



2015/2016 Annual Progress Report



*Inspired by progress.
Guided by knowledge.*

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.

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.

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Message from the President and CEO



“CancerCare Manitoba is continually measuring and evaluating its performance. Without knowing where we stand, we cannot commit ourselves to continued advancements.”

The 2016-2021 Manitoba Cancer Plan is the compass that directs CancerCare Manitoba towards enhanced patient care and cancer research. To ensure we reach our objectives and to help CCMB make improvements along the way, collecting data is of utmost importance.

CCMB is continually measuring and evaluating its performance. That is why the theme of this year's Annual Progress Report is “Inspired by progress. Guided by knowledge.” It focuses on the significance of measurement in delivering quality care. Everyone benefits from the knowledge gained through this information gathering, especially cancer patients and their families.

CancerCare Manitoba's provincial mandate includes delivering direct services to patients- from the prevention of cancer to survivorship or end of life care. CCMB also delivers services in collaboration with our regional partners. In addition, we undertake research and provide education through the research institute at CancerCare Manitoba, in partnership with the University of Manitoba. CCMB scientists and physicians are working together to bring the best treatments to Manitobans.

CCMB's efforts are focused on providing state-of-the-art treatments to reduce the impact of cancer on the lives of Manitobans. As a result of advancements in technology and treatments, together with early detection and healthy living, Manitobans are living longer with cancer. With this knowledge, we are preparing for an increase in the number of Manitobans who receive services from CCMB. Some of those preparations are outlined in this document.

This Annual Progress Report for 2015/2016 has been approved by the CCMB Board. I would like to thank the Board Chair and the Board of Directors for their direction, input and dedication to CancerCare Manitoba's vision and goals.

CancerCare Manitoba is grateful for the strong support of our partners in government and for the priority placed on reducing the impact of cancer in our province. We thank Manitobans for your generous giving. Supporting the CancerCare Manitoba Foundation makes possible further improvements in care we provide patients, cancer research and improved technology. My gratitude goes to the CCMF Board for their commitment. Finally, to our many partners in health care, much of what we do would not be possible without you.

This report highlights our activities over the past year bringing quality cancer care to all Manitobans. We take pride in working for you.

Dr. Sri Navaratnam

**President and CEO
CancerCare Manitoba**

Message from the Chair of the Board



On behalf of the Board of Directors of CancerCare Manitoba (CCMB), I am pleased to present the Annual Progress Report 2015/16. This report has been prepared in accordance with The Regional Health Authorities Act, and with guidance from Manitoba Health, Seniors and Active Living (Manitoba Health).

The Annual Progress Report 2015/16 shows how CCMB is meeting the growing needs of Manitobans dealing with cancer, while planning for a future that includes an expected 50 per cent increase in cancer cases over the next 15-20 years. During the past year, CCMB has worked diligently to implement the Manitoba Cancer Plan 2016-2021, which (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.

One of the highlights of the past year was the acquisition of land by CancerCare Manitoba Foundation, on behalf of CCMB, on which CCMB's much needed second building will be constructed. Plans to develop this building are well underway and while its opening is a few years away, it will enable CCMB to continue to fulfill its mission to reduce the impact of cancer and blood disorders on Manitobans, while readying for a challenging future.

The CCMB Board of Directors is charged with the governance and direction of CCMB on behalf of all Manitobans. It is a duty that we take seriously and do our very best to carry out. Thanks to our Board members, past and present, for their hard work and enthusiasm in helping carry out our mandate.

On behalf of the Board of Directors, I thank health care providers, Manitoba Health, our financial supporters, including the CancerCare Manitoba Foundation, and, of course, all Manitobans for their continued support.

Finally, our thanks to the management, administrative, technical and support staff of CancerCare Manitoba for their exemplary care and compassionate support of Manitoba patients and families facing cancer. CCMB was awarded Exemplary Standing pursuant to the 2015 accreditation review by Accreditation Canada. This is the highest standing possible, an achievement for which everyone at CCMB should be justifiably proud.

Sincerely,

Gregory Tallon

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

About us

CancerCare Manitoba has a provincial mandate. It provides leadership in cancer control and blood disorders and is responsible for direct care to patients. Services to Manitobans include prevention, early detection, treatment, end of life care and living with cancer.

CCMB has approximately 900 staff. The multidisciplinary approach to patient care at CCMB attracts specialists oncology, topnotch cancer researchers, passionate nursing staff and other health care professionals.

CCMB has three locations in Winnipeg. The main site at the Health Sciences Centre campus includes chemotherapy and radiation treatments, patient support services and CancerCare Manitoba's Research Institute. The second location at St. Boniface Hospital provides chemotherapy and support services to patients. The third location at Misericordia Hospital includes the Cancer Screening Programs - BreastCheck, ColonCheck and CervixCheck.

It is through working with partners that CCMB can meet its provincial mandate. Manitoba patients can receive care close to home thanks to CCMB's partnerships with Regional Health Authorities and Diagnostic Services Manitoba. The Western Manitoba Cancer Centre in Brandon provides radiation therapy, chemotherapy and patient support services. Community and Regional Cancer Program Hubs provide outpatient care and support services to cancer patients in 17 Manitoba sites.

CancerCare Manitoba relies on the ongoing support of Manitoba Health, Seniors and Active Living and our working relationships with health care partners to deliver quality cancer services to Manitobans.

CancerCare Manitoba leadership team



Dr. Sri Navaratnam

President and CEO

Dr. Navaratnam has been President and CEO since January 1, 2014. Her efforts are focused on supporting the Vision and Mission of CancerCare Manitoba and implementing the six strategic priorities outlined in Delivering Excellence: 2016-2021 Manitoba Cancer Plan. This includes being a champion for the expanded scope of research at CCMB, in partnership with the University of Manitoba, and working with regional health leaders as co-chair of the provincial cancer patient journey initiative.

During her 20-year career as a Medical Oncologist at CCMB, Dr. Navaratnam has held leadership positions within CancerCare Manitoba as the Department Head of Medical Oncology and Hematology and in other affiliated organizations: Medical Director of Oncology at the Winnipeg Regional Health Authority and as Section Head of Hematology/Oncology, Department of Internal Medicine at the University of Manitoba.

Dr. Navaratnam obtained her PhD from the Department of Pharmacology, University of Manitoba, in 1990 and upon completing her training in Internal Medicine, continued with subspecialty training in Medical Oncology at CancerCare Manitoba and the University of Manitoba. Dr. Navaratnam received her undergraduate medical training at the University of Jaffna, Sri Lanka.

Dr. Piotr Czaykowski

Chief Medical Officer

Dr. Czaykowski was appointed Chief Medical Officer in August 2015. His focus is on optimizing the medical management of patients with cancer and blood disorders in Manitoba. This includes providing leadership and guidance to all medical directors and disease site group chairs at CancerCare Manitoba. Dr. Czaykowski's clinical work is focused on genitourinary cancers. His research interests include clinical trials and outcomes analysis using population-based data. He was instrumental in the development of the CCMB Clinical Practice Guidelines Initiative.

Since joining CancerCare Manitoba in 2002, Dr. Czaykowski has held positions of Director of the University of Manitoba Medical Oncology Training Program, Chair of the Royal College of Physicians and Surgeons of Canada Medical Oncology Exam Board, and most recently as interim Head of the Department of Medical Oncology and Hematology, CancerCare Manitoba, and Section of Hematology/Oncology, University of Manitoba.

Dr. Czaykowski completed medical school at the University of British Columbia, trained in Internal Medicine at the University of Calgary, and Medical Oncology at the University of Toronto, where he also obtained an MSc in Clinical Epidemiology. He spent five years at the Fraser Valley Centre of the BC Cancer Agency prior to coming to Winnipeg in 2002.



From left to right: Dr. Marshall Pitz (Lead for Clinical Research) Sandy Ward, Nardia Maharaj, Dr. Piotr Czaykowski, Dr. Spencer Gibson (Head of Cell Biology), Dr. Donna Turner, Paul Penner

Mr. Paul Penner

Chief of Clinical Operations

Mr. Paul Penner was appointed Chief of Clinical Operations in November 2015. Paul's focus is on clinical excellence at CCMB, in particular aligning all components of the clinical operations of CCMB in order to implement the Manitoba Cancer Plan.

Paul has extensive experience within diverse health care organizations managing a variety of clinical programs. Before joining CCMB, Paul was the Chief Operating Officer at Diagnostic Services Manitoba (DSM). At DSM, he championed the development of a culture focused on quality and oversaw projects identified and prioritized in the DSM Strategic Plan. Other experience includes Division Administrator for Gastroenterology at the University of Texas Medical Branch, Administrative Analyst for the Emergency Program at the St. Boniface General Hospital, and Administrative Director for four Clinical Programs at the Winnipeg Regional Health Authority.

Paul is a Chartered Professional Accountant (previously CMA) and holds a Bachelor of Commerce (Honours in Finance) from the University of Manitoba, and a Bachelor of Arts in Administrative Studies/Economics from the University of Winnipeg.

Ms. Nardia Maharaj

Chief Operating Officer

Ms. Nardia Maharaj was appointed Chief Operating Officer in November 2015. With a focus on operational excellence, Nardia's portfolio includes optimization of all operations at CancerCare Manitoba including finance, purchasing, information services, capital projects and corporate planning.

Nardia comes to CancerCare Manitoba from Manitoba Health where she was Assistant Deputy Minister and Chief Financial Officer. Her experience with the province of Manitoba gives her an excellent understanding of Manitoba's health system and government operations. Other experience at Manitoba Health includes Executive Director of Finance. She was responsible for ensuring an equitable distribution of funding to Regional Health Authorities and other funded agencies like CancerCare Manitoba in accordance with government priorities including reviewing Health Plan submissions, budget allocations and monitoring financial and operational results.

Nardia has a Master of Business Administration from the University of Manitoba specializing in management and finance, as well as a Bachelor of Commerce Honours in accounting. She is a Chartered Professional Accountant (Certified Management Accountant) with over 26 years' experience in auditing and financial management.

Mr. Sandy Ward

Chief Human Resource Officer

Mr. Sandy Ward was appointed Chief Human Resource Officer in May 2015. Sandy's focus is on operational excellence and building capacity within CancerCare Manitoba as laid out in the Manitoba Cancer Plan. This portfolio includes human resources, volunteer services, strategic communications and public affairs, the policy office and privacy office.

