

Improving Cancer Care in Manitoba: *From vision to reality.*

2014 / 2015
Annual Progress Report

Our Vision

Working together, we will reduce the impact of cancer on all Manitobans.

Our Mission

Through early detection, care, research, education and public outreach, CancerCare Manitoba will contribute to the prevention of cancer and improve the outcomes and quality of life for Manitobans with cancer and blood disorders.

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Our Values

PATIENT, FAMILY, COMMUNITY FOCUS

We believe in a balanced patient, family and community centered focus where care is delivered with compassion and sensitivity.

RESPECT

We believe in the dignity and worth of every individual and in each person's right to be treated with respect, honesty, openness and fairness. We listen to and learn from each other in an open and trusting manner.

TEAMWORK

We foster a working environment that is motivating, rewarding, collegial and characterized by teamwork. We believe in working cooperatively with others through partnership and collaboration, valuing collective achievement.

CONTINUOUS LEARNING & IMPROVEMENT

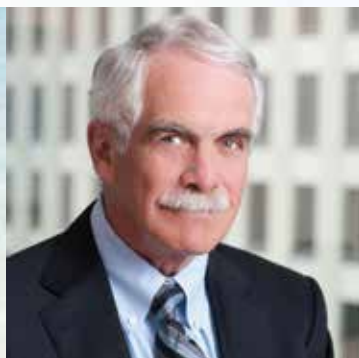
We continuously work to improve everything we do and to deepen our understanding of our work and the conditions that affect it. We believe in the roles of research, education and systematic evaluation.

STEWARDSHIP

We endeavor to make wise use of the resources available to CCMB. In accepting the responsibilities entrusted to us by the people of Manitoba, we strive to serve others – and each other – in a manner that is effective and accountable.

CancerCare Manitoba's vision, mission and values are cultivated with patient, public and partner input, and are advanced through public outreach.

A Message from the Chair of the Board



I am pleased to present, on behalf of the CancerCare Manitoba (CCMB) Board of Directors, the Annual Progress Report 2014/2015. This report has been prepared in accordance with The Regional Health Authorities Act, and with guidance from Manitoba Health, Healthy Living and Seniors.

The Annual Progress Report 2014/2015 presents CCMB's efforts in meeting the growing needs of Manitobans dealing with cancer, while planning for a future that includes an expected 50% increase in cancer cases over the next 15-20 years. A highlight of the past year is the development of the Manitoba Cancer Plan 2016/2021. This five-year plan (i) blends innovation and continuity of excellent cancer care, (ii) addresses the need for new knowledge, (iii) provides a focus on quality and safety, while reducing risk, and (iv) balances an unyielding increase for services, with staff and financial limitations.

Despite increasing fiscal pressures in 2014/2015, CancerCare Manitoba fulfilled its mission to reduce the impact of cancer and blood disorders on Manitobans, while readying for a challenging future. Partnership has and continues to play a vital role in this achievement, and on behalf of the Board of Directors, I thank healthcare providers, the Province, our financial supporters including the CancerCare Manitoba Foundation, and, of course, all Manitobans for their continued support.

As the new Board Chair, I thank Dr. Arnold Naimark for his service as past Chair, and for his ongoing commitment to CCMB and its work. He has served as an inspiration to everyone at CCMB. I also thank outgoing Board members for their service, and welcome new Board members to their important role in governance of this complex and dynamic organization.

I also thank the outstanding clinical, administrative, technical and support staff of CancerCare Manitoba, for their exemplary care and compassionate support of Manitoba patients and families facing cancer.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tallon', with a stylized flourish at the end.

Gregory Tallon

**Chair of the Board of Directors,
CancerCare Manitoba**

A Message from the CEO



CancerCare Manitoba is pleased to submit the Annual Progress Report 2014/2015 to the people of Manitoba, our Board of Directors and our many partners. This report has been approved by CancerCare Manitoba's (CCMB) Board of Directors.

The past fiscal year has been one of restructuring and rebuilding for our entire organization, as we developed a framework to further our mission to provide high quality cancer care to all Manitobans today and in the future. As the number of cancer cases is expected to increase by 50% in the next 15-20 years, our key efforts of 2014/2015 focused on providing excellent care today, while planning for the future needs of Manitobans facing cancer and blood disorders. In parallel, CCMB worked within constrained resources, delivering safe care more efficiently, and fulfilling our commitment to clinical, academic and operational excellence.

A cornerstone of the past year was the development of the Manitoba Cancer Plan 2016/2021, which charts the course of CCMB and partner efforts to reduce the impact of cancer on Manitoba. A strategic forum - Cancer Care For the Next Decade - brought together staff, key partners and stakeholders in a mix of focus and inspiration, and resulted in six strategic directions for which CancerCare Manitoba has developed objectives and operational strategies.

The Manitoba Cancer Plan 2016/2021 Delivering Excellence will strengthen our current foundation, while preparing for the challenging future ahead. Over the next five years we will implement the plan, which is:

- Patient focused**

- Provides state-of-the-art treatment to improve patient care and experience**

- Measures outcomes and quality of care**

- Focuses on cultural sensitivity and special needs**

- Embraces research, medical education and training**

- Building capacity for the future**

Along with the creation of the Manitoba Cancer Plan 2016/2021, we have positioned ourselves to operationalize the Plan immediately, given the rising need for cancer care. For example, CCMB enhanced its research partnership with the University of Manitoba through the creation of the Research Institute in Oncology and Hematology (RIOH), bringing all cancer research under an umbrella institute in Manitoba. This will foster innovation in research, bring state-of-the-art therapy and clinical trials to our patients, and reduce duplication of scarce research resources. Just as importantly, it will enable us to attract and retain the best and brightest in cancer research to our province.

Significant improvements were made to the infrastructure of CancerCare Manitoba's Health Information Services during the past year. Our agency partnered with Manitoba eHealth to create a combined service model, enabling CCMB to immediately benefit from Manitoba eHealth's experience in client support. The partnership resulted in the upgrade of CCMB's electronic oncology record, upgrading to agency email services, improved IT security and more during the past fiscal year, greatly improving CCMB's information infrastructure, with direct benefits to patients and CCMB staff.

Another key platform in the improvement of present and future cancer care in Manitoba, the Cancer Patient Journey Initiative, In Sixty, launched in 2011, continues to expedite the delivery of high quality, efficient cancer care for patients. This Initiative, the first of its kind in Manitoba and Canada, is implementing change across the spectrum of healthcare services to improve efficiencies along the cancer journey. CancerCare Manitoba, all healthcare partners and specialists across the province are involved in these system improvements. I am honored to be the Co-Chair of this Initiative.

All of us at CancerCare Manitoba celebrate our accomplishments of 2014/2015, while simultaneously readying to meet current demand and the challenges of future decades. This includes an Accreditation Canada review in December 2015, when our delivery and quality of care will be evaluated against national standards. We will continue our efforts to find operational efficiencies and make best use of resources the Province of Manitoba and its people have entrusted us with, while maintaining high quality cancer care through facility and human resource limitations.

To do so, we will continue to work closely with, and are grateful for, the continued partnerships of our many partners and stakeholders, including the province of Manitoba, all regional health authorities such as the WRHA, Diagnostic Services Manitoba, the University of Manitoba, University of Winnipeg, our national partners, and the many health care professionals across the province that contribute to excellence in cancer care.

Over the past year, good progress has been made in addressing the challenges of carrying out clinical, operational and research activities in our current CCMB facilities. The location for a new building has been secured and we are moving forward in envisioning and planning for a new CCMB facility to be integrated with the current CCMB MacCharles facility. This exciting project is a key component to the success of continued delivery of excellence in all areas of activity. We offer our sincere thanks on behalf of all Manitobans to the CancerCare Manitoba Foundation who have played and will continue to play a significant role in this initiative.

I extend my thanks to the CancerCare Manitoba Board of Directors, and welcome new Board Chair Greg Tallon. I look forward to taking our shared vision of state-of-the-art care and treatment for Manitobans from vision to reality.



Dr. Sri Navaratnam

**President & CEO
CancerCare Manitoba**

About Us

CancerCare Manitoba is the provincially mandated cancer agency for the province, and is responsible for the delivery of cancer services, as well as services for Manitobans facing blood disorders. **CancerCare Manitoba (CCMB) provides care, treatment and support services across the cancer spectrum, including prevention, early diagnosis, treatment and care, and palliation/end of life care.**

With the support of the Government of Manitoba, CCMB works closely with our partners across the provincial health care system. Our valued partners include Manitoba's five regional health authorities, the University of Manitoba, and Diagnostic Services Manitoba. We are especially appreciative of the financial support we receive from our volunteer funding agencies, and extend a special thanks to the CancerCare Manitoba Foundation.

CCMB has two tertiary locations in Winnipeg, with our main site at the Health Sciences Centre campus, Manitoba's largest health care facility. Services at our main site include clinical treatments such as medical and radiation oncology, patient and family support through psychosocial services, and a combined clinical and research program. Our second site is located at the St. Boniface Hospital, and provides chemotherapy and support services to cancer patients.

CCMB works closely with the Winnipeg Regional Health Authority through the WRHA Oncology Program, to provide clinical services at six Winnipeg hospitals. These include highly specialized services, such as the Leukemia/Bone Marrow Transplant Program at the Health Sciences Centre. Chemotherapy and support services are available at the Grace, Concordia, Victoria and Seven Oaks hospitals. The WRHA Oncology Program at the Victoria General Hospital was significantly expanded with the addition of CCMB medical oncologists and a haematologist, who provide clinical services at the site. In Brandon, through a partnership with the Prairie Mountain Health Authority, the Western Manitoba Cancer Centre offers residents of Brandon and western Manitoba access to a state-of-the-art facility that provides radiation therapy, as well as chemotherapy and support services.

CancerCare Manitoba has relied on the partnership of the province's four additional health authorities across Manitoba through the Community Cancer Program Network. The provincial network of cancer and support services is delivered through 17 health centres, staffed by health care professionals who have received specialized CCMB training, and who also have access to expert support.

CCMB and our partners have been at the forefront of joint efforts to better control cancer in this province. A top priority for the Government of Manitoba, the cancer patient journey initiative, known as In Sixty, is a \$40 million provincial commitment to streamline cancer services, and to improve wait times for cancer patients. The five-year initiative, the first of its kind in Canada, is reviewing, assessing and improving all segments of the health care system, through efficiencies and key placement of staff. The far reaching initiative aims to reduce the time from suspicion of cancer to first treatment to 60 days or less.

