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## CONTENTS

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1	<b>MESSAGE FROM THE CHAIR OF THE BOARD</b>
2	<b>MESSAGE FROM THE PRESIDENT &amp; CEO</b>
3	<b>ABOUT US</b>
24	<b>CONDENSED FINANCIAL STATEMENTS</b>
26	<b>CORPORATE INFORMATION</b>
28	<b>CANCERCARE MANITOBA FOUNDATION</b>
36	<b>AWARDS &amp; ACHIEVEMENTS</b>

### **cover**

Providing services and care to all Manitobans is both our mandate and our privilege. To do so with compassion, caring, and sensitivity is our focus. The seeds we sow today provide hope for tomorrow as we continually endeavour to reduce the impact of cancer on all Manitobans.

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## OUR VISION

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

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## OUR MISSION

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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

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### PATIENT, FAMILY, COMMUNITY FOCUS

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

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### RESPECT

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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.

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### TEAMWORK

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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.

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### CONTINUOUS LEARNING & IMPROVEMENT

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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.

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### STEWARDSHIP

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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 Chair of the Board

I am pleased to present the CancerCare Manitoba (CCMB) Annual Progress Report 2013-2014, for the fiscal year ending March 31, 2014 on behalf of CCMB's Board of Directors. The report has been prepared in accordance with the Regional Health Authorities Act, and with guidance from Manitoba Health.

The 2013-2014 fiscal year has been one of significant change for CancerCare Manitoba, with the end of term for Dr. Dhali Dhaliwal, president and CEO, and the transition to a new leadership team. We thank Dr. Dhaliwal for his efforts during the past decade, which have positioned CCMB to meet the challenge of an expected 50% increase in cancer cases in the next 15 – 20 years.

**We thank our many partners for their crucial contribution to CCMB's fulfillment of its mission of reducing the burden that cancer imposes on Manitobans.**

Effective January 2014, Dr. Sri Navaratnam assumed the CEO and president's role for CCMB, bringing with her two decades of clinical and senior administration experience at the agency. During her career as a Medical Oncologist, Dr. Navaratnam has served in increasingly senior leadership roles within CancerCare Manitoba, as well as at the Winnipeg Regional Health Authority, and as Head, Section of Haematology/Oncology, Department of Internal Medicine, University of Manitoba.

The challenge of finding ways to deliver high quality cancer care to ever more Manitobans in the face of tightening fiscal constraints has never been greater. We thank the front line staff from all parts of CCMB and the members of the senior executive team for their combined efforts in rising to that challenge.

We also thank our many partners – the Province of Manitoba, the CancerCare Manitoba Foundation, the regional health authorities, Diagnostic Services Manitoba, the University of Manitoba, primary care providers and the many other health care professionals who are part of Manitoba's system of cancer control for their crucial contribution to CCMB's fulfillment of its mission of reducing the burden that cancer and related diseases impose on the lives of Manitobans.

**Dr. Arnold Naimark**

CHAIR, BOARD OF DIRECTORS  
CANCERCARE MANITOBA

# A message from the President and CEO



CancerCare Manitoba (CCMB) is pleased to submit this Annual Progress Report to the people of Manitoba, our Board of Directors, and our many partners.

It is my privilege as President and Chief Executive Officer of CancerCare Manitoba (effective January 2014) to present this report to you. I am very honoured to take on this role and I thank the CCMB Board of Directors for providing me with this opportunity. I would also like to recognize my predecessor, Dr. Dhali Dhaliwal, (to December 31, 2013), for his tireless contributions over the past decade, along with past CCMB presidents who have laid a strong foundation, and set the stage for CancerCare Manitoba to continue its growth as a leading cancer agency in Canada.

Our mission at CancerCare Manitoba is to provide excellent high quality care and treatment and to provide the best outcomes for all Manitobans with cancer and blood disorders. Working closely with our valued provincial and national partners, we continue to work towards reducing the number of patients who enter our door, by providing information and services on prevention and early detection. For those who do come to us for care, we work towards finding a cure for their disease, or if that is not possible, we aim to prolong survival with a higher quality of life. It is of the utmost importance that our patients and their families trust us, while receiving our respect and genuine empathy, creating a positive experience during the difficult time following a cancer diagnosis.

To achieve our mission, in the face of ongoing significant economic challenges, we continue to find efficiencies through business excellence. Agency-wide process improvements have been initiated to ensure the efficient and responsible use of all resources entrusted to us, so that measurable standards are met, and the quality of care is not compromised. It is also our mission to provide state of the art treatment and this can only be accomplished by working towards academic excellence in the strengthening of research and academic pursuits. Ultimately, our goal is to achieve clinical excellence – continually improving the standard of care in all disciplines of cancer treatment; systemic therapy, surgery, and radiation treatment, for Manitobans facing cancer and blood disorders.

To reach these goals, change is necessary, for both CCMB internally and with the help of our key health partners across Manitoba. These include the Government of Manitoba, all regional health authorities and health care providers across the province, as well as our valued funding partner, the CancerCare Manitoba Foundation.

Already, IN SIXTY, the cancer patient journey initiative funded by the province, is making meaningful improvements to cancer wait times for patients across Manitoba.

At CCMB, the LEAN business philosophy supports IN SIXTY, as staff work to find ways to improve and streamline how cancer care is provided. Staff-driven initiatives, such as the Urgent Cancer Care clinic and Cancer Helpline, are improving the lives of patients. We continue to promote primary prevention through initiatives such as our smoking cessation clinic for staff and patients. With support from our Foundation, funding has been increased to the Clinical Trials Office, so that patients have the opportunity to access investigational treatments. In addition, CCMB is seeking collaborative partnerships towards bringing state of the art radiation treatment machines to our centres.