After a 20-year career serving with the Air Force, Sandy most recently held the position of Regional Director of Human Resources for the Prairie Region of the Canada Revenue Agency (CRA). During his career with the Air Force, Sandy served in numerous leadership roles of increasing responsibility in Victoria, Trenton, and Winnipeg. In his role with the CRA, Sandy led a team of HR professionals that provided a broad range

of services, including: labour relations, staffing, recruiting, and workforce planning. Sandy is involved in numerous steering committees and working groups and is an active member of the Human Resources Manager Association of Manitoba.

Sandy has a Master of Business Administration from Royal Roads University, specializing in HR, and is a Certified Human Resources Professional (CHRP).

Dr. Donna Turner

Provincial Director of Population Oncology

Dr. Donna Turner has held the role of Provincial Director of Population Oncology since 2007. This portfolio is comprised of Epidemiology, the Manitoba Cancer Registry, Screening Programs (BreastCheck, CervixCheck and ColonCheck) and Underserved Populations.

Dr. Turner's research interests complement her administrative responsibilities and revolve around the use of population-based cancer data as a means of informing cancer control activities. She works in various aspects of cancer control research – from prevention to early detection to diagnosis and treatment to outcomes – using the population-based data resources of the provincial health department and CancerCare Manitoba. She is involved in several national and international cancer surveillance, epidemiology and health services research efforts, including the International Cancer Benchmarking Partnership, CONCORD, and work supported by the Canadian Partnership Against Cancer (CPAC), and the Canadian Institutes for Health Research (CIHR).

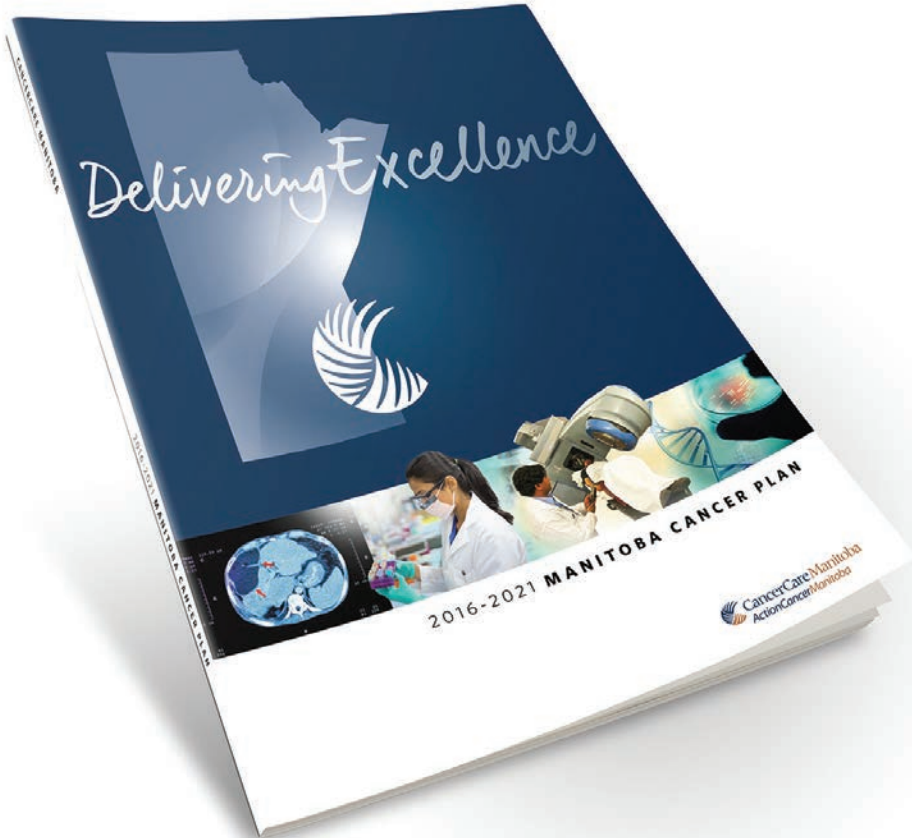
Dr. Turner graduated from the University of Victoria's Health Information Science program, received her PhD from the University of Alberta and completed a postdoctoral fellowship with the Manitoba Centre for Health Policy. She is an Associate Professor in the Department of Community Health Sciences at the University of Manitoba.

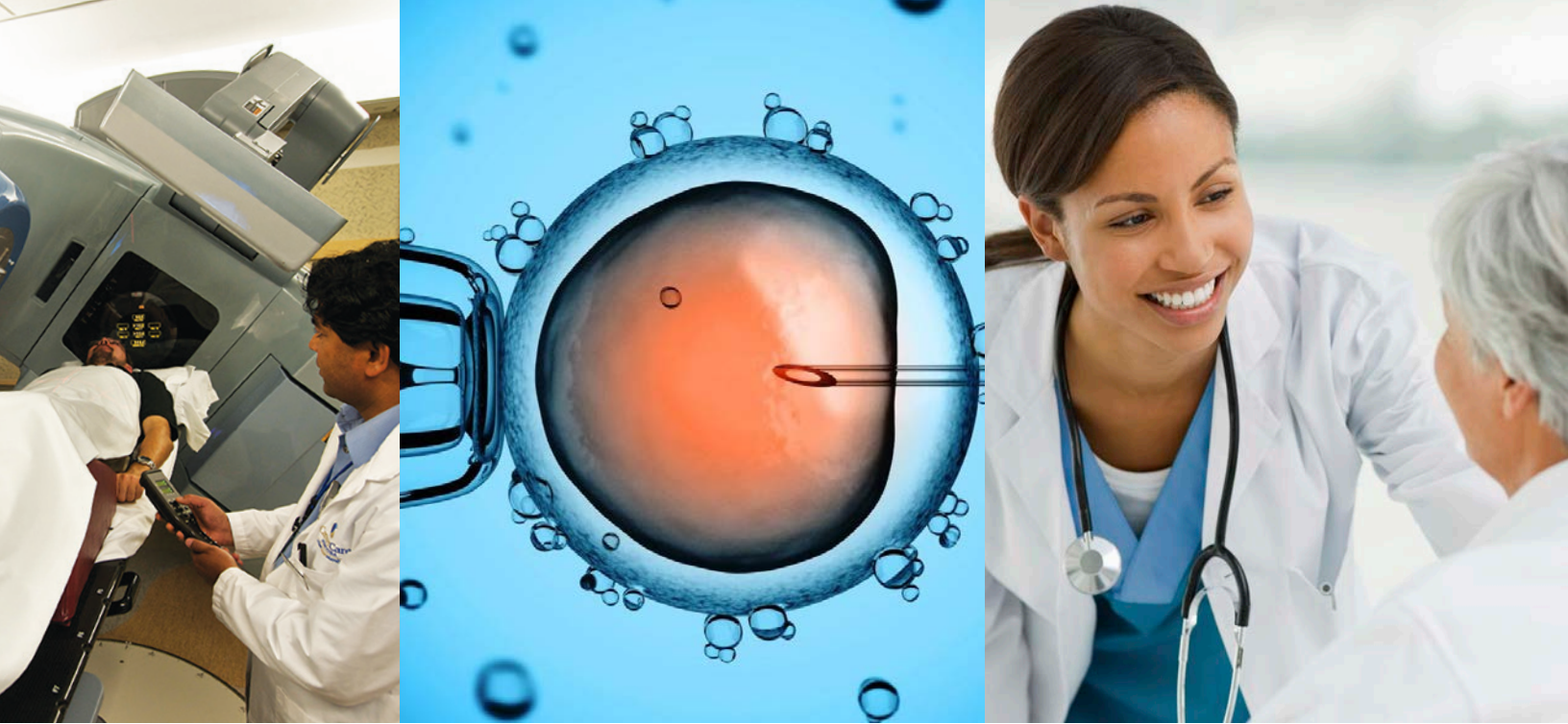


Delivering Excellence: 2016-2021 Manitoba Cancer Plan

In 2016, CancerCare Manitoba released its five-year strategic plan: **Delivering Excellence: 2016-2021 Manitoba Cancer Plan (MCP)**. It was developed with patients, the public and CCMB's health care partners across the province. Six strategic priorities were established. The ultimate goal is to strengthen and support the delivery of high quality cancer care to Manitobans.

Each of the six strategic priorities in the 2016-2021 Manitoba Cancer Plan has defined objectives and tools to measure success. These priorities are aligned with CCMB's provincial legislative mandate, as well as the organization's vision, mission and values.





CancerCare Manitoba's 6 strategic priorities

- State-of-the-art patient care
- Multidisciplinary care
- Reporting on performance and quality
- Building capacity
- Improved care for underserved populations
- Broadening and strengthening research

Putting the Manitoba Cancer Plan into action

Equally as important as the strategic priorities is the road map to achieve these priorities within available resources. CancerCare Manitoba's leadership team together with managers in programs and departments are working on next steps to put this MCP into action. CCMB's goal is to meet each of these objectives over the next five years.

This 2015/2016 Annual Progress Report includes the highlights of CancerCare Manitoba's early progress towards achieving the six strategic priorities contained in the MCP, as well as the final report of the 2011-2016 Manitoba Cancer Plan.

State-of-the-art patient care

Manitobans expect CancerCare Manitoba to provide the best care and treatments available. This means keeping pace with advances in prevention and early detection, genomic-based diagnosis, radiation therapy, chemotherapy, surgery and clinical trials. These improvements will result in improved outcomes for Manitobans.

Digital mammography

In 2015-2016, digital mammography technology was introduced. Manitoba now has one of the most integrated provincial digital mammography services in the country.

This technology uses less radiation. For women, digital mammography reduces their lifetime exposure to x-rays. There is also no film to develop. If an image is unclear it can be retaken immediately. This helps reduce callbacks, and stress on patients.

Digital mammography images are viewed on a monitor and stored electronically. Images captured in one region can then be viewed by a radiologist working in another region. This helps to speed up turnaround times and diagnoses, leading to faster treatment, if needed.

Digital mammography replaces conventional film screen mammography. The digital process eliminates the time spent coordinating the shipping of the film images to and from reading locations. Storage space for film will no longer be required, reducing operating costs.



Supported by the CancerCare Manitoba Foundation, CCMB provides digital breast screening to women in over 90 Manitoba communities.

“Digital mammography is a significant advancement in our technology for the detection of breast cancer and an improvement in health system efficiency that will benefit Manitobans.”