CancerCare Manitoba has approximately 900 staff, including world class experts in medical and radiation oncology, top researchers, nursing staff, including those with an expanded role as nurse practitioners, and many other health care professionals. CCMB is currently in the planning phase of establishing a second co-located site on the HSC campus, where expanded research facilities, multidisciplinary-based medical teams, and improved patient services will be developed.

MacCharles Unit

675 McDermot Avenue
(204) 787-2197
Toll free: 1-866-561-1026

St. Boniface Unit

O Block - 409 Taché Avenue
(204) 237-2033

Patient Representative
(204) 787-8713

Patient Access Coordinator
(204) 787-4986

Communications & Public Affairs
(204) 787-1878

Human Resources
(204) 787-8503

School of Radiation Therapy
(204) 789-0909

Volunteers
(204) 787-2121

CancerCare Manitoba Breast Cancer Centre of Hope

691 Wolseley Avenue
(204) 788-8080
Toll free: 1-888-660-4866

CancerCare Manitoba Screening Programs

5-25 Sherbrook Street
Administration office: (204) 788-8633

BreastCheck

Appointment inquiry: (204) 788-8000
Toll free: 1-800-903-9290

CervixCheck

(204) 788-8626
Toll free: 1-866-616-8805

ColonCheck

(204) 788-8635
Toll free: 1-866-744-8961

CancerCare Manitoba Foundation

(204) 787-4143
Toll free: 1-877-407-2223

Community Cancer Programs Network

The Community Cancer Programs Network (CCPN) is a provincial program of CancerCare Manitoba that allows patients to receive cancer care in, or near, their home communities. Working in partnership with regional health authorities, the CCPN currently supports 17 Community Cancer Programs.

Bethesda Health/ Bethesda Place (Steinbach)

Boundary Trails Health Centre

Dauphin Regional Health Centre

Deloraine Health Centre

Eriksdale Community Cancer Resource & Support Centre

Flin Flon General Hospital

Gimli Community Health Centre

Hamiota Health Centre

Neepawa Health Centre

Pinawa Hospital

Portage District Hospital

Russell District Health Centre

Selkirk & District General Hospital

Swan Valley Health Centre

The Pas Health Complex

Thompson General Hospital

Western Manitoba Cancer Centre (Brandon)

**For more
information call:**
(204) 787-5159

Toll-free:
1-866-561-1026

Visit our website at:
www.cancercare.mb.ca



Watch us on YouTube



Follow us on Twitter

Efficiency & Effectiveness

Manitoba Cancer Plan 2011-2015 → Year Four Progress Report


In 2011, CancerCare Manitoba released its five-year plan for cancer services in Manitoba. The plan included five objectives with supporting strategic priorities and activities. Here are a few highlights of what has been achieved in the past year, and indicators of where challenges remain:

● **ON TRACK**
● **SOME PROGRESS WITH CHALLENGES**
● **SLOW PROGRESS WITH SIGNIFICANT CONCERNS**

GOAL: PREVENTION

We will enhance efforts aimed at reducing the incidence of cancer.

Reduce obesity rates.

- 1. Engage community, public and corporate partners in creating active living opportunities and incentives. 



Increase cancer surveillance and epidemiology.

- 1. Expand surveillance activities to measure, monitor and report regional and community level risk factors. 



GOAL: ACCESS

We will ensure timely access to cancer services for all Manitobans.

Work with First Nations, Metis and Inuit (FNMI) populations to implement an enhanced FNMI program.




- 1. Customize patient navigation by re-engineering patient pathways to facilitate rapid access to diagnosis and treatment. 
- 2. Expand, enhance and update FNMI surveillance data to get a comprehensive picture of current trends. 

Reduce the percentage of Manitobans who do not have access to adequate care.

- 1. Implement a Community Surgical Oncology Network. 
- 2. Increase patients' and health care providers' awareness of and participation in clinical trials. 




GOAL: SAFETY AND PATIENT-CENTRED CARE

We will keep people safe and put patients and their families at the centre of care.

- 1. Roll out standard processes for Clinical Practice Guideline creation, implementation, update, and outcomes measurement. 
- 2. Further integrate safety and improvement practices. 
- 3. Optimize CCMB's ability to meet the information and supportive care needs of patients and families. 


GOAL: EFFICIENCY AND EFFECTIVENESS

Meet the escalating demand for cancer services through increased infrastructure.

- 1. Expand performance indicators into all areas of operation. 
- 2. Implement electronic oncology health record. 
- 3. Costing, completion of design, land acquisition and construction of new CCMB facility. 

GOAL: EDUCATION AND RESEARCH

We will prioritize the roles of research and education to promote improvements in cancer control and treatment.

- 1. Establish a CancerCare Manitoba Research Centre to promote cancer research and its translation into improved cancer control. 

Challenges & Opportunities

1 Increasing Demand for Service

The number of cancer cases in Manitoba is expected to rise by 50% over the next two decades. In addition, cancer survival is improving, increasing the number of patients requiring ongoing care, or surveillance for recurrence of cancer. All of these factors steadily increase demands on cancer services.

2 Rising Cost of State-of-the-Art Services

Cancer treatment and cancer care technology are complex and costly. Demand for advanced technologies for cancer diagnosis and individualized cancer treatments are increasing. Genetic testing for example, enables treatment to be tailored to a patient's risk profile. Advances often require more time to be spent with patients, increasing demand on the health care system.

3 Sustainability

Strategic investment is required to meet CCMB needs for material, space and human resources in order to effectively manage steadily increased clinical demand:

Material: CCMB must respond to evolving standards, emerging trends in care, and replace outdated specialized equipment.

Space: There is an urgent need for a new CancerCare Manitoba building in order to manage escalating service delivery to patients. Current space constraints result in inefficiencies, increased wait times, and negatively impact collaboration in patient care and research. Recruitment and retention of world class researchers, physicians and staff are also impeded.

Human Resources: Current human resource challenges include increasing work demands, shortages of oncology-trained staff, and the need for continued education and development of current staff. Recruitment, retention and talent management of professional staff is a high priority.

4 Patient Experience

Time with patients is a precious commodity, particularly as treatment and technology becomes more complex. Increased navigation through the cancer journey requires careful planning and coordination, in order to ensure a positive patient experience.

5 Health Information Systems

Day-to-day operations are challenged by inefficiencies in clinical and operational health information systems. Significant investment is required for health information system connectivity, updated systems, and expanded use of electronic oncology records.

1 Provincial Mandate

Strong relationships with key local, provincial and national partners, enables CancerCare Manitoba to fulfill its mandate as the provincial agency responsible for clinical cancer services and leadership in the provision of cancer services across Manitoba.

2 Centre of Clinical Excellence

World-class health care professionals bring leading-edge talent and skills to Manitoba. With the appropriate resources in place, advances in cancer medicine and services offer exciting opportunities for improvements in patient care.

3 Academic Institution

The May 2015 announcement of the Research Institute of Oncology and Hematology (RIOH), vastly broadens the established partnership between CCMB and the University of Manitoba, by bringing together Manitoba's leading cancer researchers. RIOH enables cancer research to directly impact cancer treatment through the cancer continuum.

4 Operational Efficiencies

CCMB is committed to advanced technology-based solutions in patient care, by expanding its paperless electronic environment, as has been established in radiation oncology. CCMB is also committed to Lean Six Sigma, the business improvement methodology, which aims to reduce waste, and eliminate redundancies. Process improvement projects continue to find efficiencies at CCMB.

5 Partnerships

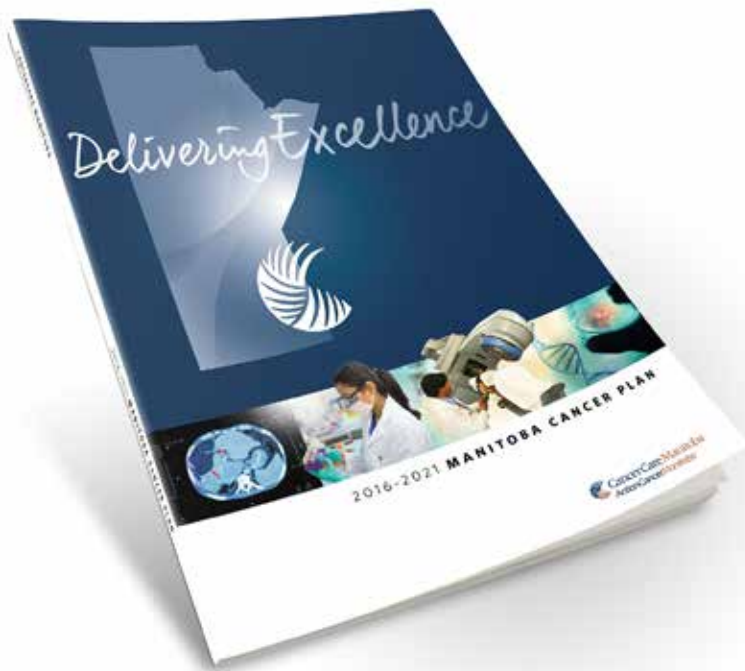
Strong partnerships with key stakeholders are enabling important improvements to the cancer system across the province. With support from Manitoba Health, regional health authorities, and Diagnostic Services Manitoba, the Cancer Patient Journey Initiative (In Sixty), is improving Manitoba's health care system, for the benefit of patients.

Manitoba Cancer Plan

The Manitoba Cancer Plan 2016/2021 is the framework of a five-year planning cycle of cancer services. The plan is aligned with CancerCare Manitoba's vision, mission and values, and describes the key initiatives to be undertaken to improve cancer services during the cycle. The plan builds upon three pillars enabling delivery of high quality cancer care to Manitobans and their families: Clinical Excellence, Operational Excellence, and Academic Excellence.

Development of the Manitoba Cancer Plan began in February 2014, to ready CancerCare Manitoba for the challenge of increasing demand for cancer services, as cancer prevalence is expected to rise 50% in the next 15-20 years. Input into continued delivery of high quality cancer care was sought from many sources. Months of analysis and review by CancerCare Manitoba and its partners and stakeholders culminated in the Strategic Forum: Cancer for the Next Decade, led by Dr. Terrence Sullivan, a leading Canadian cancer expert.