The fall of 2014 will be an important time as we share ideas, exchange knowledge, and make recommendations with our partners in a strategic forum to prepare ourselves for “Cancer Care For the Next Decade.”

As we start our new period of leadership together, our commitment to clinical, academic, and business excellence is stronger than ever. CancerCare Manitoba will strive to make significant improvements to health care in this province, specifically in cancer control. The teamwork, commitment and dedication of the entire CCMB family, and the close relationships we have with our valued partners, are key to achieving our goals.

**Dr. Sri Navaratnam**

PRESIDENT & CEO

# About us

CancerCare Manitoba (CCMB) 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. 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's Department of Medicine, 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 for staff. 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.

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 in less than 60 days.

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, multi disciplinary based medical teams, and improved patient services will be developed.

## About us

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### 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, and the network is growing.

### 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](http://www.cancercare.mb.ca)



Watch us on YouTube



Follow us on Twitter

# Manitoba Cancer Plan 2011-2015 » Year Three 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.**

Use public education and information campaigns to increase knowledge of skin cancer prevention and encourage preventative behaviours.

- |  |   |
|--|---|
| 1. Coordinate and implement a Sun Safety strategy.   |  |
| 2. Promote public policy that reduces behaviours that increase skin cancer risks (e.g. use of tanning beds). |  |

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. Increase Cancer Control Coordinators to provide a focus for service delivery.                       |  |
| 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. Expand CCPN to allow more patients to receive systemic therapy closer to home.                   |    |
| 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 Practise Guideline creation, implementation, update, and outcomes measurement. |  |
| 2. Map patient journeys and develop care pathways.   |  |
| 3. Further integrate safety and improvement practices.   |  |
| 4. Enhance the availability of psychosocial care across the province.  |  |

## GOAL: EFFICIENCY AND EFFECTIVENESS

**Meet the escalating demand for cancer services through increased infrastructure.**

- |  |   |
|--|---|
| 1. Establish a provincial Surgical Oncology Program. |  |
| 2. Implement electronic oncology health record.      |  |
| 3. Begin 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. Expand continuing education for all staff and extend opportunities for staff participation in conferences and seminars. |  |
|--|---|

Promote cancer research and its translation into improved control.

- |   |   |
|---|---|
| 1. Foster an increased awareness of CCMB's efforts in research and encourage collaboration with partners. |  |
|---|---|

Support research on cancer survivorship to improve the health and quality of life of all cancer patients.

- |  |   |
|--|---|
| 1. Increase research on patients' responses to disease treatment and recovery. |  |
|--|---|

# Community Health Assessment

CancerCare Manitoba is responsible for producing a Community Health Assessment (CHA) on a regular basis. This assessment monitors the impact of cancer on Manitobans and the health care system, by measuring key aspects of cancer control:

## Prevention

### Access (SCREENING, DIAGNOSIS, TREATMENT)

### Outcomes

While there is no single data system for cancer system measurement, CCMB works closely with expert partners to produce as accurate a picture as possible. This includes using data from Manitoba Health, NRC's Picker's Ambulatory Oncology Survey, the Canadian Community Health Survey, and CCMB's own Manitoba Cancer Registry/Screening Programs and the Radiation Therapy program at CCMB.

Accurate measurement of the cancer system is vital to planning and preparing for future caseloads. It is expected that the number of cancer cases in Manitoba will increase by 50% within the next 15 – 20 years. The Community Health Assessment enables understanding of emerging cancer trends over both time and geography, so that the system can plan and build a cancer system ready for current and future challenges.

## Key findings

Based on these system indicators, the overall picture of cancer care and control in Manitoba is satisfactory, with room for improvement, particularly in northern areas of the province.

### Prevention

Risk factors for cancer (and many other chronic diseases) show considerable variation by region and are frequently higher in the North. If not addressed, there could be serious implications for cancer rates and service delivery.

	Past Estimate	Current Estimate	Time Trend	Range of Current Estimates (Lowest RHA – Highest RHA)
<b>INCREASE YOUR RISK</b>				
 <b>Obesity</b> percent of adults (ages 18+) with Body Mass Index classified as "obese". Based on self-reported height and weight. <sup>a</sup>	19.6%	23.4%	↑	21.3% – 32.6%
 <b>Smoking</b> percent of daily current or occasional smokers (ages 12+) <sup>a</sup>	23.3%	19.6%	↓	17.6% – 36.8%
 <b>Alcohol</b> percent consuming five or more alcoholic drinks on one occasion, at least once a month in the past year (ages 12+) <sup>a</sup>	19.2%	18.2%	→	14.9% – 25.3%

	Past Estimate	Current Estimate	Time Trend	Range of Current Estimates (Lowest RHA – Highest RHA)
<b>REDUCE YOUR RISK</b>				
 <b>Fruits and Vegetables:</b> percent consuming fruits and vegetables five or more times a day (ages 12+) <sup>a</sup>	35.9%	36.5%	→	30.6% – 40.8%
 <b>Physical Activity</b> percent of population 12+ who reported a moderate or active level of physical activity during leisure time <sup>a</sup>	52.9%	53.5%	→	45.4% – 55.8%

Source: <sup>a</sup> Canadian Community Health Survey 2007-2008 (past), 2009-2010 (current).

Note: Trend arrow is based on + or - 10% of the past value. Colour indicates if the trend is good (green), neutral (yellow) or needs to improve (red).

RHA refers to Regional Health Authority.



## Access (Screening, Diagnosis & Treatment)

Manitoba's colorectal screening rates are the highest in the country. However, rates are not as high as those for breast and cervical screening, where programs have been in place longer. Lower participation rates are found in the North.

Wait times are another indicator of access. Two parts of the journey are reported in CCMB's CHA as sentinel measures. Looking at wait times to final diagnosis after breast screening, women in some parts of the North wait almost 1.5 times as long for a final diagnosis after an abnormal mammogram.