Dr. Sri Navaratnam
President and CEO CancerCare Manitoba

About 90,000 Manitobans have a mammogram every year. Approximately 50,000 are screening mammograms done through CCMB's BreastCheck and its mobile screening program.

2015 marked the 20th year the BreastCheck program has been operating in Manitoba.

Number of mammograms

661,428 total

JULY 1, 1995 - JULY 1, 2015

Total number of program detected breast cancers

3,891

JULY 1995 TO JULY 2015



First woman to be screened was in Brandon, July 20, 1995

24,285

women screened in first 2 years. (July 20, 1995 - July 20, 1997)

92,610

women screened in last 2 years. (July 20, 2013 - July 20, 2015)



Number of mammograms done by mobile screening

179,468



The first woman screened by mobile breast screening July 14, 1998



Number of kilometers travelled by our mobile vans

812,922 km

Improving radiation treatment

CancerCare Manitoba's Radiation Oncology Program is an internationally recognized leader in the development and application of advanced techniques using electronic portal imaging devices (EPIDs). This improves the precision of radiation treatment delivery.

During radiation therapy, large complex machines produce high energy x-rays that are directed to the cancer in a patient's body. The electronic portal imaging device mounts directly on the radiation therapy machine to provide real-time digital images of the treatment area. These images are used as a guide to target the treatment more precisely.

CancerCare Manitoba's medical physicists are engaged in research in collaboration with an Australian research group. The researchers are able to analyze a series of EPID images collected during radiation treatment and reconstruct the radiation energy that was deposited within the patient's tissues three-dimensionally. This approach further verifies that the treatment has been delivered accurately.

“Using real-time digital images to target treatment, ranks CancerCare Manitoba at the forefront in radiation treatment.”

Dr. Rashmi Koul

Medical Director of Radiation Oncology CancerCare Manitoba

Personalized treatment

Personalized medicine and precision cancer therapy is the future of cancer treatment. For Manitobans, increasing access to genetic testing is the key to the future of cancer treatment. Genetic testing can help predict the response to treatment, outcomes and the risk of future cancer in the patient and their family.

For patients with breast, colon, lung, brain, skin, or blood cancers, doctors at CancerCare Manitoba regularly request DNA mutation tests. The results help them make treatment decisions. In the next two years, CCMB anticipates this type of testing will include nearly all cancers.

Technological advances will soon enable CCMB to perform more extensive DNA mutation analysis. This technology is called Next-Generation DNA Sequencing (NGS).

Through NGS, different genes can be tested at the same time. Also, a single test can be used across several cancer types, decreasing cost and shortening turn-around-time.

In 2015, Diagnostic Services Manitoba (DSM), the division of Manitoba Health responsible for cancer laboratory diagnostics, purchased the first NGS instrument for clinical use for Manitoba.



Dr. Shantanu Banerji, Medical Oncologist and Senior Scientist
CancerCare Manitoba

The DSM and CancerCare Manitoba partnership is combining the research and clinical Next-Generation DNA Sequencing resources to develop a clinical NGS Program for the province.

The goal is to provide routine, accurate and timely clinical testing for all eligible cancer patients in Manitoba.

Province-wide leadership in cancer surgery

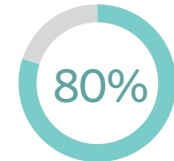
Improving patient care in Manitoba must include CCMB's leadership in cancer surgery. Surgery is the most common treatment to cure cancer and it plays an integral role in the diagnosis of cancer. Surgical biopsies may be needed to obtain a diagnosis. For many patients, surgery may be the only medical treatment they receive. Surgery can also be a part of a treatment plan that includes chemotherapy and radiation. Cancer-related surgeries are conducted in hospitals across Manitoba although the majority of surgeries occur in Winnipeg hospitals.

The percentage of patients who undergo surgery as part of their cancer treatment varies by the type of cancer. For example, approximately 91 per cent of breast cancer patients in Manitoba receive surgery compared to approximately 81 per cent of colon cancer patients.

Because surgery is such a critical part of cancer treatment, understanding the scope of cancer surgeries and the quality of these surgeries can improve patient outcomes for Manitobans. As an initial step, CancerCare Manitoba is focusing on monitoring and improving the quality of surgical care. CCMB aims to better understand cancer surgery by collecting information about who is getting surgery, where the surgery is taking place, and whether or not quality performance measures have been met for five major cancer types – breast, colorectal, lung, prostate, and ovarian cancer. The goal is to produce a comprehensive atlas of cancer surgery for Manitoba on a regular basis.



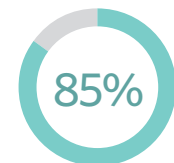
80 per cent of Manitoba cancer patients have contact with a surgeon



50 per cent of Manitoba cancer patients have surgery as their first treatment



85 percent of cancer surgeries are performed in Winnipeg



Over **10,000**
cancer-related surgeries occurred between
2008 and 2010

Expanding surgical synoptic reporting

As part of the quality improvement process, surgical synoptic reporting has been introduced and CancerCare Manitoba is taking the lead at the national level for several cancer surgeries.

Research shows that surgical synoptic reporting improves patient outcomes. Synoptic reports are standard computerized forms surgeons use to record what happens during operations. The report replaces dictated notes as the official medical record. Synoptic reports communicate information about the patient quickly and clearly. This means faster decisions on treatment and follow-up care.

Summary reports provided for individual surgeons enable them to compare their performance to their peers. This facilitates continuous education and quality improvement. The information about synoptic reports can also be used to develop clinical practice guidelines, support quality interventions, inform strategic planning, and monitor quality. This results in improved patient outcomes.

Currently, the surgical synoptic reporting system is available to breast, colon, rectum, ovarian, and head and neck surgeons in Winnipeg. By the end of 2016, synoptic reporting will also be available to Winnipeg surgeons that conduct prostate and lung cancer surgery. CCMB is partnering with Manitoba eHealth and the health regions.



Timely access to multidisciplinary care

The best possible care for patients occurs in a multidisciplinary environment where experts work together. This approach reduces wait times and ensures each patient receives the right care at the right time.

Multidisciplinary care

Cancer is more than one disease. It is a group of diseases identified by the site where the cancer originated. Breast, lung, gastro-intestinal and blood cancers, are each diagnosed, treated and managed in different ways. To provide the best patient care for each disease site, CCMB has Disease Site Groups.



Front left to right: Ili Slobodian, Dr. Jeff Saranchuk, Charlene Muzyka, Dr. Rick Nason, Kathleen Decker, Sarita Jha, Dr. Helmut Unruh, Dr. Alon Altman, Dr. Gordon Buduhan, Dr. Jason Park, Iresha Ratnayake

Each Disease Site Group (DSG) consists of specialists with training in those types of cancer. They include surgical oncologists, medical oncologists, radiation oncologists, nurses, pathologists, radiologists, researchers and other health care providers. They sit at one table to decide on individual patient care.

Cancer patient journey

The Cancer Patient Journey Initiative (CPJI) also known as InSixty, is a first-of-its-kind in Canada strategy to shorten wait times and improve the cancer patient's experience. The goal of the CPJI is to reduce wait times from the suspicion to the start of treatment to no longer than 60 days, providing patients with timely access to multidisciplinary care. In 2016 CPJI reached a five-year milestone.

Wait times from suspicion of cancer to treatment have improved. Going forward, the cooperative effort of all partners in the cancer patient's journey is needed to sustain improvements and to attain further improvements for all cancers.

Here are some of the achievements.

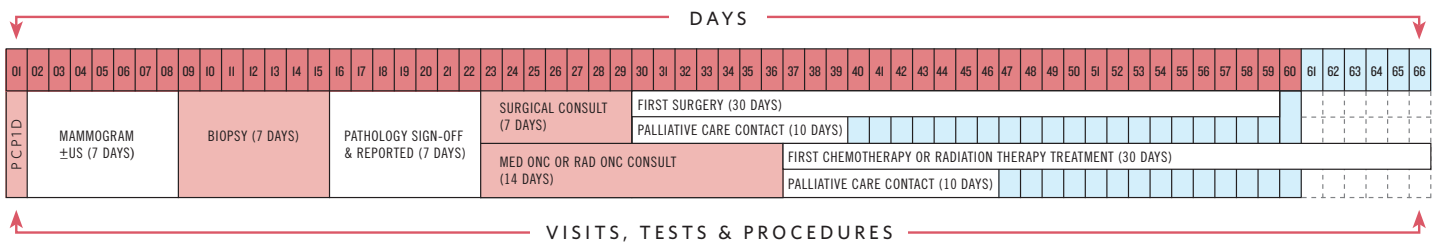
➔ A BETTER EXPERIENCE

Over the past five years, patient-advisors clearly said that the quality of a patient's experience from suspicion to treatment is equally as important as the wait time. To assist patients, this advisory group drafted a made-in-Manitoba patient resources series, communication guidelines and a code of conduct to guide health care providers' discussions with cancer patients.

➔ **TIMELINES**

Cancer pathways have been developed for breast, lung, colorectal and prostate cancer and lymphoma. Each pathway sets out the ideal timeline to get patients from suspicion to treatment within 60 days. The pathway is a tool for physicians to identify the tests and referrals that are required to obtain a diagnosis or rule cancer out within 60 days.

Breast cancer timeline from suspicion to treatment



➔ **STREAMLINING**

System-wide practices have been streamlined to shorten patient wait times:

- ➔ Out the Door in 24 asks primary care providers to get referrals for additional tests sent within 24 hours.
- ➔ Direct Referral occurs when breast cancer is suspected. Patients with a suspicious mammogram are immediately sent to their next test.
- ➔ Health regions are centrally coordinating colonoscopies to get patients the first available appointment to shorten wait times.

Bringing experts together

Various cancer experts come together as a group to manage patients according to their type of cancer. This is defined as Disease Site Groups. The DSGs at CCMB are committed to providing multidisciplinary care to all patients through:

- ➔ Case conferences and multidisciplinary clinics
- ➔ Evidence-based standards of practice or guidelines
- ➔ Clinical trials and access to new drugs to patients
- ➔ Patient education and awareness sessions
- ➔ Carrying out research in their disease site area.



In 2011, 18% of all breast cancer patients went from suspicion to treatment within 60 days.

As of the first quarter of 2015, 41% were meeting this target.