The forum and valuable input from stakeholders, partners in health, government and patients were synthesized, resulting in six strategic directions to form Manitoba Cancer Plan 2016/2021, to build on the foundation of cancer services in Manitobans, while preparing for the challenges ahead.



STRATEGIC DIRECTION 1

Toward State-of-the-Art Patient Care

CCMB patients expect the best care and treatments available. This will be achieved by driving innovation within the cancer care system and providing patients with access to state-of-the-art services and technologies. Our specific objectives are focused on radiation oncology, chemotherapy, clinical genomics, cancer surgery, clinical trials and prevention.

OBJECTIVES

- 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, evidenced-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

Achieving a high quality of clinical service and patient experience involves close attention to the smooth coordination of care team members operating in a patient-centred system that provides the right care, at the right time, in the right place.

OBJECTIVES

- 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 in-patient cancer care in host hospitals.
- 7 Improved planning and broadened options for continuing care.

STRATEGIC DIRECTION 3

Toward Enhanced Reporting on Performance, Quality and Safety

Establishing a set of performance and quality indicators allows the organization to monitor and measure its system performance, analyze trends, compare performance to targets and benchmarks, and improve both system efficiencies and quality of care. It provides a mechanism for accountability and establishes a culture of transparency, moving us from a reactionary to a proactive state. These efforts, supported by a sustainable, integrated health information system and guided by best practices in performance management, will contribute significantly to CCMB's growth and sustainability.

OBJECTIVES

- 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

The 2013-2014 Community Health Assessment indicates that the prevalence of cancer cases in Manitoba will continue to rise for several years and significantly increase the need and the demand for access to cancer services. In order to meet these needs, we must ensure effective and efficient use of existing resources and further develop the infrastructure (facilities and operating systems) and human resources that enable service that is both effective and efficient. Strong organizational infrastructure facilitates standardization of processes for enhanced patient safety and quality of care, the introduction of new treatment regimens, and technologies as they emerge. It also contributes to high levels of job satisfaction amongst staff and a highly positive experience for patients.

OBJECTIVES

- 1 Establishment of a comprehensive Health Information Systems Program.
- 2 Introduction of new and improved operational practices.
- 3 Enhanced processes for encouraging high performance of staff.
- 4 Provision of expanded facilities to accommodate increased patient volume, improve operating systems, and enhance the patient experience. (Capital Facilities Development Plan)

Manitoba Cancer Plan

STRATEGIC DIRECTION 5

Toward Improved Care for Underserved Populations

Many Manitobans experience obstacles in accessing health care services. The challenges encountered by underserved populations have a variety of origins: cultural, socio-economic, demographic, geographic and unique needs. We aim to improve our service delivery efforts by targeting key gaps in health status and reducing health disparities. A major focus will be on ensuring equitable access to cancer services and care for all Manitobans of every culture, language, age and geographic location.

OBJECTIVES

- 1 Provision of new and enhanced access to services for First Nations, Metis, and Inuit people 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

Research informs best practices for patient care, clinical programs, training and education. We are committed to increasing the scale and scope of our research programs and our complement of world-class scientists, not only to expand the generation of new knowledge locally, but also to ensure we have the expertise that will allow us to reap the benefit of new knowledge generated throughout the world. Our clinician-scientists facilitate the translation of scientific advances into innovations in clinical services that improve outcomes for patients.

OBJECTIVES

- 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.
- 3 Increased complement of highly-qualified researchers.



CancerCare Manitoba is preparing for an Accreditation Canada survey in December 2015. The on-site survey will evaluate CCMB's performance against national standards to ensure we provide safe, high quality cancer care services for Manitobans and strive for excellence. Required organizational practices (ROPs) will be measured against national standards for quality, safety and efficiency in health care delivery.

In Accreditation Canada's 2011 review, CCMB achieved the highest level of excellence - Accreditation with Exemplary Standing - by achieving 98% compliance with the standards and ROPs that measure organizational performance. The proverbial bar has been raised for the 2015 peer-review, as Accreditation Canada has revised standards and compliance guidelines, with the aim of improving patient outcomes and continual health system performance. CCMB staff is meeting the challenge by achieving ongoing quality improvements across the organization.

Hand Hygiene



Hand hygiene is considered the most effective way of reducing the spread of infection, as regular cleaning reduces the risk of transmission of potential pathogens. Accreditation Canada considers hand hygiene a Required Organizational Practice (ROP), an evidence-based practice that is a high priority and considered central to quality and patient safety. Hand hygiene compliance is also a provincial quality indicator of safe health care.

Within the last fiscal year, CCMB installed improved hand sanitization equipment in staff and patient areas. CCMB also conducted a patient-driven audit of physician hand hygiene compliance in May 2015, augmenting regular quarterly audits of frontline staff compliance. CancerCare Manitoba has achieved an 80% compliance rate over the last two years.

Medication Reconciliation

Medication Reconciliation is the process of developing a comprehensive, accurate list of all medications a patient is taking, in order to prevent harm from medication interactions or adverse drug reactions. Medication reconciliation is especially important for cancer patients, as their care can often be highly dependent on high-risk medications, of which there may be an increased risk of potential drug interactions .

Implementing medication reconciliation is a strategic priority for CancerCare Manitoba. A multidisciplinary team has initiated the following actions to partner with patients or their family or caregiver as appropriate:

- ➔ Development of organizational policy that supports the processes for medication reconciliation.
- ➔ Staff education such as nurse training on entry of all medications into the electronic record, to generate a Best Possible Medication History (BPMH).
- ➔ Processes for dealing with medication discrepancies and the discontinuation of medications not required in the patient's care.
- ➔ Eventual export of medication lists, so that they can be shared with other care providers, increasing the safety of transitions of care, as well as inclusion in CCMB's new Patient Journal and Patient Handbook, a resource series that patients can use to track their cancer journey.

CancerCare Manitoba's Blood and Marrow Transplant clinic is the first department to utilize the medication reconciliation process. The clinic was chosen because it has a high-risk population where care is jointly shared with the Health Sciences Centre. These patients also have many changes to their medication profiles. CCMB's commitment to implementing medication reconciliation is being recognized by other health care providers in Manitoba, having been invited to educate external partners on CCMB plans.

IT renewal project underway

Important improvements were made to CancerCare Manitoba's Information Services during the past fiscal year, through an IT renewal project that reached every desktop computer, laptop and personal digital assistant at the agency. Upgrades included improvements to health information infrastructure and support services, resulting in better quality general services such as email, and upgrades to far more specialized systems used in the care and treatment of patients.

To begin, CCMB moved to a combined service model with Manitoba eHealth, the provincial provider of electronic health systems for much of Manitoba's health care system. The partnership immediately enabled CCMB to leverage Manitoba eHealth's mature support model for more effective and efficient client support, and works closely with an IT provider whose main focus is health care.



A major project during 2014-2015 was the upgrade of an electronic oncology record system used in the care and treatment of cancer patients, ARIA Version 11. The system is a comprehensive information and image management solution that enables oversight of all aspects of oncology care for patients. The system combines radiation, medical and surgical oncology information into a complete, oncology-specific electronic record, enabling management of the entire cancer patient journey. Months in the planning, the ARIA version 11 upgrade was completed in the spring of 2015.

The following additional upgrades were achieved during the past fiscal year:

- **Agency-wide upgrade to email services (Windows 7 upgrade)**
- **Updated IT security features for the organization**
- **Access and increased use of paperless systems such as Manitoba eChart**
- **Continued agency migration to paperless systems such as the online ordering of patient tests (CCMB's Radiation Therapy Program and Manitoba Prostate Centre are agency leaders, relying solely on the electronic oncology record for treatment of patients and administration purposes)**
- **Key infrastructure requirements identified for the next five years, to both preserve and protect CCMB infrastructure**
- **Privacy Impact Assessment initiated, as well as an IT Threat Risk Assessment**

To advance and expand on decades of collaboration in cancer research, CancerCare Manitoba and the University of Manitoba announced the establishment of the Research Institute in Oncology and Hematology earlier this year. "We are grateful to the University of Manitoba for their committed partnership to the advancement of cancer research in Manitoba," said CancerCare Manitoba president and CEO, Dr. Sri Navaratnam. "RIOH will now enable teams made up of researchers from various scientific specialties to work more closely together, on more projects that will lead to innovations that result in meaningful improvements in care for Manitobans affected by cancer and blood disorders."

"We are supporting transformational research that is put into practice."

A Full-Spectrum Approach to Research

The expanded cancer research platform to be developed at RIOH has two components: a broad spectrum of types of research applicable to cancer and blood disorders, and a collaborative team approach to address complex problems.

TYPES OF RESEARCH:

Basic Discovery Research

Research with the goal of understanding normal and abnormal human functioning at the molecular, cellular, organ system and whole body levels - understanding that is the basis upon which new treatments and devices can be developed that improve health or the quality of life of individuals, up to human testing, and studies on human subjects that do not have diagnostic or therapeutic orientation.

"We are excited to embark on this new collaborative approach to cancer research in Manitoba," said Dr. Digvir Jayas, Vice-President (Research and International) and Distinguished Professor at the University of Manitoba. "By creating teams working in an interdisciplinary and multi-institutional manner, we are supporting transformational research that is put into practice for better healthcare of Manitobans and Canadians."



Dr. Arnold Naimark, Research in Oncology and Hematology Institute Advisory Chair, Health Minister Sharon Blady, CCMB CEO Dr. Sri Navaratnam, Dr. Digvir Jayas, Vice-President (Research and International) University of Manitoba.

Clinical Research

Research in clinical settings on patients and other persons affected by cancer or blood disorders involving clinician-scientists in the health disciplines and including researchers in the psychosocial aspects of disease.

Health Services Research

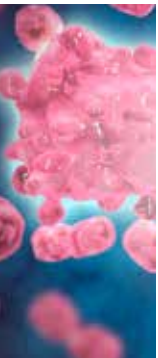
Research on access to and the organization, management and delivery of health services involving researchers in logistics, process engineering, economics and management sciences. with the goal of improving access to health care, its quality and cost, and ultimately its impact on patient health and well-being.

Population Research

Research on populations involving epidemiologists and social scientists to identify patterns of the incidence, prevalence, morbidity and mortality of cancer and blood disorders and the identification of associated genetic and environmental risk factors.