However there is good news in that radiation therapy waits have declined considerably since the late 1990's and have generally reached the national benchmark of 100% treatment within four weeks of being ready to treat.

Data shows CancerCare Manitoba is responsive to updated clinical guidelines and new treatments. For example, radiation and surgical treatment has decreased for prostate cancer, likely due to increased use of appropriate "watchful waiting" or active surveillance strategies.

The highest proportion of people diagnosed with late stage cancer is seen in the North, which corresponds directly with cancer mortality rates.

## Outcomes

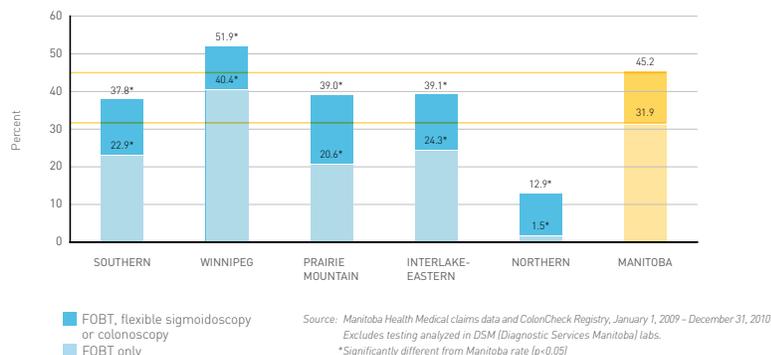
Outcomes are the ultimate measures of cancer control, and while Manitoba outcomes (incidence, mortality and survival) are remaining fairly stable, overall there is little positive progress since the last report.

Additionally, there is regional variation in these indicators. Cancer rates in the rural South are relatively low, consistent with lower risk factor prevalence (for example smoking and alcohol consumption rates are low, compared to northern regions.)

## Colorectal Cancer

Figure 2.1

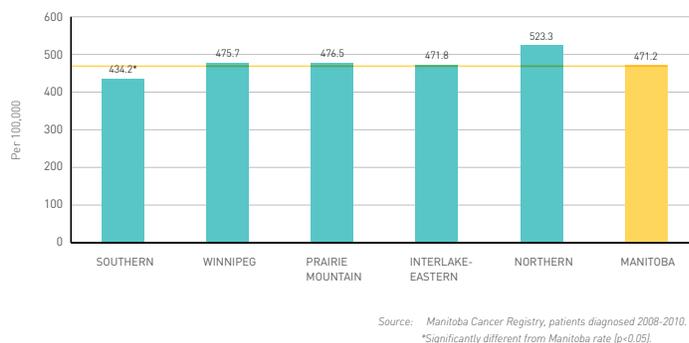
Percent of men and women (ages 50 – 74) who had a Fecal Occult Blood Text (FOBT) in the last two years, or a flexible sigmoidoscopy or colonoscopy in the last five years, by current Regional Health Authority



## Cancer Incidence: Rates

Figure 3.1

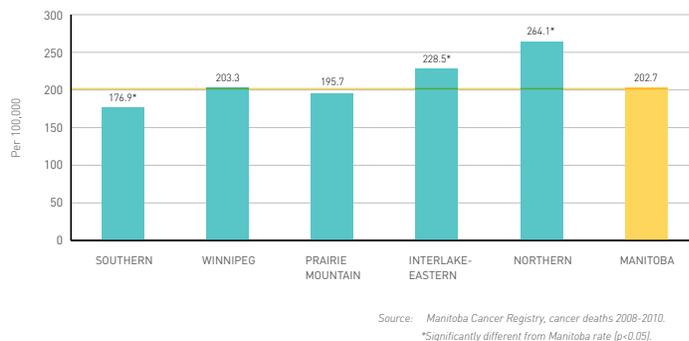
Cancer incidence, by current Regional Health Authority  
Age-standardized incidence rates per 100,000 people



## Cancer Mortality: Rates

Figure 3.11

Total – All invasive cancer mortality, by current Regional Health Authority  
Age-standardized rates per 100,000 people



# Screening programs

## Partnering to promote awareness

CancerCare Manitoba's screening programs continue to work together to increase awareness of and participation in screening. Program staff source joint opportunities to promote cancer screening in Manitoba through flu clinics, conferences, and events. Tri-program resources have been created including the development and promotion of GetCheckedManitoba.ca, and a variety of new display/information pieces for public and health care providers. All three programs released biennial Screening Outcomes reports in 2013 detailing screening participation and outcomes.

To help support adherence to cancer screening guidelines and connect with primary care providers, the Check programs developed and distributed a combined breast, cervical and colorectal cancer screening guidelines document.

### BreastCheck

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Work continues with vulnerable populations in Manitoba, including a Canadian Breast Cancer Foundation funded project to develop culturally responsive screening resources, and partnering with CCMB's FNMICC to increase attendance by First Nations women at mobile screening sites.

Continued participation in provincial planning for the introduction of digital mammography.

**45,837**

women were screened from April 1, 2013 – March 31, 2014

**5,736**

women over the age of 69 were screened at BreastCheck

**2,384** or **5.2%**

of participants required follow-up (diagnostic) testing

### CervixCheck

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CervixCheck began distributing recall letters to women who are overdue for a Pap test. Over 40,000 women in Manitoba have received a letter. So far, approximately 8% of women had a Pap test since their letter was sent.

The CervixCheck registry began collecting HPV vaccine information for all Manitoba women aged 18 to 69. Over 10,000 women in the registry have had at least one dose of the vaccine.

To highlight the new three year screening interval, CervixCheck hosted a social marketing campaign on Facebook called, "Good things come in 3's!" The campaign generated three times the amount of "new visits" to TellEveryWoman.ca since the first campaign in 2011.