Disease Site Groups also provide their expertise in developing standard cancer pathways to diagnose, treat and manage patients in a timely manner.

The Head and Neck DSG pioneered multidisciplinary care at CCMB. The Head and Neck DSG conducts weekly case conferences where patients with a newly diagnosed cancer are discussed and treatment is planned. Afterwards, the patient is seen by these DSG experts, all in one visit.

“Given the geographical distance that we have in this province, it doesn’t matter whether you’re being diagnosed in Churchill or the Charleswood district in Winnipeg, you get the same outcome.”

Dr. Mark Nachtigal Senior Scientist CancerCare Manitoba Research Institute

The Gynecological Oncology DSG also works as a multidisciplinary team. They see patients with cancer of the uterus, ovary and cervix. This multidisciplinary model has also resulted in research collaboration between a gynecologic oncologist, an epidemiologist and a basic scientist. The result is good news for Manitoba women with ovarian cancer.



CCMBs ovarian cancer database shows there was no significant difference in survival between those from rural or urban communities.

Dr. Nachtigal, Senior Scientist at the Research Institute, Dr. Donna Turner, Director of Population Oncology, and Dr. Alon Altman, Gynecologic Oncologist, collectively began to paint a clearer picture about treatment and survival of ovarian cancer patients in Manitoba. To begin answering the issues, they built a comprehensive database on Manitoba women with ovarian cancer capable of answering many questions. The first question the group addressed regarded a 2011 study indicating that survival of Manitoba women with ovarian cancer was not as good as some other Canadian provinces.

First of all, the group learned that the lower survival rate suggested by the 2011 study was a two-year statistical blip. They also learned that the data maintained in the Manitoba Cancer Registry, was significantly better than the data from some other provinces.

Ovarian cancer is diagnosed by surgery and biopsy. There is no screening test. Normally women present with symptoms to their family physician or gynecologist, this physician gets an ultrasound and/or blood work and if they see something unusual, they send the patient to CCMB.

This research finds that most patients are getting to gynecologic oncology within two visits. The median diagnostic time for severely ill patients that went to the emergency room was seven days, while those patients going to their family physician was 55 days. And there is no difference in the survival of those patients that are seen by a gynecologic oncologist even as much as 90 days after initial suspicion.

Additional research indicates that there was also an improved survival in women that were diagnosed by routine pelvic examination or by incidental findings. There are many other facets of diagnosis and treatment that remain to be evaluated in detail and all these unique findings are being further investigated by the group.



Dr. Kristjan Paulson
Hematologist CancerCare Manitoba

In Manitoba there's a team to get you through diagnosis and treatment

If your doctor suspects you might have cancer, there is an expert navigation team a phone call away that can help you and your health care provider get a diagnosis as quickly as possible. Counselors are also available to help with your emotional distress.

Call your cancer navigation team:

INTERLAKE EASTERN HEALTH	1-855-557-2273
NORTHERN HEALTH	1-855-740-9322
PRAIRIE MOUNTAIN HEALTH	1-855-346-3710
SOUTHERN HEALTH-SANTÉ SUD	1-855-623-1533
WINNIPEG HEALTH	1-855-837-5400



Enhanced reporting on performance, quality and safety

CancerCare Manitoba is committed to measuring and reporting on our performance. This includes patient outcomes, quality of care, and patient satisfaction. CCMB is working towards making these measurements available in real time and accessible to the public. Gathering this information means working with health care partners to provide a comprehensive report to the public.

Accreditation



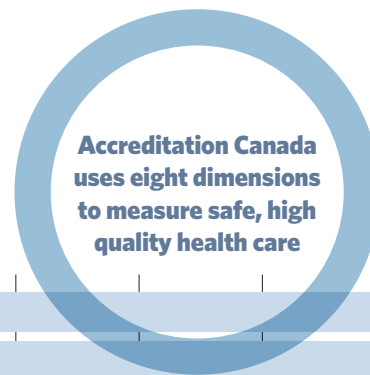
In 2015, CancerCare Manitoba was awarded Exemplary Standing by Accreditation Canada, the highest standing possible. Health organizations like CancerCare Manitoba voluntarily participate in Accreditation Canada's program to evaluate their performance against national standards of excellence.

These standards examine all aspects of health care, including patient safety, ethics, staff training and how CCMB links with partners in the community. Participating in accreditation demonstrates to patients, staff, partners and the community, CCMB's commitment to quality health care.

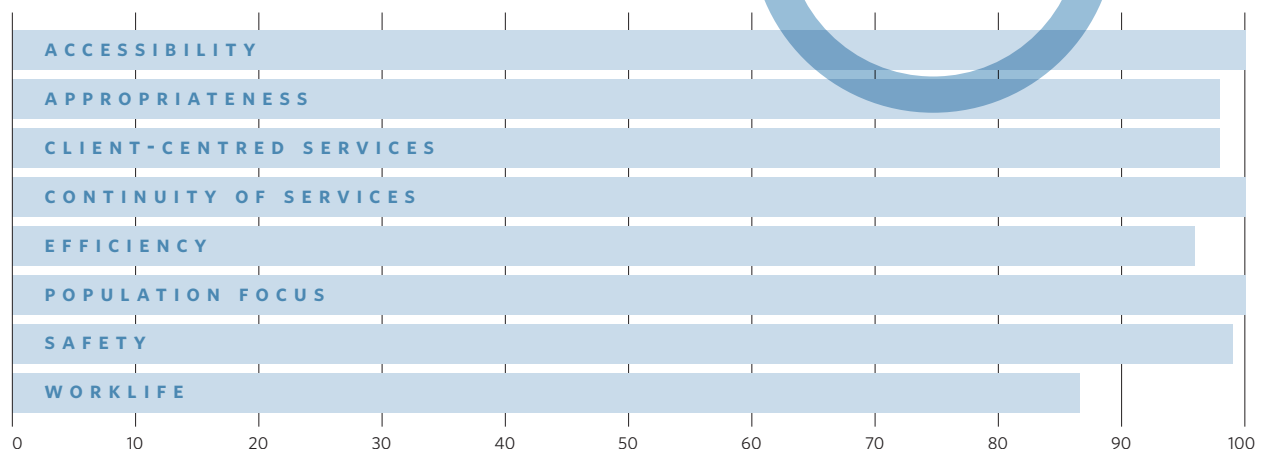
The accreditation surveyors' final report remarked on patients' high satisfaction with their care, the organization's commitment to providing safe and high quality health services, the passion and commitment of staff, the

robust research agenda and the strong collaboration and integration with the province and health care partners.

CCMB is already preparing for the next survey in 2019. Accreditation helps CCMB continuously improve quality and patient safety. The surveyors noted the challenges CCMB faces: space constraints, mentoring new leaders, middle managers and support staff, the increasing needs of underserved populations, and moving exclusively to electronic medical records.



Quality Dimensions: Percentage of criteria met



“CCMB is proud to be a leader in Canada in using data to inform our cancer services. We can’t manage what we don’t measure—so we have put ourselves in an excellent position to learn from our experiences moving into the future.”

Dr. Donna Turner

Director of Population Oncology CancerCare Manitoba

Measurement and reporting

CancerCare Manitoba has contributed extensively to comprehensive national cancer reports. In the last Canadian Partnership Against Cancer’s System Performance Report Manitoba was one of two provinces which could report on all 36 indicators.

Patient satisfaction

CancerCare Manitoba works to provide the best possible services to our patients. To improve, we need to know what we are doing right and what may need to be changed. That is why CCMB engages the National Research Corporation Canada to send out the Ambulatory Oncology Patient Satisfaction Survey (AOPSS).

In February 2016, the AOPSS evaluation was sent to 1,683 randomly selected patients across Manitoba who received care at CCMB between July and December 2015. By May 2016, CCMB had received 887 completed surveys from across Manitoba – a 53.2% response rate. The continued effort of CCMB to make quality improvements to patient care is evidenced by the slow, but steady improvement in many dimensions of patient satisfaction.

CCMB has used this survey to evaluate patient satisfaction since 2004. Other provinces also use AOPSS. This means we have a better understanding of patient experiences in Manitoba and we can compare CCMB to the Canadian average. This helps continuously improve the patient experience at CCMB and influence positive change in cancer patients across the country.

The patient satisfaction results show that overall satisfaction is improving. CancerCare Manitoba also learned that we should improve information, communication and education. This resulted in the creation of Manitoba cancer patient resources developed by patient advisors. The need for better emotional support was recognized in 2011. Although improving, there is more work to do on providing emotional support to our patients.

Patient satisfaction at CancerCare Manitoba

	2008	2011	2016
OVERALL SATISFACTION	95.4%	96.6%	98.5%
RESPECT FOR PATIENT PREFERENCES	76.1%	73.3%	78.2%
COORDINATION AND INTEGRATION OF CARE	60.6%	65.8%	66.0%
INFORMATION, COMMUNICATION, AND EDUCATION	61.9%	62.1%	61.1%
EMOTIONAL SUPPORT	45.6%	46.4%	49.8%

Made-in-Manitoba cancer patient resources

New resources are available for patients going through cancer treatment in Manitoba. Patients can use these materials during their cancer journey to manage key contacts and keep important medical information such as appointment times and test results all in one place.

“We believe that this is one of the best set of resources for cancer patient and provider communication in the world. As cancer survivors, these materials are our legacy for cancer patients that follow behind us, to improve communication while going through treatment so that they have a better journey.”

Karen Berube

Cancer survivor who volunteered to help develop these resources.



The three-part information package includes:

- ➔ **Your Guide to CancerCare Manitoba** – to help patients prepare for their first appointment. It is mailed to all new CCMB patients before their first visit.
- ➔ **My Cancer Notebook** – a journal for patients to organize their care and treatment information. Patients can obtain copies from CCMB clinics, Community Cancer Program Centres and Patient and Family Support Services.
- ➔ **My Cancer Handbook** – an online reference available at CancerCare.mb.ca that includes extensive information on cancer treatments, side effects, health care teams and support services for patients and their families from a Manitoba perspective.

The development of these resources was patient-initiated, patient-led and patient-focused.

These resources are available to Manitoba cancer patients thanks to funding from the CancerCare Manitoba Foundation.

“These tools will improve the patient experience, by empowering patients and by actively engaging them in their own cancer care. This will help when patients go to other health care facilities for treatment, such as emergency departments and walk-in clinics. They will have their health information in their hands.”

