy delivered in our own province are two of the challenges we will address to bring these technologies to Manitobans.

Treatment protocols for cancer are becoming more complex as a large number of novel therapies and new drug combinations are expected for the treatment of cancer in the upcoming years. Many new drugs are given until disease progression, increasing overall drug costs. Ongoing education of oncology healthcare professionals will be required to ensure the safe use of new drugs and the increased use and availability of immune therapies.



Provincial Oncology Drug Program Team

Sustainability of Services and Space Planning

CancerCare Manitoba underwent an operational review in 2019 to examine the overall efficiency and fiscal performance of CCMB. The results showed CCMB to be in a very good position and the recommendations made related to our work with provincial partners to further enhance patient experience and care. CCMB remains committed to continuing to seek efficiencies and cost-effectiveness for the sustainability of cancer services for the future.

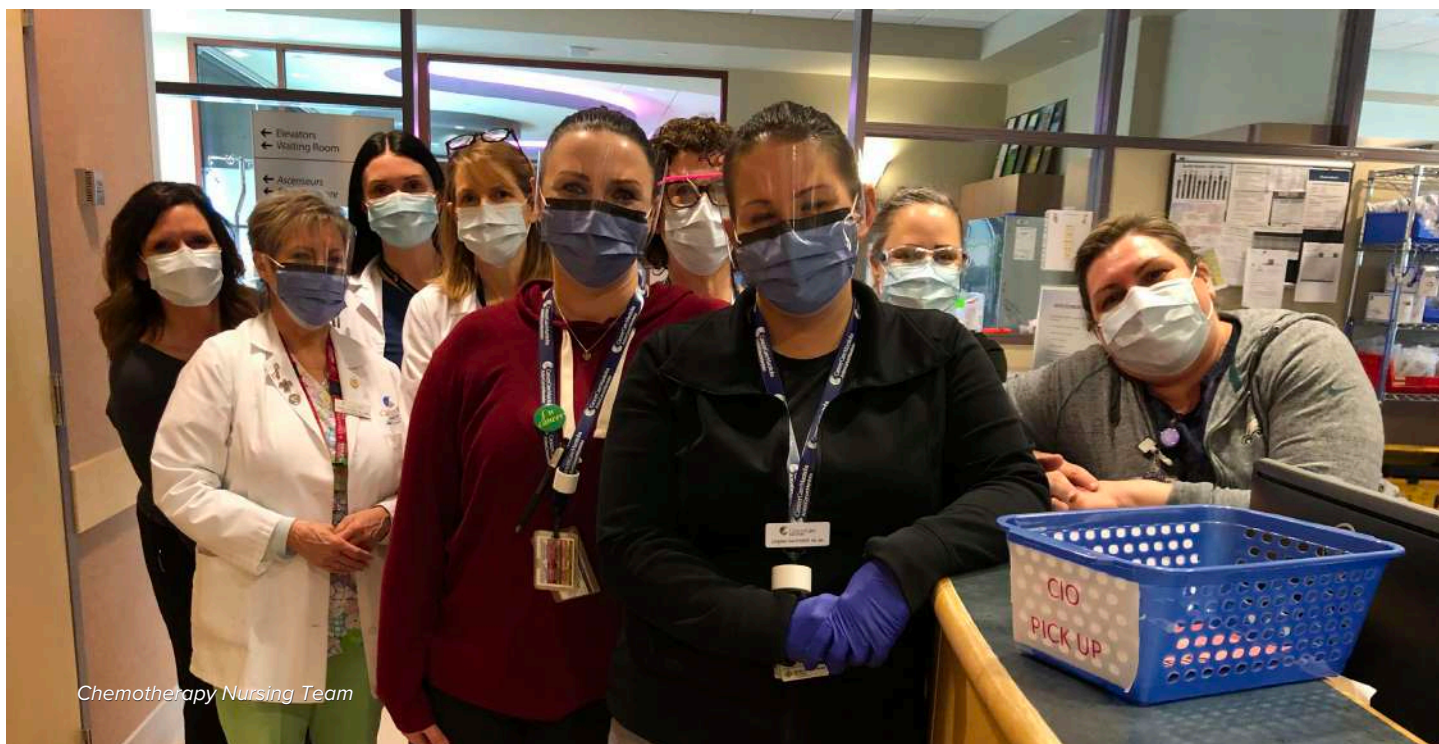
While aware of the need for cost-effectiveness and efficiency, CCMB is faced with the continued challenge of space constraints within its facilities. Providing high-quality cancer services and attracting the best and the brightest oncologists and researchers demands a state-of-the-art facility able to deliver new treatments and house new technologies.