The History of Cancer Research in Manitoba

The Manitoba Institute of Cell Biology (MICB) launched cancer and blood disorder research in this province in 1969. Created by CancerCare Manitoba's innovative leader, Dr. Lyonel Israels, the institute brought together just five researchers whose primary work until then had been hematology (blood health). Chemotherapy was initially developed to treat leukemia, cancer of blood cells. As a result, the first doctors of oncology were actually hematologists, and cancer centres naturally progressed out of hematology clinics.



MICB researchers faced a daunting task: to study cells at the molecular level – cell life and division cycle, what causes cells to die, interactions, their structure, and cellular anomalies – with the hope of better treating cancer and blood disorders.

The institute's history is a proud one, since its humble beginnings with only \$19,000 in operating grants. Today, as MICB joins the Research Institute of Oncology and Hematology, it is home to 19 senior researchers and received over \$8 million in funding last year.

Through four decades of contributions to cancer and blood research, MICB researchers accomplishments include:

- **Development of Hematology textbooks used around the globe.**
- **Important discoveries in cell and blood platelet function.**
- **Evaluation and creation of potential therapies and diagnostics that went to clinical trial.**
- **Through its Breast Tumour Bank, contributed to genetic classifications of breast cancer, which will enable more personalized treatment.**
- **Established the only dedicated Chronic Lymphocytic Leukemia clinic in Canada, the most common type of leukemia.**
- **Trained scientists and oncologists that continue to contribute to cancer and blood discovery and care.**

The Future of Cancer Research in Manitoba

Chronic Lymphocytic Leukemia is one of the most common types of adult leukemia, a blood and bone marrow disease, usually occurring after middle age. It is slightly more common in men than women.

CancerCare Manitoba's (CCMB) research and treatment into chronic lymphocytic leukemia (CLL) in adults received a \$2.5 million investment from Research Manitoba during the spring of 2015. The grant builds upon CCMB's position as a national leader of translational CLL research, by bringing together experts with one unified goal.

"This innovative research model links researchers, government decision makers, patients, primary care providers and cancer specialists to improve the survival of CLL patients," said Dr. Spencer Gibson, Director of CCMB's joint cancer research centre with the University of Manitoba and lead on the cluster team.

The CLL cluster team will study patient management strategies, CLL's role in causing secondary cancers or infection, and development of new drug therapies. For example, research indicates that CLL patients may be twice as likely to have a secondary cancer, and up to five times as likely to get skin cancer. The Research Institute in Oncology and Hematology will try to determine why.

"This innovative research model links researchers, government decision makers, patients, primary care providers and cancer specialists."

"Until recently, CLL was considered a lower risk leukemia, similar to a chronic disease," said Dr. James Johnston, Clinical Lead of CCMB's CLL clinic and a member of the research cluster. "We're investigating whether or not CLL actually contributes to increased risk of secondary cancer or infection, and whether or not new therapies influence these complications."

Ongoing CLL research at CCMB includes tumour banking, data collection on every CLL patient in Manitoba, the link between CLL and infection, clinical trials and use of new drugs in treatment. The CLL clinic at CancerCare Manitoba also offers patients specialized education, including how to take their infusion treatments in the comfort of their own home.



The high quality of translational research at CancerCare Manitoba's CLL clinic has garnered international interest. CCMB's clinics is the sole Canadian partner of a Mayo Clinic study into familial CLL, and a second study on a link with skin cancer is in development. An annual conference on chronic lymphocytic leukemia held in Winnipeg is attended by scientists, physicians and researchers from around the globe.

CancerCare Manitoba's Chronic Lymphocytic Leukemia clinic provides care and treatment to 800 patients. Approximately 100 new CLL patients are diagnosed each year.

Enhanced Cancer Research

A Collaborative Team Approach

The new Research Institute of Oncology and Hematology will be made up of collaborating teams of researchers that are organized to study and evaluate:

- **The various factors that contribute to general phenomena: Example: *The Patient Experience***
- **New approaches to a major area in the spectrum of care: Example: *Prevention***
- **New ways to approach specific types of cancer: Example: *Chronic Lymphocytic Leukemia***
- **New approaches to providing services to specific sub-populations. Example: *Aboriginal, Adolescent and Young Adults***
- **The impact of new technological developments Example: *Molecular Screening***

YEAR ONE:

During RIOH's first year of operation, current research activities will continue, key administrative building blocks and operating policies and procedures will be put in place or consolidated, and a strategic development plan developed. The parties to the RIOH Agreement will be advised on its development and activities by an Advisory Board chaired by Dr. Arnold Naimark, immediate past-chair of CancerCare Manitoba.

Ovarian Cancer Research Innovation

Since 2010, CancerCare Manitoba has contributed to an international study of variations in cancer survival. The study includes countries of comparable wealth, where patients have universal access to health care, and data is tracked in a high quality population-based cancer registry.

While Manitoba's survival rates are consistent with the Canadian experience overall, early findings of the International Cancer Benchmarking Partnership revealed that there was room for improvement in five-year relative survival rates for

ovarian cancer in Manitoba women. Approximately 95 Manitoba women are diagnosed with the disease each year, with over two thirds diagnosed with advanced disease, negatively affecting survival.

CCMB is analyzing the ovarian cancer diagnostic pathway, as well as care and treatment of patients.

"We're going to determine if Manitoba's ovarian cancer survival rates are indeed lower, if so why, and try to find ways to improve patient outcomes," said Dr. Donna Turner, Director of Population Oncology and an epidemiologist.

Changes in cancer services may have already improved the situation for patients, and research will support further enhancement. Chemotherapy for ovarian cancer patients is now being provided in closer cycles, known as dose dense chemotherapy. The time to diagnosis is also being examined, as Manitoba presents special challenges.

"Manitoba is unique to other provinces in that our catchment area of patients is huge," said Dr. Alon Altman, Gynecologic Oncologist at CCMB. "We receive patients from southern Manitoba to the Arctic Circle - that's like flying from Los Angeles to New York for chemotherapy. We're looking at the diagnostic steps our patients go through, and how to get them diagnosed and in treatment faster."

In addition to this health services and clinical practice research, Manitoba's laboratory researchers are also working to understand ovarian cancer and improve patient outcomes. For example, Dr. Mark Nachtigal's laboratory (Senior Scientist, RIOH) focuses on one major type of ovarian cancer (epithelial), extensively using cell samples donated by consenting patients. These patient samples are obtained through the Manitoba Tumor Bank housed in RIOH. In collaboration with other RIOH and University of Manitoba investigators, Dr. Nachtigal and his team are gaining further insight into the fundamental biology of ovarian cancer, with a specific focus on understanding abnormal chromosomal stability in the cancer cells, and evaluating potential new therapies for drug resistant forms of ovarian cancer.

RIOH Scientists of Discovery Research are also investigating early detection of ovarian cancer, new targets for therapeutic intervention, and developing reliable models for investigating the biology of ovarian cancer.



National Partner Locations:

- Calgary, Alberta
- Edmonton, Alberta
- Halifax, Nova Scotia
- Montreal, Quebec
- Ottawa, Ontario
- Quebec City, Quebec
- Toronto, Ontario
- Vancouver, British Columbia

International Partner Locations:

- Atlanta, Georgia, United States
- Cambridge, Massachusetts, United States
- Durham, North Carolina, United States
- Houston, Texas, United States
- Jerusalem, Israel
- Minneapolis, Minnesota, United States
- New Delhi, India
- Omaha, Nebraska, United States
- Reunion Island,
(French protectorate off Madagascar in Indian Ocean)
- Sydney, Australia
- Waratah, Australia

Innovation in 3D

Some cancer patients have reconstructive surgery as part of their treatment plan, such as repair of bone which can be damaged by a growing cancer tumour. Reconstruction of a jaw bone (mandible), for example, is a multi-step process. First, the cancerous tumour is removed. Then, surgeons reconstruct the missing jaw bone using a metal rod.

“Fitting the metal rod to the contour of a patient’s jaw bone requires a great deal of time in surgery,” said Dr. Alok Pathok, CCMB surgical oncologist who specializes in Head and Neck research. “It seemed to me that 3D printing offered a possible solution to the fitting process.”



A team made up of CCMB’s Medical Devices, Medical Physics and Radiation Oncology helped Dr. Pathok ‘test-drive’ 3D printing to reduce surgical time and to improve the patient experience. A 3D model of a jaw damaged by a cancerous tumour was made using an inexpensive consumer grade printer.

“Our efforts are experimental, but the initial results were positive,” said Chad Harris, Medical Devices Technician. “The patient’s CAT scan provided the blueprint for the printer, which then formed an exact, life-sized replica of the jaw using layer after layer of heated plastic resin.”

The 3D model is also proving to be a valuable teaching tool for patients, helping them understand their procedure.

Early results show promising results in improving the patient experience.

CCMB is also testing 3D imaging to improve radiation therapy for skin cancer treatment. A 3D picture is made of a patient’s hand, for example, and is printed in a more pliable resin. The patient then wears the glove during radiation treatment, instead of having to undergo a more cumbersome molding process.

“The resin glove is much easier to use. Before, patients had to undergo a fitting each time they came for treatment,” said Dr. Arbind Dubey, radiation oncologist. “It improves the patient experience.”

While still experimental, results for 3D technology bode well for effective use of this technology to improve wait times for certain procedures, and to improve patient care.

Improving Patient Experience Through Innovation

Patient Consultation Recording Service

CancerCare Manitoba has launched a new service to improve communication between patients and health care providers, by offering patients a recording of pivotal medical patient information as a standard practice.

With support from the CancerCare Manitoba Foundation, the Patient Consultation Recording Service was developed by CCMB research collaborator Dr. Tom Hack's pioneering research, emphasizing a patient-focused approach. The service's aim is to alleviate patient anxiety, while promoting understanding of the cancer journey.



"Many patients have a poor recollection of information they have received during treatment-related consultations," said Nina Kostiuk, CCMB's Director of Nursing and Project Sponsor. "Having a recording gives patients the ability to review information in private, and to share it with family members."

The service is offered to CCMB patients during pivotal appointments - meeting an oncologist for the first time, if a change in care plan is required, and transition appointments to palliative care. A recording of the appointment is made and the patient receives a copy of this recording on a memory stick to take with them.

"Patient surveys have provided very positive feedback," said Rachel Ganaden, CCMB Project Manager.