Dr. Sri Navaratnam
President and CEO CancerCare Manitoba



Building capacity to meet growing needs

CancerCare Manitoba is focused on meeting the growing needs for cancer services for all Manitobans. This includes improving existing resources such as electronic health information systems, to help increase patient safety and quality of care. CCMB is also focused on physical infrastructure, human resources and enhancing the work experience for all staff.

Encouraging high performance of staff

A strong and healthy CCMB workforce is needed to meet the strategic directions in the 2016-2021 Manitoba Cancer Plan. Achieving excellence in patient care, clinical service and operational efficiency benefits all Manitobans. This can only be accomplished by building a better and healthier workplace while supporting creativity, innovation and accountability.

The Human Resources Plan sets out how we will operationalize the *people elements* of the MCP. It contains six priorities:

- 1. WORKFORCE PLANNING
- 2. TALENT MANAGEMENT
- 3. LEADERSHIP CAPACITY
- 4. PERFORMANCE MANAGEMENT
- 5. UNION-MANAGEMENT RELATIONS
- 6. EMPLOYEE ENGAGEMENT



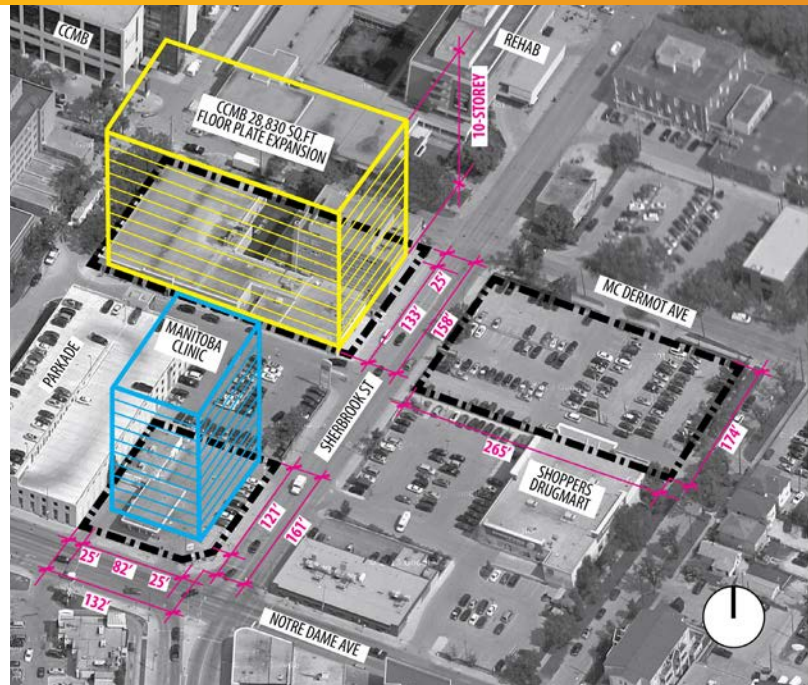
The CCMB Human Resources Plan addresses challenges and priorities and provides guidance to CCMB managers on talent acquisition and employee success strategies in order to respond to CCMB priorities and demographic pressures.

The engagement of our workforce is a priority and CCMB's Human Resources Plan provides support to staff in fostering a work environment that is rewarding, motivating and collegial.

Electronic health information

CancerCare Manitoba is working to bring health information into the digital world. Electronic health information improves efficiency by providing easy and timely access for health care professionals. For cancer patients this means everyone involved in their care has instant access to their medical histories, medications and tests. Recent improvements at CancerCare Manitoba are moving the organization closer to paperless health care records:

- ➔ System stability - CCMB upgraded electronic systems infrastructure and aligned the support of our electronic infrastructure with eHealth.
- ➔ Physician orders - CCMB has moved from paper orders to electronic orders for tests, referrals, and follow-up appointments. This has increased efficiency and patient safety by ensuring follow-up orders are done and removing handwritten communication.
- ➔ Medication reconciliation - CCMB has implemented the first and only fully electronic medication reconciliation process in Manitoba. Cancer patients are now asked to tell their CCMB health team about the drugs, vitamins and herbal remedies they are taking. These are entered into the patient's electronic oncology record together with any medications prescribed by CancerCare Manitoba.
- ➔ Interaction checking - CCMB has upgraded the electronic record and treatment system and implemented a new drug formulary that allows the prescriber to check for interactions. Now the software displays alerts when interactions are found between any drugs prescribed or currently being taken by the patient.
- ➔ Electronic Chart - CCMB accepts more test results electronically and is working towards having all pathology and radiology reports electronically within the next year.



Expansion of CancerCare Manitoba

Building announcement

On January 15, 2016, the new site for CancerCare Manitoba's state-of-the-art facility expansion was announced. The new facility will address the growing demand for cancer services in Manitoba. The purchase of the land for the expansion and patient parking was made possible by the CancerCare Manitoba Foundation through the generous donations of Manitobans and others.

Each year, more than 6,000 Manitobans are diagnosed with cancer, while up to 10 times more undergo investigations for suspected cancer. New cancer cases and the number of existing cases that require follow-up are estimated to increase by 40 to 50 per cent over the next decade.



“CancerCare Manitoba must be prepared for the increase in patient volume while enhancing the patient experience for Manitobans and their families. Our goal is also to ensure that Manitobans have access to the most current cancer treatments and benefit from leading-edge research and innovation.”

Dr. Sri Navaratnam President and CEO CancerCare Manitoba

**The expansion of
CancerCare’s facility
will address
four key needs**

- 1 Growing number of patients with cancer**
- 2 Expanding the capacity to adopt new approaches and new technologies for Manitobans**
- 3 Merging cancer services to better serve Manitobans**
- 4 Expanding the scope of cancer research from prevention to treatment**

Once completed, CancerCare Manitoba’s state-of-the-art facility will be a model for excellence in early detection, cancer diagnosis, treatment and research in Canada that Manitobans will be proud of.



Improved care for underserved populations

Some Manitobans face obstacles to getting health care. Culture, language, poverty, age and geographic isolation can make accessing care a challenge. CancerCare Manitoba is working to improve cancer services to these underserved Manitobans.

CCMB established the First Nations, Metis Inuit Cancer Control Unit ten years ago, one of the first in Canada. This year, the unit has expanded to also include newcomers and the elderly. It is now called the Underserved Populations Program.

This past year, CancerCare Manitoba has increased its community outreach in Winnipeg and in rural Manitoba. CCMB attends local events and makes presentations to increase cancer awareness, promote risk reduction and encourage early detection and learns how to better address needs.

In addition to outreach, CCMB's Underserved Population Program helps patients and families navigate the cancer system and ensure they have the resources and emotional support they need.



45 per cent of Manitobans
diagnosed with cancer are
70 years of age or older.

From June 2015
to June 2016:

57 
communities visited

30 presentations made

Manitobans
connected: **12,275**

78 Booth displays at conferences,
health fairs, expos


113 events attended

5 co-hosted events



 **3** magazine ads

 Quarterly mail to **all 63**
First Nation communities

 1 cable show:
Prairie Mountain Health
Community Engagement
Liaison in Brandon

 **2** radio ads



Broadening and strengthening research


CancerCare Manitoba is committed to improving research and innovation which will improve health outcomes of Manitobans. Research in cancer and blood disorders occurs throughout the organization and beyond. By expanding the scope of the Research Institute, partnered with the University of Manitoba, all types of research and researchers will come under one umbrella.

Research Institute attracts best and brightest trainees

Nicole Wilkinson is a young, bright rising star in the Research Institute at CancerCare Manitoba with a thirst for knowledge. As an undergraduate honours student in the University of Manitoba's Co-op Program, she was first introduced to the fields of genetics and molecular biology. Because of this exposure and the desire to combine it with the human element, she joined Dr. Michael Mowat's lab first as a volunteer, then as a summer student, and finally as a Master's student under the joint supervision of Drs. Mowat and McManus.

Nicole's area of research is breast cancer. Her current project uses a state-of-the-art gene editing technique to create new breast cancer cell models. These new models are used along with cutting-edge drug target discovery approaches to identify targets that will specifically kill cancer cells while sparing the body's healthy cells. This research will identify new drug targets for the next generation of cancer treatments for primary and metastatic breast cancer.





Nicole's research has won her several accolades. She was one of three inaugural Breast Cancer Society of Canada's Hope Scholarship recipients as an outstanding graduate student in the Manitoba Breast Cancer Research Group. She won a one-year Master's studentship from Research Manitoba to continue her work, and she received the Arnold Portigal Award for Best Poster Presentation by a Cell Biology graduate student at the 2016 CCMB Research Day. As part of the Hope Scholarship, Nicole presented her project at the International Union of Biochemistry and Molecular Biology Conference in Vancouver.

Besides her research endeavours, Nicole is an avid soccer player and runs a youth curling program. She is engaged to be married and is busy planning a wedding to take place in the near future. Nicole says that she has always sought new knowledge, even in her younger years during vacation times. She humbly states, "My parents are very proud of me". CCMB is too.

"I will enter a PhD program and ultimately achieve my career goal of academic cancer researcher in order to improve our knowledge and understanding of the aberrant genetic events that occur in cancer."

Nicole Wilkinson
Student

“Improving survival is paramount, but quality of life is often just as essential. Helping patients recover faster from their treatment, to get them back to living their lives is an important goal.”

Dr. Marshall Pitz
Head of Clinical Research, Medical Oncologist CancerCare Manitoba

Improving patient experience during and after cancer treatment

Many patients receiving chemotherapy often experience pain and numbness during and after treatment. New research at CancerCare Manitoba aims to improve the overall patient experience and reduce or even eliminate some of these unpleasant side effects.

A new Manitoba-led physiotherapy study could have a big impact on patients, involving specialized techniques to treat damage caused by diabetes and carpal tunnel syndrome. The research, funded by CancerCare Manitoba Foundation, is targeting ways to reduce the severity and length of time chemotherapy patients experience pain and numbness during and after treatment. Previous efforts have led to improvements in quality of care, including decreasing and in some cases eliminating medication reducing chemotherapy-induced nausea.

The study's potential represents the increasingly comprehensive and integrated approach to improving the overall experience for patients at CancerCare Manitoba.