Over the past five years, several renderings for an expanded facility to accommodate the increase in patient numbers, including a new inpatient oncology unit, have been presented at various junctures. We look forward to continuing to work with the province and our health partners to find opportunities and solutions.

Sustaining Workforce Requirements

Our workforce is our most important resource and biggest investment. They are the future of cancer care in Manitoba. This is true not only for staff at CCMB but for all healthcare staff providing cancer care to patients throughout the province. With the increased burden of cancer in our province, the requirement for a strong and skilled workforce is ever increasing. Successful recruitment and retention of cancer specialists, staff education and development, high performance, and staff engagement and satisfaction remain priorities that must be invested in for the sustainability of this vital component of cancer service delivery.

The past few years have brought added strain to staff with the challenges of transformation, the operational review, events within our diverse culture affecting the workplace, and COVID-19. Maintaining the resilience of staff to see us through these challenges is of utmost importance. By investing in our staff, we are investing in the future.



Chemotherapy Nursing Team

FUTURE DIRECTION - BUILDING MOMENTUM

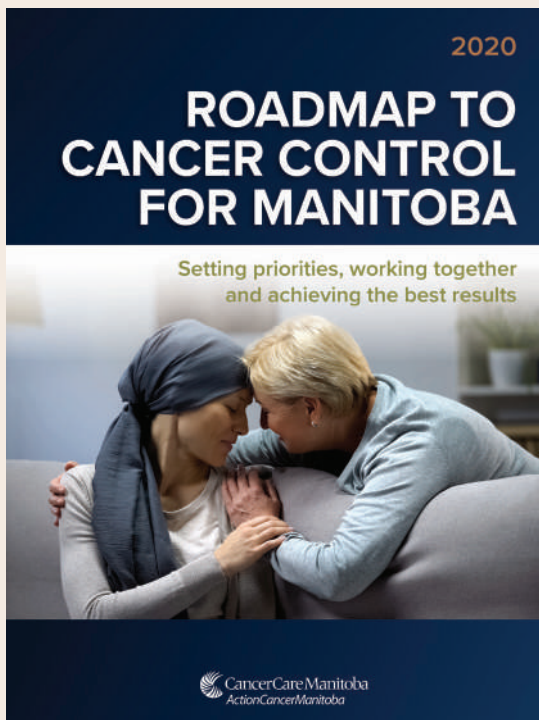
The Roadmap to Cancer Control for Manitoba

The Manitoba Cancer Plan 2016-2021 has built the momentum to keep moving forward as we transition to the Roadmap to Cancer Control for Manitoba – the plan for the whole province to achieve cancer control. The strategy for enhanced reporting on performance, quality and safety is now foundational to our operations at CCMB with regular monitoring and reporting on the quality of care, patient safety, patient satisfaction, wait times and clinical outcomes. As well, the strategy toward a broadened scope and enhanced strength of research is foundational to our operations and the evidence-based care we provide. The CancerCare Manitoba Research Institute brings research closer to patient care.

As outlined in the Roadmap, we are committed to deliver evidence-based, high-quality care, and to seize every opportunity to overcome or eliminate the burden of cancer through a model

of care that is patient- and community-centred, and driven by research and innovation.

We are committed to working with our partners to further enhance and improve the provincial approach to care, we will expand our community engagement to better understand the unique needs of the diverse communities in Manitoba to plan and provide cancer services that also address those unique needs. In particular, we will work with the First Nations, Métis and Inuit communities to build the necessary foundation for identifying culturally appropriate priorities and actions required to address the gaps to equitable cancer care and services for these populations.