**67.3%**

of eligible women had at least one Pap test between April 1, 2009 – March 31, 2012

**119,460**

women were screened between April 1, 2013 – March 31, 2014

**143**

Pap test clinics provided increased access to cervical cancer screening services

**121**

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

### ColonCheck

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ColonCheck piloted an opt-in program for individuals who did not complete a home screening test (FOBT) upon invitation. They were invited to contact ColonCheck directly to request a FOBT.

ColonCheck has been working with Diagnostic Services Manitoba to obtain more accurate information on FOB testing in the province. These data help the program determine screening eligibility and improve the accuracy of provincial screening rates.

Individualized reports were provided to ColonCheck endoscopists indicating the number of program colonoscopies performed, a summary of quality indicators, and reporting procedures.

**59,195**

FOBT invitations were sent province-wide in 2013-14

**23,272**

Manitobans completed ColonCheck FOBTs

**602**

participants required follow-up (diagnostic) testing

# First Nations, Metis, Inuit Cancer Control

## Prevention and Awareness

With support from the CancerCare Manitoba Foundation, First Nations, Metis and Inuit Cancer Control (FNMICC) continues to work with First Nations and Metis communities to develop culturally responsive and community driven cancer prevention initiatives. In partnership with Northlands Denesuline First Nation community members in Lac Brochet, a fly-in community approximately 1,000 kilometres northwest of Winnipeg, the FNMICC team developed Towards Health Empowerment: Healing, Helping with Contemporary and Traditional Knowledge. The spring 2013 event combined expert cancer information with personal stories and cultural practices. All of the presentations were done in both English and in Dene.

The FNMICC team continues to travel to communities to share information about cancer prevention in the popular Cancer Education Day format. These events, which often include CCMB's screening programs, are organized in partnership with the community and are tailored to address the information needs of the community. In partnership with Sagkeeng First Nation, the Manitoba Aboriginal Sport and Recreation Council and other CCMB programs, FNMICC helped to develop Mino Gunain Dizowin. Aimed at encouraging healthy living and embracing cultural practices, teen girls took part in the week-long program which demonstrated how First Nation, Metis and Inuit games, traditionally viewed as entertainment, can be used to increase physical activity.

To further highlight how the team can assist patients and families, information packages were created and sent to health directors and health care professionals in all 63 First Nation communities in Manitoba. The packages included an invitation to collaborate on improving the health of the community and provided vital contacts as well as local resource information. This includes details on navigation teams working to improve care in several health care regions. More navigation teams will be added in 2014, including in the North.

## Improving Patient Experience

For FNMI patients and families, cultural and language differences, geography and social remoteness, and limited access to health services, increases the difficulty of a cancer journey. FNMICC successfully applied for Canadian Partnership Against Cancer funding to support a three-year project. The project will also enhance transition through the cancer system, improve communication, and support development of a patient self-identification plan.

To gain valuable insight from patients, family, survivors, health care providers and leadership, five regional cancer forums were held around the province.

FNMICC is also partnering on two Canadian Partnership Against Cancer-funded projects, the Primary Care and Cancer Care Integration Initiative with the Northwest Territories, British Columbia and Alberta, as well as the Palliative and End of Life Care Initiative with the Canadian Virtual Hospice.

## CancerCare Manitoba's FNMICC Community Outreach:

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17	community health fairs/information distribution
12	cancer specific community/CCMB partnership events
11	presentations/meetings/media
40	total

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# Psychosocial oncology programs

Receiving a cancer diagnosis can be devastating. It affects not only the physical body, but also the emotional, social and spiritual aspects of a person.

Most patients find that receiving support for the emotional and practical issues related to cancer helps ease their distress.

CancerCare Manitoba's Patient and Family Support Services has skilled professionals and a wide variety of programs to support patients and their loved ones.

CCMB's Mindfulness Practice is an eight-week workshop that helps relieve tension, worries, and stress.

"Mindfulness is the ability to be aware of your experiences from moment to moment without judging them," says Tom Roche, CCMB social worker. "It has a number of benefits. Patients develop the ability to reduce stress and achieve greater balance and control in their lives."

Those who have learned to be mindful have more options when responding to stressful situations.

"We're often on automatic pilot, thinking about the past or planning for the future instead of focusing on the present moment," Roche says. "Cancer patients tend to have many worries about how things are going to be. In a mindfulness workshop, they learn to pull back from those thoughts and focus on what's going on right now. That can be very helpful."

Another popular psychosocial oncology program is Brain Fog, which gives patients coping mechanisms for the mental fuzziness that often occurs during or after chemotherapy.

"Patients would tell their practitioners that they didn't feel like themselves. Their brains were fuzzy, and they couldn't think straight. They had difficulty focusing or paying attention, and difficulty finding words," says Jill Taylor-Brown, Director of Patient and Family Support Services. "The research in this area is still pretty new, but it's beginning to be understood that brain fog is something people really experience."

## Patients develop the ability to reduce stress and achieve greater balance and control in their lives.

CCMB worked with neuropsychologist Dr. Heather Palmer to create the eight-week program.

"We give patients the techniques and skills to compensate for the difficulties they are having with thinking and memory," Taylor-Brown says. "These interventions do make a difference. Patients have told us they have found the program very helpful."

Psychosocial Oncology also hosts a variety of support groups for patients and their loved ones. Both in-person and online support groups are available.

"For most people diagnosed with cancer, support groups may not be something they're thinking of," says Taylor-Brown. "A lot of people think they're going to be in a room full of people who are looking very ill and sad, but there's actually a lot of humour and laughter and positivity. The support groups remind me of how resilient we are as human beings."

CCMB's social workers create an atmosphere of emotional safety that allows people to share their experiences without fear.

"People feel safe to speak in a genuine way about what's going on. They're learning from each other," Taylor-Brown says. "Being with others who are in a similar situation is helpful in coping with life's adversities. We really are social beings. There's something about sharing experiences that is very powerful."