"The majority of respondents really appreciate the service, saying the recorded content is a helpful reminder of important information discussed during appointments that they might have otherwise forgotten, and that it helps them to make treatment decisions."

Research with a Strong Foundation

The CancerCare Manitoba Foundation has been a strong supporter of cancer research since 2000, awarding more than \$58 million towards research efforts at CancerCare Manitoba. Foundation support includes operating grants, infrastructure, equipment and research trainees.

CancerCare Manitoba Foundation has taken a particular interest in the prevention of cancer, by supporting programs helping Manitobans reduce their risk of cancer.

 **CancerCare Manitoba
FOUNDATION**

All funds raised stay in Manitoba.

Improving Patient Experience Through Innovation

Dialogue and Storywork in Support of First Nations, Inuit, and Métis Cancer Patient Experience

CancerCare Manitoba's First Nations, Metis and Inuit Cancer Control group has undertaken an investigation into the primary care needs, gaps in primary and oncology care, and challenges faced by First Nations, Inuit and Metis cancer patients as they transfer from primary care to cancer care, and their subsequent return to primary care and community services.

With support from the Canadian Partnership Against Cancer, this is a collaborative project with cancer agencies from Alberta, British Columbia, the Office of the Chief Public Health Officer of the Northwest Territories, and First Nations, Inuit, and Métis (FNIM) communities. Participants will include cancer survivors/their families, and health care providers such as oncologists or primary care providers.

The aim of the project is to use qualitative participant engagement methods to create culturally appropriate approaches:

- 1 To improve FNIM cancer patient transition experiences from the time of diagnosis through to survivorship.**
- 2 To increase available knowledge and information for primary care and oncology care providers of the care needs of FNIM cancer patients, families, care providers, and communities.**

The Dialogue and Storywork Video Process:

Culturally responsive communication tools, Transition Support Resources, including videos, will be developed and evaluated as an education resource to improve communication and services for people during the cancer journey. These Transition Support Resources will show the values, beliefs, hopes, and needs of people with a diagnosis of cancer, their family members, their communities, and their health care team.

The Transition Support Resources will be evaluated to determine whether there is increased understanding and awareness of the needs of each group and user guides for the resource tools will be developed and made available. Partner organizations will be able to introduce the finalized versions of the Transition Support Resources to their respective health regions.



Kick Cancer

The CancerCare Manitoba Foundation launched a prevention campaign inviting all Manitobans to reduce their risk of cancer. Research indicates that making positive lifestyle choices can reduce the risk of cancer by up to 50%. The campaign includes five steps everyone can take to Kick Cancer:

- 1 Be smoke free
- 2 Eat well
- 3 Shape up
- 4 Cover up
- 5 Get Checked

To date, thousands of Manitobans have been reached by the campaigns' message through community events and advertising. Manitobans are encouraged to go to kickcancer.ca and make a pledge to make healthier lifestyle choices.



Smoking Cessation

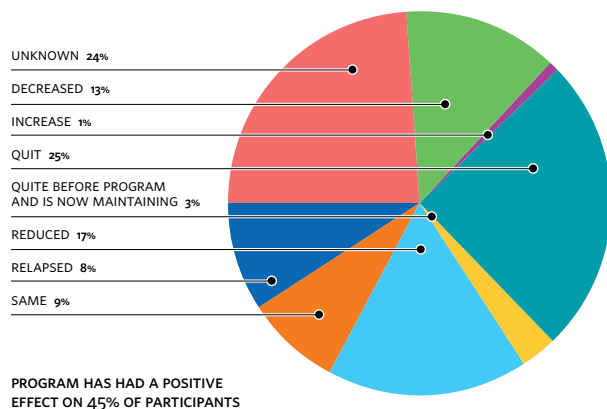
A cancer diagnosis often results in very high stress levels for patients and their families, which can make it even harder to let go of poor lifestyle choices, such as cigarette smoking. Research has proven that smoking is a leading cause of cancer, and the struggle to quit even after being diagnosed with cancer exemplifies the hold of smoking addiction. Research has also shown that quitting while in cancer treatment can improve the effectiveness of treatment.

CancerCare Manitoba offers a comprehensive smoking cessation assistance to patients, their immediate family members and agency staff. The service is available free of charge.

“Some patients have told us this is the first time they have been urged to quit by a health provider,” said Kristie Morydz, Clinic Lead for the program. “Others have said this is the first time they’ve been offered support.”

CCMB’s smoking cessation program utilizes the best practice approach of combining counseling with treatment, such as nicotine patches or medication.

To date, 475 CCMB patients have accessed the smoking cessation program, which is supported by the CancerCare Manitoba Foundation.



Screening Programs



Work continues with underserved populations in Manitoba, including the completion of The Breast Health Toolkit for Manitoba First Nations, funded by the Canadian Breast Cancer Foundation Prairies/NWT Region. The toolkit is a resource for communities to use to educate women about breast cancer including prevention, early detection, and treatment, and contains:

- ➔ Flip book with information about breast cancer for community health workers and clients
- ➔ Three teaching breast models
- ➔ A DVD translated into 5 First Nations languages
- ➔ A poster, brochures, and a resource order form
- ➔ The kits have been distributed to the 63 First Nation communities in Manitoba and health care partners.

BreastCheck is a key stakeholder and partner in provincial planning for the implementation of digital mammography which is expected in the 2015-16 year.

47,300 women were screened

6,153 women over the age of 69 were screened at BreastCheck

2,365 (5.0%) of participants required follow-up (diagnostic) testing



➔ In an effort to reduce the time to follow-up colposcopy, CervixCheck began distributing result letters to women with high-grade Pap test results. Letters notify women of their test result and need for colposcopy, and encourage them to contact their health care provider.

➔ CervixCheck continues to send out invitation and recall letters to women who are unscreened and overdue for a Pap test, with approximately 29% (7,173) of recipients then having the test.

➔ CervixCheck worked with the Manitoba cytology laboratories to implement liquid-based cytology (LBC). LBC reduces unsatisfactory Pap test rates, reducing the need for additional unnecessary testing, and provides the foundation to shift to enhanced screening technology with HPV testing.

➔ CervixCheck hosted a training workshop for clinicians to become competent to perform Pap tests. Eleven nurses were trained in eight rural and First Nation communities.

123,578 women were screened between April 1, 2014 and March 31, 2015

148 Pap test clinics provided increased access to cervical cancer screening services

119 communities in Manitoba are providing increased access to cervical cancer screening services



➔ Work began on a pilot project that uses a new type of screening test, a fecal immunochemical test (FIT). FIT only requires a single stool sample and is more sensitive than the test currently used in Manitoba.

➔ ColonCheck is working closely with Southern Health - Santé Sud to implement central intake and referral services for colonoscopy in the health region. The goal is to schedule all individuals with a positive ColonCheck screening test for a colonoscopy within 28 days.

➔ ColonCheck participated in awareness and education activities for Colorectal Cancer Awareness Month in March. This included advertisements about the importance of colon cancer screening, outreach via a newly-created Facebook page, and promotion and partnership with health care professionals.

➔ Efforts are underway to develop a new process for partnering with health care providers. The goal is to improve colon cancer screening among their patients.

51,127 home screening test (FOBT) invitations were sent province-wide

24,372 Manitobans completed ColonCheck FOBTs and 1055 (4.3%) tested positive

771 participants had a colonoscopy following a positive test result and 437 (56.7%) required a biopsy

Nourish Magazine

“Patients who are able to maintain a healthy body weight during cancer treatment often respond better to treatment and have a higher quality of life. To meet their specialized needs, a CancerCare Manitoba dietician joined a national effort to develop Nourish, a first of its kind magazine, designed to encourage healthy eating, specifically tailored to cancer patients.

Cancer patients face a myriad of nutrition related challenges when going through treatment,” says Angela Martens, registered dietician at CCMB. “These include weight loss, weight gain from some types of treatment, how to manage nausea, and a loss of appetite or sensitivity to smells.”

Dieticians from across Canada pooled their expertise to create a high quality magazine with evidence-based nutritional information. Each issue of Nourish features recipes related to a nutritional challenge that cancer patients may face, such as weight management or reducing fatigue.

A very unique and cancer patient-centric feature of the magazine’s recipes are recipe modifiers. “Each Nourish recipe carefully watches calorie counts, but also includes directions on how to add extra calories that provide maximum nutritional value,” says Martens. “This can be as simple as adding dairy products like cheese to soup, or including higher fat yogurt in a fruit smoothie.”

Nourish has been well received by cancer patients across Canada. The second issue of this free resource was released in Summer 2015. Limited copies are available through cancer centres across Canada, so patients are encouraged to go to nourishonline.ca for an electronic copy.



CCMB Breast Cancer Centre of Hope Expansion



Thanks to support from the CancerCare Manitoba Foundation, CCMB announced the expansion of services at the CCMB Breast Cancer Centre of Hope to include women and their families facing gynecological cancers. The planned expansion of service will offer Manitobans resources in addition to the centre’s current breast cancer services. This includes information about gynecological cancer, support, and referral to support programming.

The goal of these increased services is to improve the experience of individuals and their families by providing education and support with informed decision making, navigation of cancer care, timely referral to appropriate resources, and access to credible information. Each year an estimated 400 women are diagnosed with a gynecological cancer in Manitoba.

Cancer Patient Journey



IN SIXTY CANCER ACTION

In Sixty, the Manitoba Cancer Patient Journey Initiative, announced by the Province of Manitoba in June 2011, is a made-in-Manitoba strategy, to reduce wait times from when cancer is suspected to the start of treatment. This initiative has fostered partnerships with primary care, diagnostics, acute care, emergency departments, surgeons, oncologists and cancer patients, including underserved populations. Collaboration is essential to reducing wait times and improving the coordination of services for Manitobans.

Partners:

- Manitoba Health
- CancerCare Manitoba
- All Regional Health Authorities in Manitoba
- Diagnostic Services Manitoba
- Primary Health Care
- Manitoba eHealth
- Patients with Cancer Journey Experience
- Health Care Professionals across Manitoba

Goal of In Sixty:

To reduce the time from suspicion of cancer to first treatment to no longer than 60 days, in a sustainable manner that improves the cancer patient experience.