<https://www.cancercare.mb.ca/About-Us/corporate-publications>

Setting priorities, working together and achieving the best results



Priority 1

Promote cancer prevention and screening

Objectives:

1. Increase the number of non-smokers in Manitoba
2. Promote proven practices to reduce cancer risk in Manitoba
3. Increase uptake of cancer screening by Manitobans
4. Adopt best practices for cancer screening in Manitoba



Priority 2

Deliver timely access to quality cancer care closer to home

Objectives:

1. Enable early stage diagnosis and timely diagnosis of cancer
2. Increase engagement of primary care providers and navigators throughout the cancer control continuum including palliative care
3. Develop a coordinated and integrated provincial model for inpatient cancer services



Priority 3

Provide evidence-based, high-quality cancer services

Objectives:

1. Enhance access to precision medicine
2. Optimize multidisciplinary care through high-performing cancer disease site groups
3. Increase compliance with cancer surgical standards throughout Manitoba
4. Increase concordance with systemic treatment standards throughout Manitoba



Priority 4

Improve patient experience throughout the cancer continuum

Objectives:

1. Provide increased level of emotional support for patients
2. Improve patient engagement and access to information
3. Support patients in navigating the cancer system



Priority 5

Ensure sustainability of cancer services

Objectives:

1. Implement innovative models of cancer care
2. Integrate digital solutions to improve information flow among healthcare providers
3. Ensure appropriate workforce and infrastructure planning to meet future needs



Priority 6

Improve First Nations, Métis, and Inuit cancer control and outcomes

Objectives:

1. Ensure culturally-responsive equitable cancer care
2. Provide safe and quality cancer care in their own communities
3. Support Peoples-specific, self-determined cancer care

CancerCare Manitoba is responsible for planning and leading a provincial cancer control program in Manitoba. Successful implementation of a comprehensive program that involves the whole healthcare system will determine the cancer outcome and health of Manitobans.

The Roadmap sets out six Priorities that are patient- and community-centred and research- and innovation-driven. They call for the best evidence-based, high-quality and equitable care for all Manitobans, regardless of age, race, culture, disability, gender, religion, or location in the province.

Patient- and Community-Centred Care: The Best Care for Manitobans

Responding to the unique needs of the patient

Patient and community-centred care focus on delivering care that is responsive to the unique needs and preferences of the individual, their families and communities.

Our province is richly diverse in culture, ethnicity, geography, socioeconomic status, age and gender. Unless these diversities are recognized and factored into health planning, along with the acknowledgment of the **challenges of racism and cultural safety**, we cannot provide equitable care, which is key to bringing optimal health outcomes and improved patient experience.

The Cancer Landscape

Cancer is the leading cause of death in Canada

In Manitoba, 10,000 new cancer cases will be diagnosed every year in Manitoba by 2035.

Despite the numbers, Manitobans with cancer are living longer lives due to the availability of new treatments and technologies.

Research and Innovation

New knowledge improves cancer control

Research is foundational to providing the best care and contributes to cancer control in the province; it is an essential component of CCMB's mission to reduce the impact of cancer on Manitobans. The Research Institute at CancerCare Manitoba is the only provincial organization dedicated exclusively to improving cancer control in Manitoba through research and innovation.