# Palliative care

Manitoba's cancer patients live throughout our province. Access to experts in palliative care can be a challenge. There are family physicians that have taken palliative care training, but they are not always available for all patients.

CancerCare Manitoba has two oncologists and one nurse practitioner who specialize in pain and symptom management, who can provide support in palliation and end of life care. Health care providers and their patients throughout the province have benefitted from the expertise of these specialists.

For patients living in remote areas, CCMB's experts utilize Manitoba Telehealth technology to connect with patients, their families and health care providers, to help manage complex cases and pain. The service reduces the need for patients to travel during a very difficult time.

The Manitoba Palliative Care Research Unit (MPCRU) strives to improve the quality of life and ease the suffering of those with life-limiting illnesses, with the ultimate goal of helping bolster the dignity of dying patients and to address their suffering. This therapeutic intervention, called Dignity Therapy, invites individuals with life-limiting illnesses to reflect on matters of importance to them. Therapists help patients express their thoughts, feelings and memories in a document that can be shared with loved ones.

"The work on Dignity has caught on broadly, perhaps because it taps into issues that are fundamentally human and therefore have cross-cultural resonance," says Dr. Harvey Max Chochinov, Director of MPCRU. "There is something about the need to be valued as a person—to be seen for who you are and the values, concerns, beliefs, and affiliations that form your core identity—that fundamentally influences any healthcare encounter."

"Medicine has tended to focus on understanding the physical dimensions of illness, while psychosocial oncology has focused on the various kinds of distress this can cause," he says.

Dignity Therapy has been shown to be effective in various clinical trials that have been conducted by the MPCRU group and other research groups around the world. Trials or clinical programs have or are currently taking place in Australia, the United States, England, Scotland, Portugal, Italy, Spain, Denmark, Japan, and China. The uptake continues to grow.

"Wanting to do something for people we love and care about and the wish to be remembered appears to be deeply engrained and universal," Dr. Chochinov says.

For the last seven years, the MPCRU research group has hosted an annual International Dignity Therapy Workshop in Winnipeg. This is a three-day intensive educational program, which attracts people working in palliative care all over the world. Attendees include psychologists, social workers, psychiatrists, chaplains, palliative care nurses and physicians.

The workshops teach participants how to facilitate Dignity Therapy. Due to high demand, MPCRU hosted an additional training workshop in Brisbane, Australia last year, and at the San Diego Hospice in California the year before.

Dr. Chochinov was recently named to the Order of Canada for his work in palliative care.

"Being named to the Order of Canada has been a profound honour and deeply humbling. None of this work would be possible without a strong team and extraordinary collaborators—I readily share this honor with them," he says. "I also see this as recognition for the importance of palliative care in Canada, but we still have a very long way to go. I hope I am able to use this award effectively as a platform to further promote the need for research, education and clinical services for all Canadians facing life-threatening and limiting conditions."

# CCMB: Advancing Patient Care

## Surgical oncology

An astonishing 80% of cancer patients in Manitoba see a surgeon at some point during their cancer journey, be it during the diagnostic phase or as part of treatment. Of those, between 40 to 50 % of cancer patients receive all their treatment from a surgeon alone, particularly when cancer is in an earlier and more treatable stage. Only a few cancer surgeries are performed at CancerCare Manitoba, as most are done at other hospital facilities across the province. In support of IN SIXTY, Manitoba cancer surgeons are now working towards improving the quality and access to cancer surgery for all patients.

Dr. Helmut Unruh, who shares CCMB's VP & Chief Officer of Clinical Services role, leads the effort to connect surgical services across the regional and community cancer hub network. "Better communication and support from CancerCare Manitoba will result in an improved cancer surgery system-wide," said Dr. Unruh.

The development of an improved surgical network is benefiting from lessons already learned through the IN SIXTY initiative. Surgical champions in each cancer hub community are being identified, just as physician leads were. The surgical champions will act as local cancer experts, to help primary care practitioners with the diagnosis and treatment of patients, as well as improving links between health care professionals.

"Currently, a patient has a relationship with their physician, who has his or her own network of contacts that they turn to for advice or assistance on patients," said Unruh. "However, doctors that are new to Manitoba, which is often the case in more rural areas, do not have that network available to them, and would really benefit from a local champion who could provide guidance on the best pathway to care for patients."

Improvements to surgical oncology will also include the development of a patient tracker system, and a pooled referral process, which will connect cancer patients to the next available cancer surgeon. The surgical oncology improvements are to be completed by 2016.

## Information Technology Renewal

In February 2014, CancerCare Manitoba (CCMB) and Manitoba eHealth established a partnership to deliver shared information and communications technology (ICT) services to CCMB. The project's aim is to transition CCMB information services to a secure, reliable, provincially supported ICT platform by the end of the year. The project will upgrade CCMB's foundational ICT services to a 2014 standard, as CCMB's existing IT infrastructure is aging and required an upgrade to better support current applications.

Establishing a robust technological infrastructure will support CCMB's future information technology strategy, which includes enhancements to the CCMB Electronic Health Record (EHR).

"An EHR acts as a database of a cancer patient's medical information that is shared amongst all care providers at CancerCare, enabling physicians to safely prescribe chemotherapy and radiation with the click of a mouse," says Dr. Marshall Pitz, Chief Medical Information Officer. "Improving the way we use the EHR will improve patient care and safety."

Benefits of the ICT project include annual cost reductions to CCMB's services, reinvestment in clinical applications, elevated support service through Manitoba eHealth, software upgrades and improved resilience to avoid disruptions due to aging equipment.

# CCMB: Advancing Patient Safety

With support from the CancerCare Manitoba Foundation and the Province of Manitoba, cutting-edge robotic technology is improving patient safety at CancerCare Manitoba.