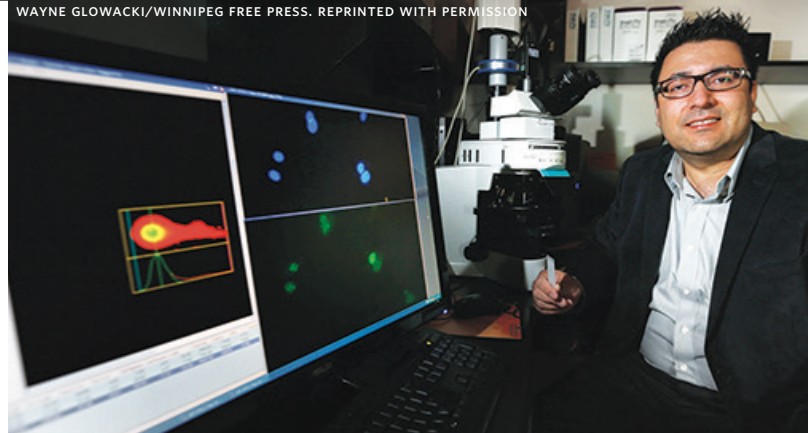


Dr. Marshall Pitz and Barbara Duke

WAYNE GLOWACKI/WINNipeg FREE PRESS. REPRINTED WITH PERMISSION

DNA repair to help cancer patients

Dr. Sachin Katyal, a senior research scientist at the Research Institute at CancerCare Manitoba hopes to increase the effectiveness of current cancer therapies. Alongside other Manitoba researchers, Dr. Katyal is looking at a tumor to understand the role DNA plays in turning healthy cells into cancerous cells. They are hopeful the research will provide enough clues to ultimately improve treatments and patient outcomes.



Dr. Sachin Katyal, Senior Scientist, CancerCare Manitoba's Research Institute

“We are trying to find new ways to modify the DNA in cancer cells to make existing cancer treatments more effective and have a greater immediate impact for Canadians.” — Dr. Sachin Katyal

Mobile imaging

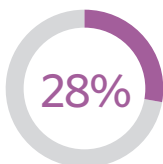
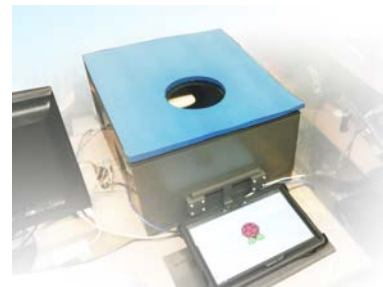
A mobile breast cancer screening device called Comfort Wave Mobile Imaging is looking to improve breast cancer detection.

Currently awaiting Health Canada approval, Comfort Wave's microwave technology is intended to provide pre-screening for breast cancer in a fast, safe, and comfortable way. The test, which does not require compression of the breast, takes only a minute to perform and produces results within minutes.

Once Health Canada approval is obtained, the Comfort Wave system will undergo clinical trials and could

be used as a pre-screening device to determine if a woman requires further investigation and screening. The goal is not to replace x-ray mammography; it is to provide a cost-effective pre-screening system that can be done in any medical practitioner's office or in areas where health services are less accessible.

Comfort Wave Mobile Imaging was developed by Dr. Stephen Pistorius, a senior research scientist at CancerCare Manitoba Research Institute and his team at the University of Manitoba.



Breast cancer is the most common cancer among Canadian women (excluding non-melanoma skin cancers). In Manitoba, 28% of women with cancer have breast cancer.

Radiation safety

CancerCare Manitoba is responsible for radiation safety and image quality in Manitoba. This responsibility reaches across the province and benefits not only cancer patients, but all Manitobans who need diagnostic tests such as x-rays, CT scans and PET scans. For example, the x-ray machine at your dentist's office must be inspected by a CancerCare Manitoba employee.

All diagnostic imaging equipment that uses radiation in health care, industry, and research are registered under The Radiation Protection Act. The Radiation Safety and Image Quality Team at CancerCare Manitoba provide the expertise required to maintain provincial standards of radiation safety and image quality in the province.

This group supports clinicians by ensuring all equipment using radiation is operated and maintained at the very highest standard so that patient tests and treatments are delivered as safely and effectively as possible. Through these efforts, all patients in Manitoba receive the same quality of care where diagnostic imaging is involved.

The work of this group also safeguards health care staff, industrial workers and the general public by protecting them from potential harm associated with radiation in the work place, as well as residential and occupational radon levels, tanning, etc. These efforts help prevent cancer by eliminating or reducing exposure to radiation.



“We are agents of change, consistently improving the safety and quality of care for Manitobans undergoing Diagnostic Imaging procedures.”

Dr. Jeff Bews
Director of Medical Physics CancerCare Manitoba






Manitoba Cancer Plan 2011-2015: Final progress report

In 2011, CancerCare Manitoba released its five-year plan for cancer services in Manitoba. The plan included five objectives with strategic priorities. Here are indicators of what has been achieved and 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

- 1. Establish a Cancer Prevention Program 
- 2. Reduce the use of tobacco products of Manitobans 
- 3. Reduce obesity rates 
- 4. Use public education information campaigns for skin cancer prevention 
- 5. Increase knowledge about cancer and all known risk factors and assess the effectiveness of prevention programs through increased cancer surveillance and epidemiology 







GOAL: ACCESS

We will ensure timely access to cancer services for all Manitobans

- 1. Work with First Nations, Inuit and Métis populations to implement an enhanced Aboriginal Cancer Control Program 
- 2. Reduce the percentage of Manitobans who do not have adequate access to cancer care 
- 3. Reduce wait times for the entire cancer patient journey 
- 4. Expand and integrate regional services under the Community Cancer Program Network 
- 5. Increase participation in clinical trials 
- 6. Reduce disparities in access to colorectal, breast and cervical cancer screening for all Manitobans 







GOAL: SAFETY AND PATIENT-CENTRED CARE

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

- 1. Continue to create an organizational culture, systems and programs to deliver safe and effective care 
- 2. Improve outcomes of ensuring evidence-based care 
- 3. Expand the Patient Navigation Program throughout Manitoba 
- 4. Expand the uniting Primary Care and Oncology Network (UPCON) 
- 5. Support optimal end-of-life care for all cancer patients in need 
- 6. Expand support for patients and families who are experiencing psychosocial distress 




GOAL: EFFICIENCY AND EFFECTIVENESS

Meet the escalating demand for cancer services through increased infrastructure

- 1. Design and implement a new model of care to leverage the services of oncology physicians 
- 2. Meet the escalating demand for cancer services through increased physical infrastructure 
- 3. Complete implementation of a fully electronic medical record 
- 4. Establish a Provincial Surgical Oncology Program 
- 5. Identify and measure indicators or characteristics of organizational effectiveness 
- 6. Expand the Provincial Oncology Drug Program 

GOAL: EDUCATION AND RESEARCH

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

- 1. Develop standardized access to educational opportunities for professional, allied professional and other staff 
- 2. Establish the Manitoba Cancer Research Centre to promote cancer research and its translation into improved cancer control 
- 3. Support research on cancer survivorship to improve the health and quality of life of all cancer patients 

CancerCare Manitoba Condensed Statement of Financial Position

As at March 31, 2016, with comparative information for 2015

				2016	2015
	GENERAL FUND	CAPITAL FUND	CLINICAL, BASIC RESEARCH AND SPECIAL PROJECTS FUND	TOTAL	TOTAL
Assets					
Current assets					
Cash	\$ 1,319,406	\$ -	\$ 12,683	\$ 1,332,089	\$ 8,684,038
Short-term investments	5,049,806	-	654,938	5,704,744	4,310,286
Due from Manitoba Health	4,072,623	-	-	4,072,623	3,433,542
Accounts receivable	3,829,680	-	10,621,601	14,451,281	10,529,203
Inter-fund accounts	1,990,874	891,441	(2,882,315)	-	-
Inventory	4,540,342	-	-	4,540,342	5,650,387
Prepaid expenses	1,113,476	-	-	1,113,476	478,226
Vacation entitlements receivable	1,730,141	-	-	1,730,141	1,730,141
	23,646,348	891,441	8,406,907	32,944,696	34,815,823
Restricted cash	1,432,357	-	-	1,432,357	1,418,290
Retirement entitlement obligation receivable	1,419,400	-	-	1,419,400	1,419,400
Investments	18,720,518	-	3,416,670	22,137,188	23,245,162
Capital assets	-	50,269,333	1,661,067	51,930,400	52,437,147
	\$ 45,218,623	\$ 51,160,774	\$ 13,484,644	\$ 109,864,041	\$ 113,335,822
Liabilities, Deferred Contributions and Fund Balances					
Current liabilities					
Accounts payable and accrued liabilities	\$ 19,256,412	\$ -	\$ 236,273	\$ 19,492,685	\$ 15,254,550
Due to Manitoba Health	6,234,416	-	-	6,234,416	13,854,650
Deferred contributions - expenses of future periods	2,420,529	-	-	2,420,529	2,224,374
	27,911,357	-	236,273	28,147,630	31,333,574
Deferred contributions - capital assets	-	51,000,325	494,656	51,494,981	54,392,389
Employee future benefits	8,549,000	-	-	8,549,000	8,004,000
	36,460,357	51,000,325	730,929	88,191,611	93,729,963
Fund balances					
Invested in capital assets	-	160,449	1,166,411	1,326,860	731,736
Externally restricted	-	-	10,718,173	10,718,173	9,302,804
Internally restricted	6,659,384	-	997,967	7,657,351	8,668,002
Unrestricted	1,914,941	-	-	1,914,941	697,590
	8,574,325	160,449	12,882,551	21,617,325	19,400,132
Accumulated remeasurement gains (losses)	183,941	-	(128,836)	55,105	205,727
	8,758,266	160,449	12,753,715	21,672,430	19,605,859
	\$ 45,218,623	\$ 51,160,774	\$ 13,484,644	\$ 109,864,041	\$ 113,335,822

CancerCare Manitoba Administrative Costs

Summary of Administrative Expense	PERCENTAGE OF TOTAL 2015/16 EXPENSES	PERCENTAGE OF TOTAL 2014/15 EXPENSES
Corporate	2.5	2.4
Patient-Care Related	0.6	0.6
Human Resources and Recruitment	0.9	0.6
Total	4.0	3.6

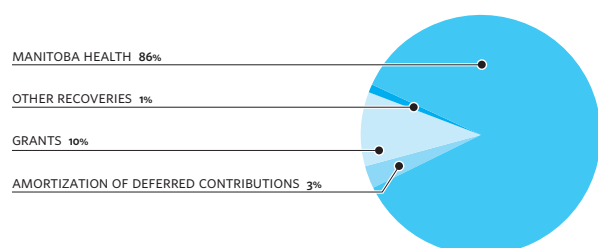
A complete set of financial statements, Public Sector Compensation Disclosure Report, and the Auditors' report can be obtained from CancerCare Manitoba. Call (204)787-1662.