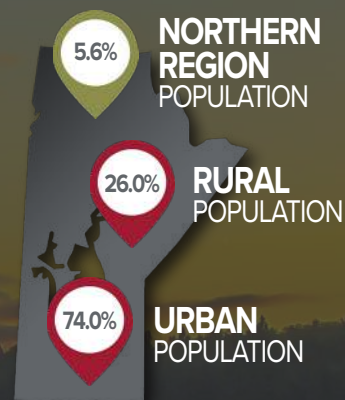
1 IN 2
CANADIANS
WILL DEVELOP
CANCER IN
THEIR LIFETIME



1 IN 4
CANADIANS
WILL DIE OF
CANCER

Manitoba's Diverse Population

**POPULATION
OF MANITOBA
1,372,708**



18.0%

Indigenous
population = MANITOBA



17.5%

Visible
minorities



15.6%

Population over
age 65



9.4%

Population living at
low income level

HEALTH SYSTEM TRANSFORMATION

Health System Transformation has enabled opportunities for provincial planning and delivery of health services for all Manitobans. There is close alignment between the provincial Clinical and Preventive Services Plan (CPSP) and CCMB's provincial approach to care; we will continue to work with our partners towards further implementation of the CPSP.

CancerCare Manitoba embraces the opportunities Health System Transformation will bring for cancer services, working closely with Shared Health and our regional partners. Two important initiatives which will improve cancer services for Manitobans are:

- ▶ Expansion of cancer services in the Brandon region at the Western Manitoba Cancer Centre including a new radiation treatment machine and an increased footprint of the facility;
- ▶ CCMB's provincial leadership in cancer surgery, including implementation of cancer surgery standards, will ensure access to high-quality cancer surgery closer to home for all Manitobans.

Provincially, nationally and globally, we need to be ready for the projected steady rise in cancer diagnoses and the ever-increasing time patients live well with their cancer. Working together provincially and expanding our ability to deliver high-quality cancer services is a step towards achieving cancer control in our province, improving the patient experience, and providing better care for all Manitobans. Health Transformation has strengthened health services for all Manitobans.

A more sustainable model of care in Winnipeg

A review of cancer service delivery in 2019 highlighted the benefits to access and quality of care that would come from clinical consolidation of CCMB's clinical sites in Winnipeg from six to four. This took place in December 2020 and allowed for enhanced high-quality cancer services to be delivered safely and effectively, particularly as the demand for services grows and Manitoba's population ages and changes.

CancerCare Manitoba is grateful to both the Concordia and Seven Oaks Hospitals' management and staff for their strong partnership over many years and their commitment to cancer patients in providing cancer care. The CCMB staff at these sites displayed a dedication to excellence in patient care that continues to be extremely valued as they have transitioned to one of the other CCMB sites.

CCMB is confident this clinical consolidation will provide a more sustainable model of high-quality care for today and into the future.

ACCREDITATION CANADA

CancerCare Manitoba voluntarily participates in Accreditation Canada's Qmentum Accreditation Program. The Qmentum Program is a four-year cycle of assessment and improvement which helps organizations assess all aspects of their operations – from board and leadership, care and services, to infrastructure. Assessment evaluates performance against national standards of excellence. These standards examine all aspects of care, including patient safety, ethics, staff training, and how CCMB connects with partners in the community. Accreditation Canada is an independent non-governmental organization that operates globally as an affiliate of the Health Standards Organization.

CCMB's last two accreditation surveys took place in 2015 and 2019, with Exemplary Standing received on both occasions. This is the highest level of performance achievable. In 2019, seven cancer service delivery sites of CCMB were assessed by the surveyor team during the onsite survey. CCMB was evaluated

against 946 national standards and passed with 99.6 percent compliance and achieved 100 percent compliance on Required Organizational Practices. These are the highest levels achieved by CCMB to date.

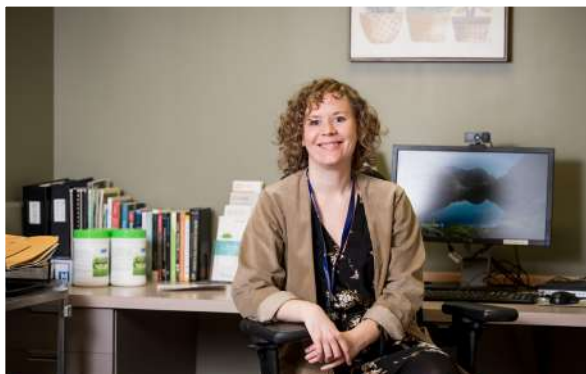
Participating in accreditation demonstrates to patients, staff, partners, and the community CCMB's commitment to quality health care. It brings confidence and assurances to Manitobans that they will receive the best evidence-based, safe and high-quality cancer care in the province.