RIVA, which stands for Robotic Intravenous (IV) Automation, is a fully automated IV compounding system produced by Winnipeg-based Intelligent Hospital Systems. It mixes chemotherapy drugs quickly, safely, and accurately.

## RIVA provides an important safeguard for patient care when there is simply no room for error.

“RIVA is a robotic arm that effectively mixes chemotherapy doses in an enclosed, sterile unit,” says Venetia Bourrier, Director of Pharmacy and the Provincial Oncology Drug Program. “It actually weighs the empty syringe before and then after the dose of drug is withdrawn, which ensures that the dose is extremely accurate.”

RIVA must be programmed with all the oncology drugs, but once the programming is complete, the machine is extremely efficient at mixing the drugs, Bourrier says.

“It can prepare complex doses in two to three minutes. This decreased production time will improve patient wait times in the chemotherapy suite. RIVA adds an increased level of safety for our patients because dosages are extremely accurate,” she says. “It’s also increased staff safety because it prevents needle-stick injuries and repetitive strain injuries to staff who would normally mix the drugs manually.”

The machine gives each syringe and bag a pulse of ultraviolet radiation to make sure it is sterile and labels every syringe and bag. The robot also undertakes multiple checks to ensure dose accuracy during the mixing of the drugs, and has the ability to track drug lot numbers and expiry dates for increased safety.

“The unit will never confuse one drug with another,” says Bourrier. “It’s a ‘smart’ piece of technology with enhanced safety features.”

CancerCare Manitoba has the only RIVA in the province and the third in the country. The RIVA has been installed at major hospitals in the United States, Australia and Asia. There are 32 units in existence worldwide.



“It was certainly a pleasure to be in a position to deliver RIVA, a fully automated IV compounding system that supports a world-class standard in hospital pharmacy safety,” said Dr. Niels Erik Hansen, president and CEO of Intelligent Hospital Systems. “RIVA provides an important safeguard for patient care when there is simply no room for error, by not only reducing the risk of medication error and contamination, but also reducing the chance of exposure for hospital employees.”

Bourrier says the time saved with the increased efficiency in the pharmacy production of drug preparations will result in the re-deployment of the staff for other important clinical tasks that will make a real difference in the cancer patient journey.

Provincial government funding from Entrepreneurship, Industry, Trade and Technology contributed \$1.25 Million towards the purchase of the machine. Other costs and all expenses associated with training were covered by a CancerCare Manitoba Foundation grant.

# CCMB: Advancing Urgent Care

## Urgent Cancer Care and Cancer Helpline

Since December 2013, CCMB's new Urgent Cancer Care clinic and Cancer Helpline has delivered improved urgent care in Winnipeg. The Urgent Cancer Care Clinic, located at the MacCharles site of CancerCare Manitoba (CCMB) on the Health Sciences Centre campus, was developed by repurposing two compact work areas on CCMB's main floor, within existing CCMB budgets.

A multidisciplinary team of nurses, family physician in oncology, infectious diseases specialists, and haematology/oncology specialists, support staff and nurse practitioners staff both the clinic and the Cancer Helpline. These teams can order diagnostic tests, prescribe medications, and consult with the patients' oncologists as needed, to provide context-based urgent medical services.

Previously, cancer patients with treatment-related concerns had to make an appointment with their oncologist or go to a regional triage facility or hospital emergency department.

"The clinic and helpline quickly connect patients with cancer or blood disorders to expert care, so that symptoms related to their disease are quickly addressed," says Valerie Wiebe, CCMB's Vice President and Chief Officer of Patient Services, who spearheaded development of the services. "Most patients wait only 30 to 40 minutes at the clinic."

"Patients are able to receive care for a problem related to their cancer or treatment, by medical professionals who are experienced and knowledgeable about cancer and these problems," says Dr. Eric Bow, Medical Lead for the project. "Walk-in clinic teams or emergency departments do not have direct access to cancer patient histories or test results."

The clinic and Cancer Helpline have made it easier to quickly identify patients who may be facing serious or life-threatening situations.

"Patients can go to the clinic rather than wait for their next appointment, at which point the damage may be irreversible," Dr. Bow says. "We're seeing a spectrum of problems, from constant nausea to life-threatening neutropenic fever syndromes, or spinal compression syndromes, which may become completely debilitating."

Nearly 1900 patients were seen in the clinic's first seven months of operation. New patients have increased by 48.4%, and the number of patients calling the Cancer Helpline has increased by 55%.

"The number of clients seen per unit of time is going up—it's increasingly busy," says Dr. Bow.

"Many of those patients were able to manage without admission to hospital; however, the increasing clinical acuity and complexity is challenging our ability to avoid hospitalization."

The project team is seeking additional funding to expand the clinic hours.

"Many patients need this service on evenings and weekends. It would be a huge benefit to be able to accommodate them when emergency rooms tend to be busiest," Wiebe says.

## Expanded Clinic Hours

In conjunction with the opening of the Urgent Cancer Care clinic, CCMB also extended systemic treatment hours at the 675 McDermot facility.

The extended systemic therapy treatment hours are from 6:00 p.m. until 10:00 p.m., Monday to Friday. Regular weekend hours remain 8:00 a.m. - 4:00 p.m.

Previously, urgent care patients would need to be admitted to hospital for hydration treatments or transfusions. The extended hours enable them to walk in and receive their treatment and return home the same evening. Additionally, extended hours reduces wait times for patients who require chemotherapy, as those treatments are also available in the evening. This assists patients and their families in balancing their work responsibilities for example, while undergoing treatment.