CancerCare Manitoba Condensed Statement of Operations and Changes in Fund Balances

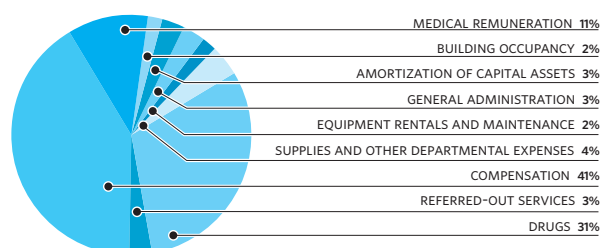
Year ended March 31, 2016, with comparative information for 2015

				2016	2015
	GENERAL FUND	CAPITAL FUND	CLINICAL, BASIC RESEARCH AND SPECIAL PROJECTS FUND	TOTAL	TOTAL
Revenues					
Manitoba Health	\$ 136,912,363	\$ -	\$ -	\$ 136,912,363	\$ 132,318,089
Other recoveries	1,949,545	-	-	1,949,545	2,089,080
Grants	-	-	16,149,507	16,149,507	14,522,655
Amortization of deferred contributions	678,490	4,152,633	247,329	5,078,452	5,523,068
	139,540,398	4,152,633	16,396,836	160,089,867	154,452,892
Expenses					
Compensation	56,247,855	-	9,222,195	65,470,050	60,699,626
Medical remuneration	17,097,640	-	-	17,097,640	17,211,789
Building occupancy	2,518,318	-	228,208	2,746,526	3,222,267
Amortization of capital assets	-	4,152,633	446,944	4,599,577	5,366,795
General administration	2,973,312	-	1,544,659	4,517,971	4,271,680
Equipment rentals and maintenance	2,916,662	-	38,905	2,955,567	3,154,271
Supplies and other departmental expenses	4,408,945	-	2,694,084	7,103,029	8,463,998
Drugs					
Provincial oncology drug program	46,464,430	-	102	46,464,532	44,776,952
Neupogen	2,944,278	-	-	2,944,278	3,416,030
Other	41,552	-	-	41,552	1,035,396
Referred-out services	4,421,616	-	241,566	4,663,182	3,302,619
	140,034,608	4,152,633	14,416,663	158,603,904	154,921,423
Excess (deficiency) of revenue over expenses before the undernoted	(494,210)	-	1,980,173	1,485,963	(468,531)
Investment income	617,724	-	113,506	731,230	748,509
Excess of revenue over expenses	123,514	-	2,093,679	2,217,193	279,978
Fund balances, beginning of year	8,450,811	160,449	10,788,872	19,400,132	19,120,154
Fund balances, end of year	\$ 8,574,325	\$ 160,449	\$ 12,882,551	\$ 21,617,325	\$ 19,400,132

Total Revenues for the Year ended March 31, 2016



Total Expenses for the Year ended March 31, 2016



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. 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, 2016, on which KPMG LLP expressed an opinion without reservation in their report dated June 16, 2016. The complete set of financial statements can be downloaded at www.cancercare.mb.ca

Board of Directors 2015/2016

Effective March 31, 2016



Front Row, L-R: Mr. Jeffrey Chipman, Mr. Greg Tallon, Ms. Anna Maria Magnifico, Dr. Arnold Naimark **Back Row, L-R:** Ms. Fern Swedlove, Ms. Gloria Paziuk, Dr. Sri Navaratnam, Ms. Randi Gage, Judge Rocky Pollack, Dr. Samia Barakat, Ms. Alyson Kennedy, Mr. Donald MacDonald, Mr. Michael Evans, Ms. Elaine Bishop, Dr. Brent Schacter, Ms. Annitta Stenning **Not in Picture:** Dr. Gary Glavin, Mr. George Campbell, Dr. Jim Butler, Dr. Kenneth Van Ameyde, Mr. Robert Shaffer, Mr. Romel Dhalla, Ms. Susan Boulter

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Mr. George Campbell

Mr. Romel Dhalla

Mr. Michael Evans

Ms. Randi Gage

Dr. Gary Glavin

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OF HEALTH

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CCMB

GUESTS:

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PRESIDENT, MEDICAL
STAFF ASSOCIATION,
CCMB

Ms. Annitta Stenning
PRESIDENT & CEO,
CANCERCARE
MANITOBA
FOUNDATION

*CancerCare Manitoba
wishes to thank:*

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Ms. Teresa Mrozek

Ms. Wendy Rudnick

Ms. Dolores Samatte

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CHAIR

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*(formerly Communications and
Partners Relations Committee)*

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Ms. Jane Kidd-Hantscher
CCMB

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Dr. Arnold Naimark

Ms. Gloria Paziuk

COMMUNITY REPRESENTATIVE:

Mr. Drew Cringan

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*(formerly Community Advisory
Council)*

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CHAIR

Dr. Samia Barakat

Ms. Randi Gage

Dr. Arnold Naimark

Ms. Annitta Stenning
EX OFFICIO

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(formerly Planning Committee)

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Mr. Jeffrey Chipman

Mr. Michael Evans

Dr. Arnold Naimark

COMMUNITY REPRESENTATIVES:

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Professor Richard Johnson

Mr. Ben Lee

Ms. Annitta Stenning

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Mr. Jeffrey Chipman

Mr. Romel Dhalla

Mr. Donald MacDonald

Dr. Arnold Naimark

COMMUNITY REPRESENTATIVES:

Mr. Keith Findlay

Ms. Barb Lillie

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CHAIR

Mr. Jeffrey Chipman

Dr. Arnold Naimark

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Mr. Lorne DeJaeger

Mr. David Popke

Dr. Tom Hack

QUALITY & PATIENT SAFETY COMMITTEE

Ms. Anna Maria Magnifico
CHAIR

Ms. Elaine Bishop

Ms. Randi Gage

Mr. Donald MacDonald

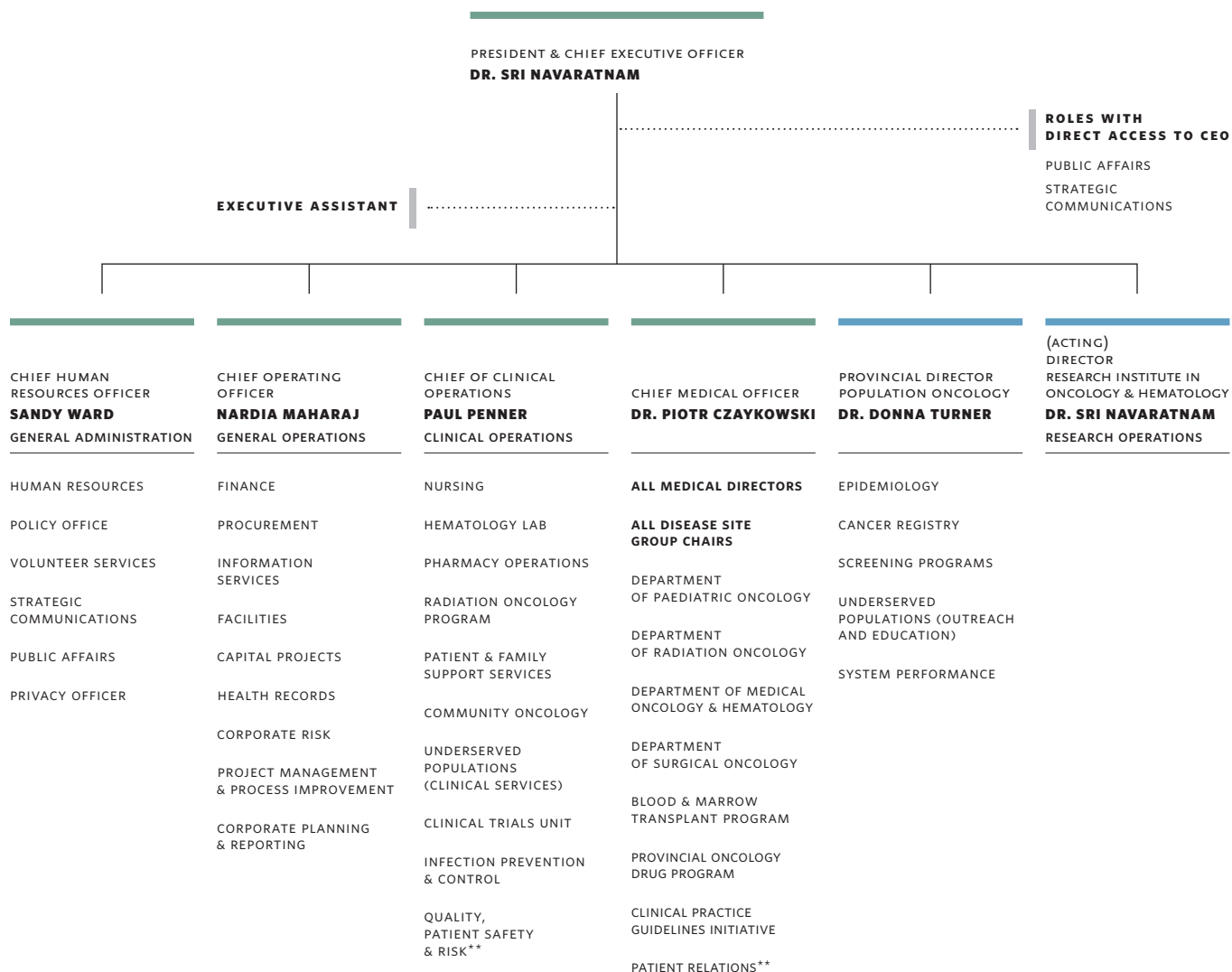
Ms. Gloria Paziuk

COMMUNITY REPRESENTATIVE:

Mr. Bill Daviduk

**denotes the Chair and President & CEO are members of each committee by virtue of their positions*

Organizational Chart



MEMBER OF CCMB EXECUTIVE COMMITTEE



MEMBER OF CCMB EXTENDED EXECUTIVE COMMITTEE

** DIRECT ACCESS TO CEO WHEN OPERATIONALLY REQUIRED

A journey of milestones

Carl Bittner is an example of what the leading-edge of cancer treatment truly is.