CCMB is aligning with the Provincial Quality and Patient Safety and Accreditation (QPSA) Framework as it prepares itself for the next on-site survey.

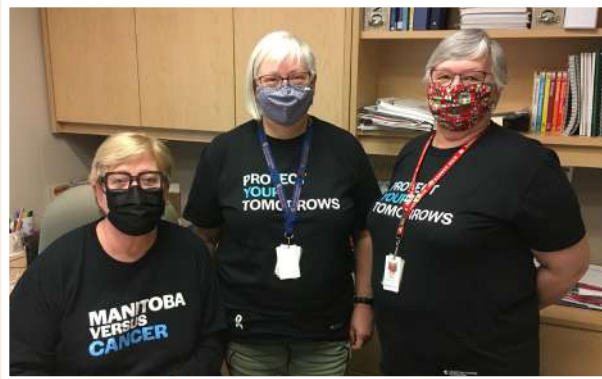


RECOGNIZING, ACKNOWLEDGING AND CELEBRATING CCMB STAFF









The Manitoba Cancer Plan 2016-2021 spoke to the need to expand capacity – physically and with human resources – to respond to the projected growth in cancer incidence in our province. As a strategic partner of CCMB, CancerCare Manitoba Foundation has been committed to supporting the strategic directions outlined in this five-year plan.

There have been numerous highlights over the past five years and cancer research and patient care have seen advances as a result of incredible donor generosity. CancerCare Manitoba Foundation is deeply grateful to the community for ensuring CancerCare Manitoba is a national leader.

Highlights include:

Precision Medicine

CancerCare Manitoba Foundation is proud to have been a funding partner and stakeholder in a collaborative commitment over the past five years to Precision Medicine at CCMB and the tailoring of diagnostics and therapeutics to individuals based on their unique genetic and physiologic characteristics. In the past five years donors to CancerCare Manitoba Foundation have generously invested more than \$1 million dollars to supporting the future of Precision Medicine, a critical platform that will ultimately provide faster results and newer treatment options for patients with cancer.

Thanks in part to donor commitment and vision, a new genomics lab was opened at CCMB in November of 2020. This partnership with Shared Health is allowing for the testing of patient samples to occur in Manitoba, rather than out of

province. Beyond the approximately \$2 million/year in cost savings to the health system this new lab is capable of testing dozens of genes simultaneously in multiple cancers.

Calypso

Donor generosity is enabling Manitoba to be a national leader. Thanks to donor investment, since 2018 prostate cancer patients have access to leading-edge radiation treatments in our own province.

Calypso technology precisely monitors the position of a cancer tumour in “real time” for extremely well-targeted, more accurate delivery of external beam radiation treatments. By actively targeting the tumour in “real time”, Calypso allows healthcare professionals to more safely administer radiation for cancer treatment, while minimizing exposure to healthy tissue. This introduces a new level of confidence, peace of mind and higher quality of life for the patient.

The targeting capability of Calypso ultimately leads to a much-improved treatment experience for the patient, one which is considerably shorter and with reduced toxicity. Without Calypso, patients would typically come in once a day for seven weeks and receive very low doses of radiation at each visit. Thanks to donor investment in Calypso, they now come in only once a week for five weeks.

The Calypso system, the second of its kind in Canada, has allowed new ground to be broken in Manitoba - possible because of generous donors who funded the \$400,000 system.

CALYPSO:
a Canadian first made
possible through donor
generosity.



PROFYLE

(PRecision Oncology For Young peopLE)

A Toronto toddler with a brain tumour that recurred after surgery; a little boy from Winnipeg with a rare form of leukemia; a teenager from rural B.C. with osteosarcoma that has spread to her lungs ...