Underserved Populations In Sixty

As part of In Sixty, the First Nations, Metis, Inuit Cancer Control program works with people who face barriers to accessing services or treatment. Barriers include language, culture, living in a remote community, poverty, or other health challenges. Patients and family members can receive help accessing the cancer system or for direction to available resources. Health care providers receive assistance in getting efficient service for their patients through the entire cancer journey, from high suspicion of cancer, to treatment, follow up and palliative care.

The program mandate has now been expanded to include patients within underserved populations - newcomers, the frail elderly, the homeless and geographically-isolated people, to ensure equal access and delivery of cancer services to all.

The First Nations, Metis and Inuit Cancer Control Program has a focus on:

- Raising awareness of cancer**
- Assisting cancer patients with access to diagnosis and treatment.**

Raising awareness of cancer

Raising awareness of cancer includes its prevention, early diagnosis, treatment, follow-up care and end of life care. Staff from the FNMICCC Program travel to First Nations and Metis communities and events to share information about risk reduction, healthy living and early detection. Staff also help people in those communities get screened for cancer earlier. This has resulted in direct contact with 22,798 people at 86 events over the past two years.

Communities visited since 2013:

Ebb & Flow
Portage La Prairie
Long Plains First Nation
Berens River First Nation
Brokenhead Ojibway Nation
Rolling River First Nation
Pimicikamak First Nation/Cross Lake
Rosseau River Anishinabe Nation
Opaskwayak Cree Nation
Birdtail Sioux Dakota Nation
St. Teresa Point First Nation
Norway House Cree Nation
Sapotaweyak Cree Nation
Sagkeeng First Nation
Northlands Denesuline First Nation
Fisher River Cree Nation
Peguis First Nation
Swan Lake First Nation
Canupawakpe First Nation
Pauingassi First Nation
Duck Bay
Tataskweyak Cree Nation/Split Lake
Churchill
Teulon
Brandon
Selkirk
Winnipeg events at
the Indian and Metis Friendship Centre

Manitoba Cancer Hubs In Sixty

Navigation services are now available at all Manitoba Cancer Hubs for assistance with coordinating tests and referrals needed to obtain a diagnosis. Cancer treatment hubs located in rural and northern Manitoba co-ordinate care and offer, when

available, services close to home, reducing costs for patients who otherwise might have had to travel to Winnipeg to receive diagnosis or treatment. These hubs connect CancerCare Manitoba expertise to patients and health-care providers across all health regions.

12,817,973 kilometres
less patient travel as a result of Manitoba's Regional and Community Cancer hubs



Which would consume approx.
1 million litres
of gasoline

Cancer Hub Announcements

The Pas & Thompson August 2014

Expanded services in Thompson and The Pas include nurse navigators, a psychosocial oncology counselor, and family physicians with a specialty in oncology, as well as a community liaison. Community cancer program services offered in Flin Flon also link to the services in The Pas and Thompson.

Steinbach September 2014

With the opening of the Steinbach cancer hub, there are now cancer services in two locations in the Southern/Health-Santé Sud (SHSS) Regional Health Authority.

Winnipeg December 2014

The opening of the newest cancer hub in Winnipeg builds on work done to develop community and regional cancer hubs in rural Manitoba, which offer enhanced and better co-ordinated care.

In December 2014, Winnipeg emergency departments began referring patients to the Winnipeg hub for navigation services. A strong focus was on referral of patients without a family doctor/primary care provider, as these patients do not have a provider follow up when leaving the emergency departments. These patients were then connected to a family physician through the Family Doctor Finder, an initiative to connect Manitobans to doctors and nurse practitioners.

Beginning in February 2015, primary care providers in Winnipeg began referring patients to cancer navigation services. At the Winnipeg hub, nurse navigators, a psychosocial oncology clinician and a family physician with a specialty in oncology are available to assess patients and their families and assist primary care providers.

The other regional cancer hubs in Manitoba include Boundary Trails, Brandon, Dauphin, Selkirk, Steinbach. These regional hubs support services at the Community Hubs that include: Portage la Prairie, Neepawa, Russell, Hamiota, Deloraine, Swan River, Gimli and Pinawa.

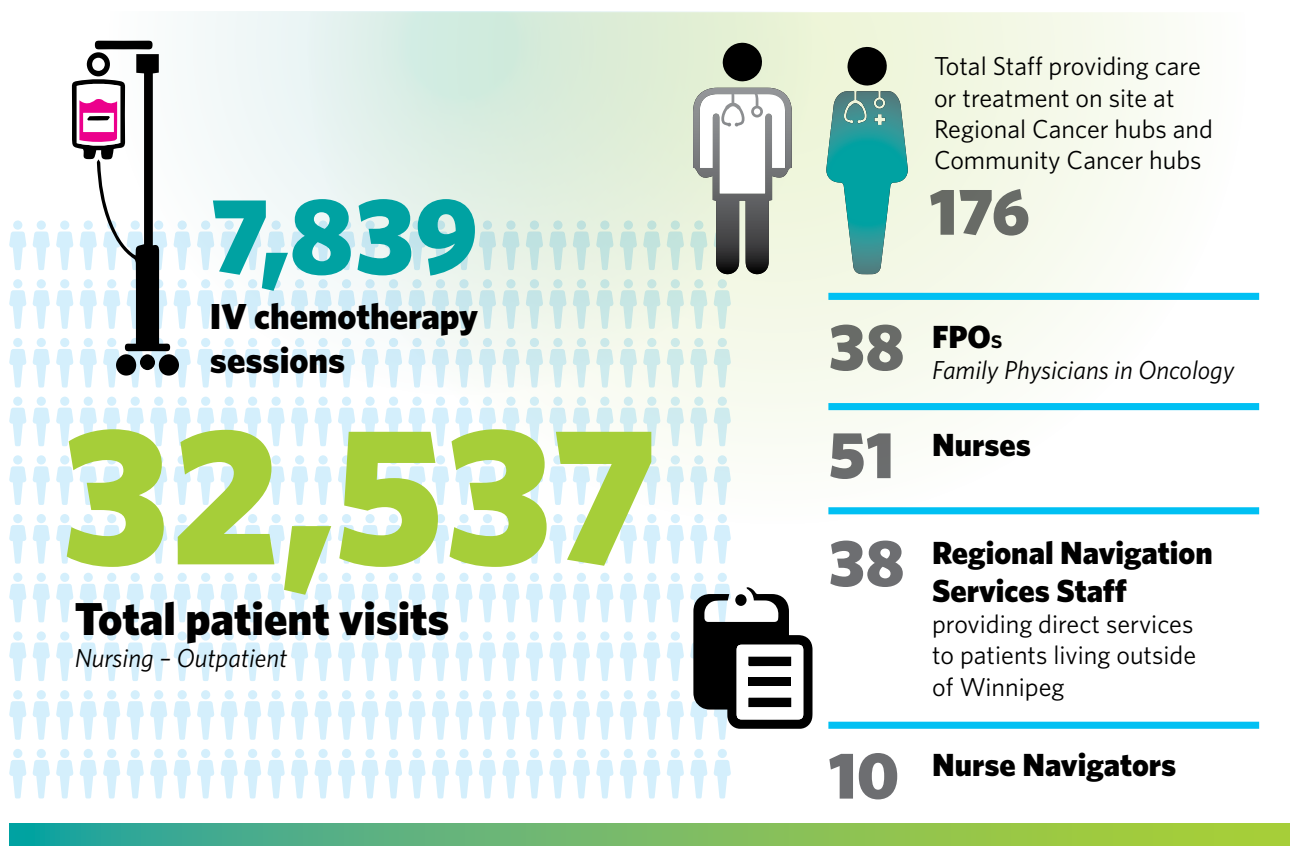
In each hub, the Family Physician in Oncology is a resource for primary care providers to assist them in making the right diagnosis and the right treatment plan quickly.

The Nurse Navigator is the consistent communication link between the patient, cancer care services and the health care provider and health care system. Nurse Navigators are oncology trained nurses who receive referrals from many sources including primary care providers. The navigator's role is to help the patient and the primary care provider work through disease specific diagnosis requirements, as well as identify delays and find ways to coordinate delays when possible and ensure testing and care proceeds without being lost in the system. They answer questions for patients and families

in understanding their diagnosis and plan of care in order to make informed decisions and be better prepared for their health care provider appointments.

The Psychosocial Oncology Clinician, or counselor, helps patients handle practical problems, personal, family and work challenges. Providing counseling with expertise in oncology facilitates patients and families to receive point of care support, as well as ongoing counseling that allows patients and families to work through their emotional and psychological needs.

With the announcement of the Winnipeg cancer hub this year, there is now a complete network of cancer hubs serving Manitobans.



Process Improvements In Sixty

Clinical Guidance Pathways

Manitoba is the first province in the country to develop clinical pathways from suspicion to treatment with detailed timelines. The pathways aim to streamline the steps to a cancer diagnosis. The Breast Cancer, Colorectal Cancer and Lung Cancer pathways are complete, have been circulated to physicians throughout Manitoba and are posted on CCMB's website. Pathways for Prostate and Lymphoma cancers have been disseminated for review by health providers and will be finalized in the fall of 2015.

Lean Projects at CCMB 2014/2015

LEAN Six Sigma is a business improvement system supported through the Manitoba Government's Pursuing Excellence program. The LEAN projects, known as Rapid Improvement Events (RIEs), focus on eliminating redundancies, while improving the patient's experience and overall satisfaction.

Using the colorectal cancer pathway, Rapid Improvement Events took place within primary care sites, CCMB, surgeon's offices and colonoscopy sites in Southern Health-Santé Sud (SHSS) Regional Health Authority, to shorten wait times for colonoscopies. As a result, the following improvements are now being realized throughout Manitoba:

- **A standard consultation and referral form that prioritizes patients based on urgency, and eliminates the need for a return appointment with the primary care provider for a pre-op history.**

- **Patients with a high suspicion for cancer are linked to a Cancer Hub for navigation services and supports.**

- **A regional central referral office coordinates all colonoscopy and gastroscopy referrals to track wait times across the region in order to match patient referrals to the site or specialist with the shortest wait, and offer the patient the next available appointment.**

- **A "Suspicious for Cancer" colorectal pathology specimen gets priority analysis in pathology.**



Brief highlights of some of our successes in 2014/2015

Awards & Achievements

Dr. Versha Banerji, Senior Scientist, Manitoba Institute of Cell Biology at CCMB, has been selected as the recipient of the Manitoba Medical Service Foundation and St. Boniface Hospital Research Centre's Richard Hoeschen Memorial Award. The award will support Dr. Banerji as she supervises University of Manitoba student Rebecca Lang's project entitled "Modulating Glycogen Synthase Kinase 3 (GSK-3) in Chronic Lymphocytic Leukemia (CLL)."