### Urgent Cancer Care

675 McDermot  
Monday – Friday  
8 a.m. to 6 p.m.

Cancer Helpline  
(204) 787-8900

# CCMB: Partnerships

## WRHA Oncology

CancerCare Manitoba works closely with all of the province's regional health authorities to provide high quality cancer services. Those relationships are being further developed to meet the challenge of improving cancer treatment wait times, while dealing with limited resources, such as knowledgeable oncology staff and facilities able to provide cancer treatments.

CCMB's joint effort with the Winnipeg Regional Health Authority (WRHA) is a prime example, through the WRHA Oncology program. The program links CCMB cancer expertise and standards to the Grace, Victoria, Seven Oaks, and Concordia hospitals, as well as the leukemia and bone marrow transplant unit at the Health Sciences Centre.

"The coordination and integration between CCMB and the WRHA has led to the expansion of existing programs, as well as the initiation of new ones, and recognizes the changing nature of oncology," says Dr. Joel Gingerich, Medical Director of the program. "Cancer patients are best served by multidisciplinary teams centred on disease site groups, and the WRHA Oncology model enables that."

WRHA Oncology also includes the Manitoba Bleeding Disorders program, a provincial program for patients facing blood disorders.



"We all have the same goal, which is to bring high quality, efficient cancer care to Manitobans facing cancer and blood disorders," says Ruth Loewen, Administrative Program Director of the WRHA Oncology Program. "We've found a way to create a new 'business model' to significantly improve care."

The former model of care at community sites relied on private oncologists at WRHA facilities. Now, CCMB oncologists work in disease site specific clinics at some WRHA facilities, and family physicians trained in oncology provide additional clinics and expertise at all four community hospitals.

"The end result is care closer to home for patients, and better utilization of facilities," says Kellie O'Rourke, Chief Operating Officer, Winnipeg West Integrated Health & Social Services (including Grace Hospital & ACCESS Winnipeg West) and WRHA VP responsible for the WRHA Oncology Program. "The new practice of holding clinics with several different CCMB doctors means more patients with different kinds of cancer can be seen with the same standards of care no matter where you live."

The case load and number of cancer clinics have increased considerably at the Buhler Cancer Centre (Victoria General Hospital) with this change in the model of care. Many of CCMB's gastrointestinal cancer clinics were moved to the Buhler Cancer Centre. Weekly clinics for lymphoma and haematology have been added, as well as on-call haematology services.

"Our success has created its own resource issue, says Dr. Piotr Czaykowski, who specializes in GI cancers. "These facilities have now exceeded capacity with existing resources, and without additional investment in resources will not be able to meet increasing demands. Oncology nursing and psychosocial oncology resources have been strained by the new model while providing quality care."

# CCMB: Partnerships

## Manitoba Bleeding Disorders Program

The Manitoba Bleeding Disorders Program was aligned under the WRHA Oncology program in 2013, to provide a truly provincial program for Manitobans with bleeding disorders. CCMB's Dr. Jayson Stoffman was appointed medical lead. The program has approximately 300 child and adult patients from across the province, and manages bleeding disorders such as haemophilia and Von Willebrand Disease.

The Manitoba Bleeding Disorders Program is a truly provincial program, and shares care of patients across Manitoba. Adult patients are treated at CancerCare Manitoba, while pediatric patients go to the Children's Hospital at the Health Sciences Centre. Surgery for patients with bleeding disorders is performed by health facilities across the province.

The need for a coordinated, provincial program has steadily grown. As treatments for bleeding disorders have improved, so have the number of patients living with their disease.

"We are very proud of what we've been able to do, and that our patients are doing so well, and living longer, healthier lives," says Dr. Stoffman.

Survivorship presents long term challenges to the patient, who will require long term care and support from the medical system. Sustainability of the program is an issue. The average annual treatment cost for haemophilia is around \$300,000. Funding of the program has not changed since 2000, even as the number of new and surviving patients continues to climb. As patients age, program doctors must meet new challenges.

"We're now seeing and meeting new needs as patients require special support for cardiac surgery or knee replacement," says Dr. Stoffman. "More resources are needed to support this growing population."

The Manitoba Bleeding Disorder Program was recognized at the World Federation of Haemophilia Congress in Australia during the past year, as almost half of program staff presented their work. "We've a lot of reach for a little program," added Dr. Stoffman.

# CCMB: Research

**CancerCare Manitoba continues to build on its international reputation in research excellence, by attracting and collaborating with researchers around the world. There are many types of cancer research at CCMB, including discovery, clinical, epidemiological, and the patient experience.**

**At the Manitoba Institute of Cell Biology (MICB), scientists study the complex nature of cancer through molecular, genetic and cellular research, with an emphasis on translational research – bringing the latest discoveries from laboratory bench to the patient's bedside.**



## Targeted therapy, improved quality of life

Dr. Sachin Katyal, Senior Scientist, is a new investigator at the Manitoba Institute of Cell Biology, the joint cancer research institute shared by CancerCare Manitoba and the University of Manitoba (U of M). Dr. Katyal was recruited from St. Jude Children's Research Hospital in Memphis Tennessee, and was recently awarded over \$800,000 from the Canadian Institutes of Health Research Open Operating Grant competition. This award complements additional funding from the CancerCare Manitoba Foundation, University of Manitoba, and Research Manitoba.

Dr. Katyal's research program investigates the mechanics of how damage to DNA is repaired, and how that repair process is altered in cancer, particularly malignant brain tumours. The current strategy to treat brain cancer is a combination of surgery, followed by radiation and chemotherapy which causes significant DNA damage. Naturally occurring DNA 'damage repair mechanisms' counteract treatment strategies, which mean higher levels of radiation and chemotherapy must be used to reduce tumours. Such aggressive treatment, however, is very toxic to the healthy tissue surrounding a tumour. Consequently, patients can experience significantly diminished quality of life and neurological impairments at a substantial financial cost to the healthcare system (estimated at up to \$1,000,000).