Over the last three decades, there has been a dramatic improvement in treatments and outcomes for many pediatric and young adult cancers, and four out of five patients will be cured. However, the challenge remains that for approximately 20 percent of patients, their cancers have spread, returned, or have proven resistant to treatment and are out of conventional treatment options. For this 20



percent, outcomes are not hopeful and often this is because existing protocols do not work. PROFYLE, a pan-Canadian collaborative initiative - including 30 pediatric cancer research and funding organizations across the country and the Terry Fox Research Institute - is targeting one child at a time. PROFYLE is breaking down regional barriers and giving young people from Manitoba who need it the most, access to the BEST cancer care in Canada. Manitoba patients have the opportunity to participate in PROFYLE with the hope that new treatments contribute and inform future research and strategies.

Through the generosity of donors and supporters, in 2017 CancerCare Manitoba Foundation committed up to \$1 million to CancerCare Manitoba over five years to support this exciting new research initiative with a ground-breaking approach.

COVID-19

No progress report in 2021 would be complete without an acknowledgment of the impact of COVID-19 on life as we've known it. Under the most challenging of circumstances, generosity prevailed in remarkable ways.

The donor community stepped up in significant and selfless ways, allowing the Foundation not only to meet its \$8 million annual commitment to CCMB but also to provide an additional \$130,000 in funding to purchase critically needed Personal Protective Equipment. Close to 15,000 non-medical masks for healthcare providers and patients were distributed over several weeks along with daily laundered lab coats for staff. It was a priority during this very critical time,



that this PPE be provided to all CCMB sites in Winnipeg as well as 17 rural Community Cancer Program sites across the province.

In addition, CCMF was proud to direct more than \$250,000 to support significant COVID-19 research projects evaluating the impact of the pandemic on cancer patients.

In a time like no other, the Foundation has been extremely grateful for the ongoing support of the work of CancerCare Manitoba and the thousands of Manitobans who continue to be deeply affected by cancer during this unprecedented time.

CancerCare Manitoba

Statement of Financial Position

As at March 31, 2021, with comparative information for 2020

	2021	2020
Financial assets:		
Cash	\$ 16,990,507	\$ 4,486,033
Restricted cash	5,029,306	4,994,306
Accounts receivable	21,495,197	21,631,364
Due from Manitoba Health and Seniors Care	2,020,369	940,640
Investments	28,080,283	25,505,446
Vacation entitlements receivable	1,713,746	1,713,746
Retirement entitlement obligation receivable	1,350,050	1,350,050
	76,679,458	60,621,585
Financial liabilities:		
Accounts payable and accrued liabilities	29,824,102	25,082,713
Employee future benefits	9,970,417	9,923,642
Unearned revenue	843,616	460,682
Lines of credit payable	3,756,082	6,529,315
Loans payable	26,424,875	22,987,059
Due to Manitoba Health	9,009,216	4,913,996
	79,828,308	69,897,407
Net debt	(3,148,850)	(9,275,822)
Non-financial assets:		
Tangible capital assets	48,518,240	48,187,670
Inventory	5,952,154	6,123,020
Prepaid expenses	318,870	403,833
	54,789,264	54,714,523
Net assets	\$ 51,640,414	\$ 45,438,701
Net assets is comprised of:		
Accumulated surplus	\$ 51,177,114	\$ 46,742,986
Accumulated remeasurement gains (losses)	463,300	(1,304,285)
	\$ 51,640,414	\$ 45,438,701

These condensed financial statements do not contain all of the disclosures required by Canadian public sector accounting standards. Readers are cautioned that these statements may not be appropriate for their purposes.