Dr. Sachin Kalyal, Senior Scientist, Manitoba Institute of Cell Biology at CCMB, won the CIHR Early Career Award in Cancer, a grant given annually to new investigators in cancer research with the highest ranking operating grant, as well as the 2015 CIHR New Investigator Salary Award for his application, "Modulation of DNA damage repair response in the treatment of brain tumours."

Dr. Anne Katz, CCMB Cancer and Sexuality Counsellor, has received accolades for her book "This Should Not Be Happening: Young Adults with Cancer" (Hygeia Media), including the American Journal of Nursing Book of the Year Award (Consumer Health), the APEX Award for Publishing Excellence and the EXCEL Award from Association Media & Publishing. In addition, Dr. Katz was recently inducted as a Fellow in the American Academy of Nursing.

Dr. Boyd McCurdy, CCMB Head of Radiation Oncology Physics, Medical Physics Department, was recently awarded a \$240K grant from NSERC through a nationwide competition. The grant will support Dr. McCurdy's ongoing work to improve the accuracy and quality of patient radiation treatments by better modeling scattered x-rays formed in patients from both diagnostic and therapeutic x-ray beams.

Dr. Kirk McManus, Senior Scientist at the Manitoba Institute of Cell Biology at CCMB, was awarded the Rh Award for Outstanding Contributions to Scholarship and Research in the Health Sciences by the Winnipeg Rh Foundation Inc./ University of Manitoba as well as the Ken Hughes Young Investigator Award for Medical Research from the U of M.

Eileen McMillan-Ward, research technician at the Manitoba Institute of Cell Biology at CCMB, received the Karol McNeill Technician Award from the University of Manitoba, honouring an outstanding technician in health sciences based on prolonged service, scientific excellence, leadership and mentorship. Eileen also received the MICB Merit Award for her outstanding contribution to research, going beyond expected duties, enhancing productivity and promoting excellence at the MICB.

Candace Myers, CCMB Speech-Language Pathologist, received the designation of Board Certified Specialist in Swallowing and Swallowing (BCS-S) Disorders. While the American Speech-Language Hearing Association's specialty recognition program is voluntary, holding the designation of BCS-S is becoming the standard for identifying an SLP who is an expert in dysphagia, or swallowing disorders.

Erin Streu, CCMB Oncology Nurse, was awarded the Merck Lectureship for the Canadian Association of Nurses in Oncology (CANO) National Conference this fall in Toronto for her SCIG program. The lectureship is awarded to the abstract that best exemplifies a nursing program that is innovative and focuses on improving quality of life for patients and caregivers.

Gina Sunderland, CCMB Dietitian, received the Member Recognition Award 2015 from the Dietitians of Canada. The DC Member Recognition Awards are awarded to members, nominated by their peers, for volunteerism, expertise and achievements that contribute to the advancement of the profession in one of 4 areas of recognition. The categories are Leadership, Innovation, Education and Association Catalyst.

Jill Sutherland, CCMB Radiation Therapist and Project Manager, was awarded the Canadian Association of Medical Radiation Technologists' George Reason Memorial Award Certificate of Merit for an exhibit entitled "Strategies to meet patient information needs in radiation therapy." Jill was also honoured with the Reviewer of the Year award from the Journal of Medical Imaging and Radiation Sciences (JMIRS).

Dr. Ryan Zarychanski, CCMB Hematologist, whose first annual Blood Day event was recognized by the College of Family Physicians of Canada, received the 2015 Continuing Professional Development (CPD) Award. The event helped build connections between CCMB and University of Manitoba blood disorder specialists and primary care providers by providing pragmatic practice tools to guide efficient care, and sharing knowledge regarding the work-up and management of hematologic disorders. In addition, Dr. Zarychanski was awarded the Liam J. Murphy Young Investigator Award, presented to faculty members of Internal Medicine who has been on staff for less than 5 years and who show evidence of developing a strong research program. He has also received a CIHR Young Investigator Award for five years.

CancerCare Manitoba Condensed Statement of Financial Position

As at March 31, 2015, with comparative information for 2014

				2015	2014
	GENERAL FUND	CAPITAL FUND	CLINICAL, BASIC RESEARCH AND SPECIAL PROJECTS FUND	TOTAL	TOTAL
Assets					
Current assets:					
Cash	\$ 8,670,439	\$ -	\$ 13,599	\$ 8,684,038	\$ 3,568,081
Restricted cash	-	-	-	-	2,082,473
Short-term investments	3,253,150	-	1,057,136	4,310,286	10,700,302
Due from Manitoba Health	3,433,542	-	-	3,433,542	1,780,150
Accounts receivable	3,678,613	-	6,850,590	10,529,203	7,896,472
Inter-fund accounts	(1,983,845)	2,686,978	(703,133)	-	-
Prepaid expenses	478,226	-	-	478,226	617,588
Vacation entitlements receivable	1,730,141	-	-	1,730,141	1,730,141
	19,260,266	2,686,978	7,218,192	29,165,436	28,375,207
Restricted cash	1,418,290	-	-	1,418,290	5,898,730
Retirement entitlement obligation receivable	1,419,400	-	-	1,419,400	1,419,400
Investments	20,289,586	-	2,955,576	23,245,162	11,492,888
Capital assets	-	51,123,875	1,313,272	52,437,147	57,010,412
	\$ 42,387,542	\$ 53,810,853	\$ 11,487,040	\$ 107,685,435	\$ 104,196,637
Liabilities, Deferred Contributions and Fund Balances					
Current liabilities:					
Accounts payable and accrued liabilities	\$ 15,235,394	\$ -	\$ 19,156	\$ 15,254,550	\$ 14,991,947
Due to Manitoba Health	13,854,650	-	-	13,854,650	6,859,140
Deferred contributions - expenses of future periods	2,224,374	-	-	2,224,374	2,434,479
	31,314,418	-	19,156	31,333,574	24,285,566
Deferred contributions - capital assets	-	53,650,404	741,985	54,392,389	58,240,162
Employee future benefits	8,004,000	-	-	8,004,000	7,770,000
	39,318,418	53,650,404	761,141	93,729,963	90,295,728
Fund balances:					
Invested in capital assets	-	160,449	571,287	731,736	756,208
Externally restricted	-	-	9,302,804	9,302,804	9,007,001
Internally restricted	2,102,834	-	914,781	3,017,615	2,927,938
Unrestricted	697,590	-	-	697,590	1,289,512
	2,800,424	160,449	10,788,872	13,749,745	13,980,659
Accumulated remeasurement gains (losses)	268,700	-	(62,973)	205,727	(79,750)
	3,069,124	160,449	10,725,899	13,955,472	13,900,909
	\$ 42,387,542	\$ 53,810,853	\$ 11,487,040	\$ 107,685,435	\$ 104,196,637

Cancercare Manitoba Administrative Costs

Summary of Administrative Expense

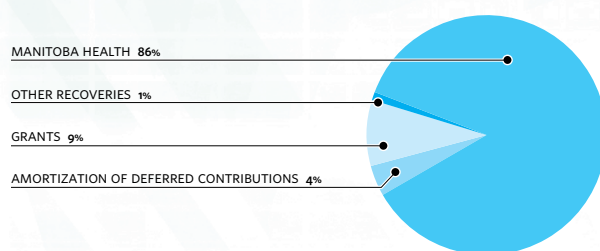
	PERCENTAGE OF TOTAL 2014/15 EXPENSES	PERCENTAGE OF TOTAL 2013/14 EXPENSES
Corporate	2.4	2.3
Patient-Care Related	0.6	0.6
Human Resources and Recruitment	0.6	0.8
Total	3.6	3.7

A complete set of financial statements, Public Sector Compensation information, and the Auditor's report can be obtained from CancerCare Manitoba. Call (204)787-1662.

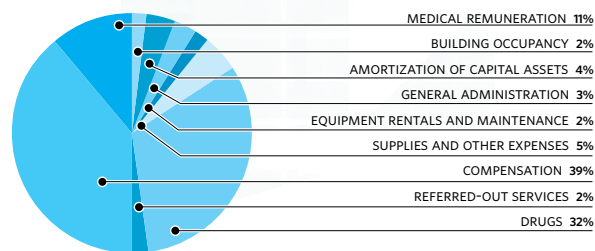
CancerCare Manitoba Condensed Statement of Operations and Changes in Fund Balances

Year ended March 31, 2015, with comparative information for 2014				2015	2014
	GENERAL FUND	CAPITAL FUND	CLINICAL, BASIC RESEARCH AND SPECIAL PROJECTS FUND	TOTAL	TOTAL
Revenue:					
Manitoba Health	\$ 131,883,498	\$ -	\$ 434,591	\$ 132,318,089	\$ 125,950,417
Other recoveries	2,089,080	-	-	2,089,080	1,815,509
Grants	-	-	14,522,655	14,522,655	13,720,438
Amortization of deferred contributions	317,105	4,968,634	237,329	5,523,068	5,969,793
	134,289,683	4,968,634	15,194,575	154,452,892	147,456,157
Expenses:					
Compensation	52,221,718	-	8,477,908	60,699,626	59,157,429
Medical remuneration	17,211,789	-	-	17,211,789	14,616,184
Building occupancy	2,781,667	-	440,600	3,222,267	3,310,678
Amortization of capital assets	-	4,968,634	398,161	5,366,795	5,945,893
General administration	2,976,144	-	1,295,536	4,271,680	4,194,825
Equipment rentals and maintenance	3,019,432	-	134,839	3,154,271	2,689,643
Supplies and other departmental expenses	4,379,776	-	4,084,222	8,463,998	8,394,610
Drugs:					
Provincial oncology drug program	45,238,647	-	-	45,238,647	41,997,059
Neupogen	3,457,348	-	-	3,457,348	4,012,495
Other	1,043,275	-	-	1,043,275	1,056,193
Referred-out services	3,152,176	-	150,443	3,302,619	2,886,084
	135,481,972	4,968,634	14,981,709	155,432,315	148,261,093
Excess (deficiency) of revenue over expenses before the undernoted	(1,192,289)	-	212,866	(979,423)	(804,936)
Investment income	620,728	-	127,781	748,509	541,653
Excess (deficiency) of revenue over expenses	(571,561)	-	340,647	(230,914)	(263,283)
Fund balances, beginning of year	3,371,985	160,449	10,448,225	13,980,659	14,243,942
Fund balances, end of year	\$ 2,800,424	\$ 160,449	\$ 10,788,872	\$ 13,749,745	\$ 13,980,659