All funds raised stay in Manitoba.



Carl's journey started in 2000. He noticed a small lesion inside his nose and was referred to a specialist. What he originally thought might be a polyp turned out to be so much more. The news – "you have melanoma". In an instant, his life was turned on its heels. A husband and father of three kids, he was now also a cancer patient.

Carl underwent an intricate 12-hour operation that had to be carried out in stages. For his long-term recovery, he was under the care of Dr. Ralph Wong, CancerCare Manitoba Oncologist. He was started on Interferon, a chemotherapy drug used to treat melanoma and other cancers. Carl fought through the side effects, went for scans every few months, and soon five years had passed. His melanoma was not just some hazard in the rear-view mirror though, as there were many roadblocks still ahead.

In 2006, Carl felt a lump in his arm. The lump was removed and diagnosed as melanoma, and immediately a new round of testing began. A scan detected the worst. Carl's cancer was spreading and it was now stage IV. He underwent drastic immunotherapy using Interleukin-2 and for the time being, his cancer was at bay.

Three years elapsed and then another recurrence. Once again, Interleukin-2 was the option. During his treatment his heart monitor registered an arrhythmia. That spelled the end for this treatment. Another alternative would have to be found.

The beauty of time is it provided another option for Carl. Dr. Wong knew of an upcoming clinical trial that he thought Carl would be perfect for. Before he could proceed, he would need an operation to remove potential blockages in his intestines that could cause complications. This was a pivotal moment in Carl's journey. The surgery revealed his cancer had spread very far. The surgeon was reluctant to proceed, however Dr. Wong was confident that if completed, Carl was an excellent candidate for the new therapy.

"Until the development of these new therapies, there was nothing further that could be offered to a patient in Carl's situation," says Dr. Ralph Wong. "Fortunately a new clinical trial became available that showed a great deal of promise for patients like Carl."

Through CancerCare Manitoba's clinical trial program, Carl became the first patient in the province to receive Ipilimumab, and one of less than 70 patients in all of Canada. After two years, Carl was able to switch to a new advancement in cancer treatment, targeted therapy. Unlike chemotherapy, this therapy only targets cancer cells, going after their inner workings, while leaving healthy cells alone.

Carl has responded tremendously to the targeted therapy. A word he never expected to hear - remission - is now part of the conversation with his oncologist. He remains guarded and doesn't want to get ahead of himself, yet his face lights up when he tells people how well he is doing.

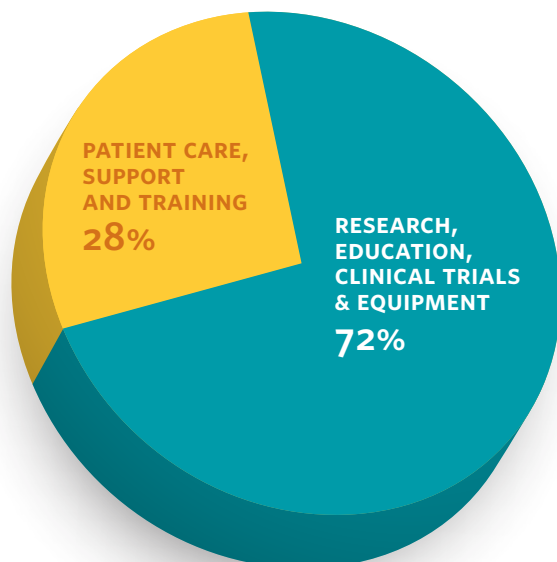
His wife and three children mean everything to Carl and he's now getting to experience the tremendous milestones that have kept him motivated for sixteen years. Walking one of his daughters down the aisle at her wedding, seeing his other daughter graduate from nursing school and welcoming his son back to Winnipeg. With his wife Ruth by his side, his family is creating more amazing memories together. Carl's life has been full and rich and with CancerCare Manitoba in his corner, the future looks incredibly bright.

Donor dollars

The Foundation's mandate is to support CancerCare Manitoba's strategic priorities by funding programs and services that may not be eligible for government funding.

CancerCare Manitoba Foundation's Board of Directors takes its donor stewardship responsibilities very seriously. Annually the Board considers peer-reviewed research and program proposals submitted by CCMB which align with its strategic plan. Funding requests are thoughtfully reviewed by the Foundation's Project, Grants & Awards Committee and are recommended for approval.

This fiscal year the Foundation granted nearly **\$7 million** in funding to support CancerCare Manitoba's strategic priorities. Since 2000, the Foundation has granted over \$98 million to CancerCare Manitoba.



Research into all aspects of cancer is essential to reduce the burden of this complex disease on current and future patients. The Foundation invested \$4.86 million into research, equipment and clinical trials in 15/16. This support to CancerCare Manitoba accounts for 72% of the Foundation's grants this year. The funds were directed to ten research priorities, including \$1.3 million in core operating support for the CancerCare Manitoba's Research Institute and \$800,000 to researchers and clinicians. They were also provided to CancerCare Manitoba's clinical trials unit for adult and pediatric trials and to the Department of Epidemiology for core funding and the cancer registry.

The Foundation annually grants funds to CancerCare Manitoba which are dedicated to improving the cancer experience for patients and their families. This year over \$1.8 million was provided for various programs, initiatives and services, such as the cancer patient handbook, digital mobile mammography coach, palliative care initiatives and an aftercare program for survivors of childhood cancer.

In total more than 30 specific projects were funded this year. For more information on the grants, please refer to the Foundation's website www.cancercarefdn.mb.ca/current-grants/

External awards and recognitions

INTERNATIONAL

Dr. Matthew Seftel was nominated for and became a Fellow of the Royal College of Physicians of London, a prestigious accolade held by some of the most innovative and exceptional physicians in the world.

Dr. Brent Schacter was elected President-Elect of ISBER (The International Society of Biological and Environmental Repositories), the premier global biobanking society.

Dr. Anne Katz received the 2016 PROSE (the American Publishers Awards for Professional and Scholarly Excellence) Award in the Nursing & Allied Health category, for her book "Meeting the Need for Psychosocial Care in Young Adults With Cancer".

NATIONAL

Dr. Harvey Chochinov was invested as an Officer of the Order of Canada for his leadership and work in the area of Palliative Care including patient dignity, communication and existential suffering.

Dr. Sara Israels was appointed to the Canadian Academy of Health Sciences (CAHS) expert panel on academic recognition for team science. The CAHS provides timely, informed and unbiased assessments of urgent issues affecting the health of Canadians.

Dr. Sabine Mai was recognized as one of Canada's Most Powerful Women 2015 by the Women's Executive Network (WXN).

Dr. Andrew Maksymiuk received the Joan K Mauer Memorial Quality Assurance Award from the NCIC Clinical Trials Group, to recognize his dedication and active participation to the QA Program involving Cooperative Group clinical trials audits.

Dr. Jim Davie was inducted as a fellow of both the Royal Society of Canada and the Canadian Academy of Health Science, recognizing his pioneering work in chromatin. His research laid the groundwork for the development of histone deacetylase inhibitor drugs.

Dr. Marshall Pitz received the Elizabeth Eisenhauer Early Drug Development Young Investigator Award from the Canadian Cancer Clinical Trials Group (NCIC) to recognize his significant contributions to the conduct of Investigational New Drug trials early in his career.

Erin Streu received the Canadian Association of Nurses in Oncology (CANO) Clinical Lectureship award. This award recognizes a leader in oncology nursing who has made impacts regionally, provincially or nationally and has delivered a highly professional and inspirational lecture.

Theresa Whiteside received the Lymphoma Canada Award of Excellence. Theresa, Marc Geirnaert (Pharmacy), and Gisele Sarbacher developed the R-EPOCH chemotherapy regime, transforming it from an inpatient to out-patient regime.

PROVINCIAL / LOCAL

Dr. H.S. Dhaliwal received the Order of Manitoba in recognition of his dedication to leading-edge advancements in the prevention, rapid diagnosis and treatment of cancer.

Dr. Leigh Murphy was appointed Distinguished Professor by the University of Manitoba, Faculty of Health Sciences, in recognition of her outstanding distinction in research, scholarship, professional service and teaching.

Dr. Marlis Schroeder was appointed Professor Emerita by the University of Manitoba, Faculty of Health Sciences. This title is conferred on faculty members who have given distinguished service to the University through their teaching, research, and scholarship.

Dr. Ryan Zarychanski was selected as the inaugural recipient of the Lyonel G. Israels Professorship in Hematology at the University of Manitoba.

Dr. Sara Israels received the 2016 YMCA-YWCA Women of Distinction Award in the Science, Technology & Research category. These awards honor women who make unique and exemplary contributions to the development of others and to their community.

Dr. Afshin Raouf and **Dr. David Dawe** were each winners of the 2015 Richard Hoeschen Memorial Award through the Manitoba Medical Services Foundation/St. Boniface Hospital Research Centre.

Dr. Joel Gingerich, Dr. Piotr Czaykowski and **Dr. Catherine Moltzan** received Excellence in Teaching Awards from the University of Manitoba.

Dr. Alok Pathak received the Thorlakson Paper of the Year Award from the University of Manitoba for his publication, "Stage II differentiated thyroid cancer: A mixed bag" in the Journal of Surgical Oncology 2016; 113:84-97.

Venetia Bourrier was awarded the Dr. John Wade Patient Safety Initiatives Grant from the Manitoba Institute for Patient Safety for a project entitled "Patient Safety in the Community - A Checklist for Oral Chemotherapy" in collaboration with a community pharmacist.

Kara Kubas achieved the highest mark in Manitoba in the national CGA Management Accounting Fundamentals examination, from the Certified General Accountants Association.

Kristie Morydz, Letitia Yurkovich, and **Kristi Hofer,** were recognized by the Department of Nursing for their involvement and efforts to the KCPAC-Canadian Network for Respiratory Care to become certified Tobacco Educators as part of a joint Canadian Partnership Against Cancer (CPAC) project between MANTRA, CCMB and UofM.

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 2015-2016: 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



Questions? E-mail us at PublicAffairs.Communications@cancercare.mb.ca

www.cancercare.mb.ca