CancerCare Manitoba

Statement of Operations and Accumulated Surplus

Year ended March 31, 2021, with comparative information for 2020

	2021 Budget	2021	2020
Revenue:			
Manitoba Health and Seniors Care	\$ 79,678,670	\$ 76,937,742	\$ 75,038,631
Provincial Oncology Drug Program	55,500,000	53,362,879	51,176,549
Oral cancer drug dispensing	17,500,000	20,736,214	15,239,384
Medical remuneration	19,285,697	21,069,788	16,954,604
Government of Canada	26,000	74,432	22,461
Other revenue	4,053,069	5,679,874	5,280,536
Investment income	685,000	667,710	820,709
External grants	13,853,800	16,756,880	15,276,369
Total revenue	190,582,236	195,285,519	179,809,243
Expenses:			
Acute Care:			
Clinics and patient services	29,600,302	30,043,773	29,189,780
Systemic oncology program	18,829,379	19,625,331	19,544,145
Radiation oncology program	14,380,063	13,219,847	13,811,475
Other clinical programs	12,592,858	10,697,087	11,522,390
Corporate services	14,483,238	12,780,268	13,213,418
Provincial Oncology Drug Program	55,500,000	53,362,879	51,176,549
Oral cancer drug dispensing	17,850,699	21,283,897	15,660,658
Medical remuneration	19,285,697	21,069,788	16,954,604
Research expense	13,903,800	12,531,748	13,469,624
Total expenses	196,426,036	194,614,618	184,542,643
Surplus (deficit) for the year before government transfers related to capital	(5,843,800)	670,901	(4,733,400)
Government transfers related to capital	4,294,800	3,763,227	3,824,879
Annual surplus (deficit)	(1,549,000)	4,434,128	(908,521)
Accumulated surplus, beginning of year		46,742,986	47,651,507
Accumulated surplus, end of year		\$ 51,177,114	\$ 46,742,986
Accumulated surplus is comprised of:			
Invested in tangible capital assets		\$ 20,474,605	\$ 20,987,462
Surplus accumulated from general operations		11,347,240	10,414,584
Surplus accumulated from research operations		19,355,269	15,340,940
		\$ 51,177,114	\$ 46,742,986

Public Sector Compensation Disclosure

In compliance with *The Public Sector Compensation Disclosure Act* of Manitoba, interested parties may obtain copies of the CancerCare Manitoba public sector compensation disclosure (which has been prepared for the purpose and certified by its auditor to be correct) and contain the amount of compensation it pays or provides in the corresponding fiscal year for each of its officers and employees whose compensation is \$75,000.00 or more. This information is available on the [CancerCare Manitoba website](#).

Administrative Costs

The Canadian Institute of Health Information (CIHI) defines a standard set of guidelines for the classification and coding of financial and statistical information for use by all Canadian health service organizations. CancerCare Manitoba adheres to these coding guidelines.

Administrative costs as defined by CIHI, include:

Corporate functions including: Acute, Long Term Care and Community Administration; General Administration and Executive Costs; Board of Trustees; Planning and Development; Community Health Assessment; Risk Management; Internal Audit; Finance and Accounting; Communications; Telecommunications; and Mail Service

Patient Care-Related costs including: Patient Relations; Quality Assurance; Accreditation; Utilization Management; and Infection Control

Human Resources & Recruitment costs including: Personnel Records; Recruitment and Retention (general, physicians, nurses and staff); Labour Relations; Employee Compensation and Benefits Management; Employee Health and Assistance Programs; Occupational Health and Safety

Administrative Cost Percentage Indicator

The administrative cost percentage indicator (administrative costs as a percentage of total operating costs) also adheres to CIHI guidelines.

The figures presented are based on data available at the time of publication. Restatements, if required to reflect final data or changes in the CIHI definition will be made in the subsequent year.

Health System Transformation

Manitoba's Health System Transformation includes initiatives that improve patient access and the quality of care experienced by Manitobans while establishing a health system that is both equitable and sustainable. As transformation projects and initiatives are planned and implemented, opportunities to re-invest administrative efficiencies in patient care are sought out and prioritized.

Under the Regional Health Authorities Act of Manitoba, health authorities must ensure their corporate administrative costs do not exceed a set amount as a percentage of total operating costs (2.99% in WRHA; 3.99% in Rural; 4.99% in Northern).

Across Manitoba, within all Service Delivery Organizations with the exception of Shared Health, which assumed responsibility for planning and coordination to support health services throughout the COVID-19 pandemic, administrative costs decreased as a percentage of total operating costs.