Total Revenues for the Year ended March 31, 2015



Total Expenses for the Year ended March 31, 2015



These condensed financial statements do not contain all of the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the Company's financial position, results of operations, changes in fund balances, cash flows and remeasurement gains (losses), reference should be made to the related complete financial statements of CancerCare Manitoba as at and for the year ended March 31, 2015, on which KPMG LLP expressed an opinion without reservation in their report dated June 18, 2015. The complete set of financial statements can be downloaded at www.cancercare.mb.ca

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MINISTER OF HEALTH

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Ms. Wendy Rudnick

Ms. Dolores Samatte

EX-OFFICIO

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PRESIDENT & CEO,
CCMB

Dr. Jim Butler
MSA, CCMB

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& CHIEF OFFICER,
PATIENT SERVICES
(CCMB)

Mr. Bill Funk
INTERIM CHIEF
OPERATING OFFICER
(CCMB)

CCMF REPRESENTATIVE:

Ms. Annitta Stenning
PRESIDENT & CEO,
CANCERCARE
MANITOBA
FOUNDATION

*CancerCare Manitoba
wishes to thank*

Ms. Judith Baldwin

Dr. John Foerster

Ms. Gina Guiboche

Ms. Deanne Heathcote

Ms. Sara Mazur

Ms. T. Podworski

*for their dedication and
commitment to CancerCare
Manitoba and Manitobans
during their term of service on
the CCMB Board of Directors.*

Board Committees

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Mr. Keith Findlay

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Mr. Martin Hak

Professor Richard Johnson

Mr. Ben Lee

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Ms. Gloria Paziuk

Ms. Dolores Samatte

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Ms. Vera Derenchuk

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Dr. Tom Hack

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Mr. David Popke

COMMUNITY ADVISORY COUNCIL

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CO-CHAIR

Ms. Dolores Samatte
CO-CHAIR

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Ms. Erin Crawford

Ms. Myra Frieman

Ms. Pam King

Ms. Beverly Laurila

**Ms. Connie
Magnusson-Schimnowski**

Dr. Deirdre O'Flaherty

Ms. Jeanine Roy

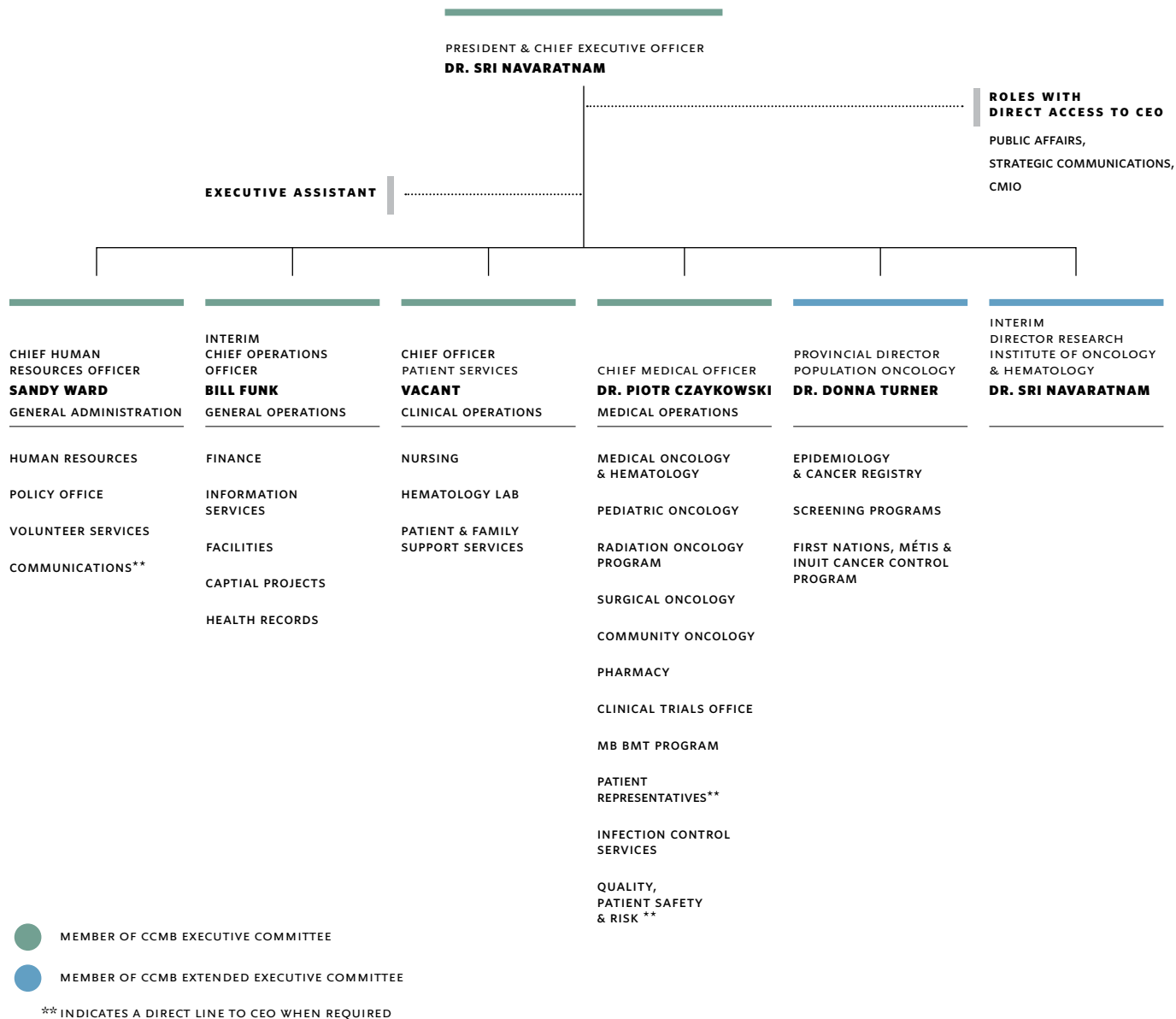
Dr. Janice Safneck

Dr. Marilyn Singer



*Denotes the Chair is a member of each Committee by virtue of his position.

Organizational Chart



CancerCare Manitoba Foundation: How Donations Change Lives

CancerCare Manitoba Foundation has granted over
\$98 MILLION
to CancerCare Manitoba since 2000

CancerCare Manitoba Foundation's cost of fundraising is
17%

Donors have funded
100%
of our tumour bank
→ which is one of the largest in Canada

We provided
7,000
Bowls of Soup

135,000
Cookies

100,000
Beverages

to patients and families during treatment

Cancer treatment is provided at 17 Community Cancer program sites outside Winnipeg

SUPPORTING CANCERCARE MANITOBA'S BEST AND BRIGHTEST

34
HEMATOLOGISTS & ONCOLOGISTS

19 SENIOR SCIENTISTS
in the Research Institute in Oncology and Hematology

8 PEDIATRIC ONCOLOGISTS

CancerCare Manitoba Foundation has supported
70 graduates and medical students since 2008

377
Community Events registered to raise funds for CancerCare Manitoba Foundation

535 wigs
were provided on loan to individuals experiencing hair loss as a result of cancer treatment

721
individuals accessed the services of the Guardian Angel Caring Room last year

27,197
individuals and corporations donated to the Foundation

127
clinical trials were available for participation in 2014

59 pediatric clinical trials were available for participation in 2014.
CancerCare Manitoba Foundation funded more than
50% of them



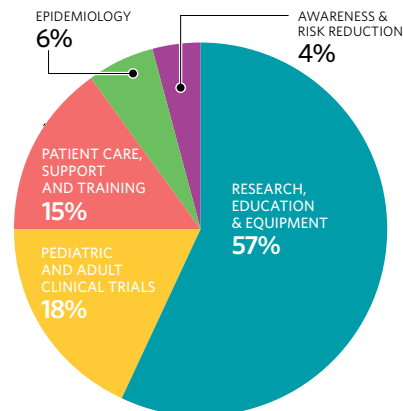
Supporting Essential Research & Services

New technology, new treatments, new fundraising ideas. This was an incredible year for CancerCare Manitoba Foundation. Manitobans supported the Foundation in many valuable ways – through generous individual and corporate donations, sponsorship and support of signature and community events and volunteering personal time.

The Foundation's mandate is to support CancerCare Manitoba's strategic priorities by financially supporting research, programs and services that may not be eligible for government funding. This year the Foundation provided over \$5.7 million to CancerCare Manitoba. We are proud that all funds raised by the Foundation stay in Manitoba.

As we look ahead and plan how the Foundation will continue to support CancerCare Manitoba, we reflect on how donors have helped us accomplish our objectives. We also reflect on the tremendously rewarding feeling that accompanies being part of such a positive organization and Board.

Too many Manitobans continue to be diagnosed with cancer every day. These people are family, friends, classmates and colleagues and their cancer journeys affect us all. As you look forward, we ask that you consider how your efforts can assist the Foundation in fulfilling its goal of maximizing annual support to CancerCare Manitoba.



CancerCare Manitoba Foundation Board

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TREASURER, FINANCE CHAIR

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MARKETING CHAIR

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DIRECTOR EMERITUS

Andrew B. Paterson
DIRECTOR EMERITUS

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Gregory Tallon, LL.B.
VICE CHAIR

Alyson Kennedy, FCA, CFP
SECRETARY

Barb Lillie, CA
TREASURER

Dr. Sri Navaratnam
PRESIDENT AND CEO
(EX-OFFICIO)

The Public Interest Disclosure Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law 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: 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/human resource matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in the regions 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 2014-2015: 0

The number of disclosures received, and the number acted on and not acted on:

Subsection 18 (2) (a): 0

The number of investigations commenced as a result of a disclosure: Subsection 18 (2) (b) 0

In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective action taken in relation to the wrongdoing, or the reasons why no corrective action was taken: Subsection 18 (2) (c): 0