Provincial Health System Administrative Costs and Percentages

2020/21				
REGION	Corporate	Patient-Care Related	Human Resources & Management	Total Administration
Interlake-Eastern Regional Health Authority	3.12%	0.58%	2.11%	5.81%
Northern Regional Health Authority	3.42%	0.93%	1.09%	5.44%
Prairie Mountain Health	2.26%	0.34%	1.08%	3.68%
Southern Health Santé-Sud	3.06%	0.20%	0.90%	4.16%
CancerCare Manitoba	1.68%	0.45%	.071%	2.84%
Winnipeg Regional Health Authority	2.83%	0.61%	1.06%	4.50%
Shared Health	3.21%	0.30%	0.54%	4.05%
Provincial - Percent	2.89%	0.47%	0.94%	4.30%
Provincial - Totals	\$ 154,819,266	\$ 25,267,919	\$ 50,569,113	\$ 230,656,298

2019/20				
REGION	Corporate	Patient-Care Related	Human Resources & Management	Total Administration
Interlake-Eastern Regional Health Authority	3.34%	0.59%	2.28%	6.21%
Northern Regional Health Authority	3.85%	0.75%	1.09%	5.69%
Prairie Mountain Health	2.42%	0.35%	1.14%	3.91%
Southern Health Santé-Sud	3.07%	0.27%	1.09%	4.43%
CancerCare Manitoba	1.81%	0.56%	.74%	3.11%
Winnipeg Regional Health Authority	2.84%	0.60%	1.12%	4.56%
Shared Health	2.44%	0.31%	0.44%	3.19%
Provincial - Percent	2.74%	0.48%	0.99%	4.21%
Provincial - Totals	\$ 142,456,475	\$ 24,825,243	\$ 51,169,197	\$ 218,450,915

CCMB Administrative Costs

For Year to Date Ending:

	Mar-21 \$	%	Mar-20 \$	%
Corporate	2,971,585	1.68%	2,977,220	1.81%
Patient care related costs	794,768	0.45%	917,090	0.56%
Recruitment/Human Resources related costs	1,256,366	0.71%	1,221,061	0.74%
Total Administrative costs	5,022,719	2.84%	5,115,371	3.11%

FRENCH LANGUAGE SERVICES

As part of the Government of Manitoba's French Language Services Policy, CancerCare Manitoba has been designated as a provider of French Language Services (FLS). CCMB recognizes there are members of the Francophone community that live throughout the health regions, and the French Language Services Plan provides CCMB the opportunity to undertake the responsibility of a multi-year strategic plan.

CCMB reported on the progress of the French Language Services Plan for the period April 1, 2020 to March 31, 2021 in its Annual Report to the Francophone Affairs Secretariat.

The following is an overview of CCMB's accomplishments in relation to implementation of French Language Services requirements:

- Inventory of patient materials is being reviewed to ensure addition of new materials for French translation
- French translation of cancer screening patient information
- French translation of COVID-19 patient information and signage
- French translation of Roadmap to Cancer Control for Manitoba 2020 available on the CCMB website
- Active Offer training was introduced in January 2021, with 50% of staff completed to date
- Organized a number of Francophone cultural-related staff activities
- Francophone representation is sought for patient advisor roles
- French language training offered to staff as available through the WRHA, Alliance and St. Boniface University



<https://www.cancercare.mb.ca/About-Us/corporate-publications>

THE PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWER PROTECTION) ACT

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. (<http://web2.gov.mb.ca/laws/statutes/ccsm/p217e.php>). This legislation gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be a contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in CancerCare Manitoba's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by CancerCare Manitoba for the fiscal year 2020-21:

- ▶ As per subsection 18 (2a): The number of disclosures received, and the number acted on and not acted on: 0
- ▶ As per subsection 18 (2b): The number of investigations commenced as a result of a disclosure: 0
- ▶ As per subsection 18 (2c): In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken: 0

Some photos in this publication were taken pre-pandemic.



ANNUAL PROGRESS REPORT 2020-2021

Questions?

Email us at CCMBCPAffair@cancercare.mb.ca
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