Dr. Katyal's research program is helping to identify the DNA damage repair mechanism. In his 2014 Nature Neuroscience publication, Dr. Katyal and his collaborators at St. Jude, University of Illinois-Rockford, and Memorial Sloan-Kettering Cancer Centre were the first to describe a novel mechanism regulating the DNA damage repair response. Identifying this mechanism can lead to more effective chemotherapy and radiation therapies for many types of cancers.

By specifically targeting cancerous cells without affecting healthy tissue, lower doses of chemotherapies could be used with fewer long-term consequences for patients and their families.

# CCMB: Research

## Advances in Clinical Trials

**Clinical trials enable CancerCare Manitoba to bring the latest in treatment to our patients. CCMB currently is at the national forefront in number of pediatric clinical trials conducted annually, thanks in part to the excellent support from the CancerCare Manitoba Foundation. Adult trial numbers remain low however, so CCMB has taken steps to expand the program. A medical director has been appointed, and the CancerCare Manitoba Foundation has increased their funding allocation to the Clinical Trials Office, so that more patients have access to these important investigational treatments.**

CancerCare Manitoba has joined the Canadian Cancer Clinical Trials Network (3CTN), a pan-Canadian network of cancer agencies working together to improve the lives of cancer patients and individuals at risk of cancer. The network will increase the capacity of Canadian cancer centres to effectively conduct academic clinical trials that address questions of importance to Canadians and the Canadian health-care system.

The Clinical Investigations Office (CIO) provides the infrastructure for clinical trials at CCMB. As members on the 3CTN Steering Committee, CIO Medical Director, Dr. Rajat Kumar, and Manager, Kathryn Dyck, have been active in creating the framework for the new initiative at CCMB. With a focus on academic trials (trials developed by and coordinated by academic investigators) the network aims to improve patient access to clinical trials, increase enrollment and streamline trial conduct.

3CTN will be funded by multiple organizations across Canada, including organizations such as federal cancer foundations, charitable organizations and provincial cancer agencies. All have agreed to invest in the development of academic clinical trials in Canada. With pooled funding, 3CTN aims to address the many challenges faced by cancer clinical research institutions. The additional funding will be used to support new staff required to meet the goals of the network, and will increase capacity and capability to undertake under-funded practice-changing clinical trials.

It takes a team of 38 staff to support and manage clinical trials conducted at CCMB.

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CCMB has over 100 clinical trials open to enrolment and enrolls over 300 new patients each year.

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Canadian scientists have been at the forefront in a number of high-profile clinical trials that resulted in important advances in treatments for cancer patients. As a participating site in many of the clinical trials, CCMB has made a significant contribution to these exciting new discoveries that are now used as standard treatments.

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# IN SIXTY

CANCER ACTION

Manitoba’s cancer patient journey initiative, known as IN SIXTY, entered its third year in 2014. The \$ 40 Million project aims to reduce the time of suspicion of cancer to first treatment to no longer than 60 days by 2016.

Improvements are being made across the health care system, through partnerships and internal change, driven by the aim to improve the cancer system for all Manitobans. Initiatives both large and small have begun at CancerCare Manitoba, and the many partners involved in the provincially supported initiative.

## Goal of IN SIXTY

To reduce the time of suspicion of cancer to first treatment to no longer than 60 days, by no later than 2016, in a sustainable manner that improves the quality of the cancer patient experience.

### PARTNERS

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MANITOBA HEALTH

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CANCERCARE MANITOBA

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ALL REGIONAL HEALTH AUTHORITIES  
IN MANITOBA

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DIAGNOSTIC SERVICES MANITOBA

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PRIMARY HEALTH CARE

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MANITOBA eHEALTH

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PATIENTS WITH CANCER JOURNEY  
EXPERIENCE

---

HEALTH CARE PROFESSIONALS  
ACROSS MANITOBA

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## Clinical guidance pathways

Suspicion of cancer and its subsequent diagnosis is complex. The patient’s journey has multiple entry points, such as through a family physician, a sudden trip to an emergency department, or through a walk-in clinic. As cancer is actually made of up to 200 different diseases, the primary care provider may only see a few cancer cases each year, often different kinds of cancer, and so may not be sure or be aware of the best way to get the cancer diagnosed or how to get the patient into treatment.

Through IN SIXTY, Manitoba has produced clinical guidance for the work-up of suspected cancer that provide pathways with timelines for investigations and treatment of breast, colorectal and lung cancers. Clinical guidance pathways will soon be completed for prostate and lymphoma cancers as well. The pathways provide information aimed at medical professionals to streamline the steps required to diagnose and to provide evidence-based treatment. The pathways were initiated by CCMB and the Primary Care Working Group, through the Uniting Primary Care and Oncology (UPCON) program and completed by the disease site committees of IN SIXTY with input from clinicians, specialists, administrators and diagnostic testing representatives. The pathways have been made available through the CCMB website.

## Lynch Syndrome testing

New testing procedures became available in 2013 to help identify patients at greater risk for inherited colon and other types of cancer. This includes testing for Lynch Syndrome, a disorder that significantly increases the risk of developing cancer.

All colorectal cancer surgery patients aged 70 years and under will receive testing for Lynch Syndrome. As a result of this testing, patients will have access to increased cancer surveillance which could lead to earlier detection and improved cancer survival rates.

Immediate family members of affected patients will also benefit from this new testing, as it will help to identify their risk of developing cancers and allow them to consider early detection and prevention measures.

Delivery of Lynch Syndrome testing was made possible by a unique partnership between the CancerCare Manitoba Foundation (CCMF), CancerCare Manitoba, and Diagnostic Services Manitoba (DSM), the organization responsible for Manitoba's public laboratory and rural diagnostic imaging services. CCMF provided the funding that enabled Lynch Syndrome testing in Manitoba.

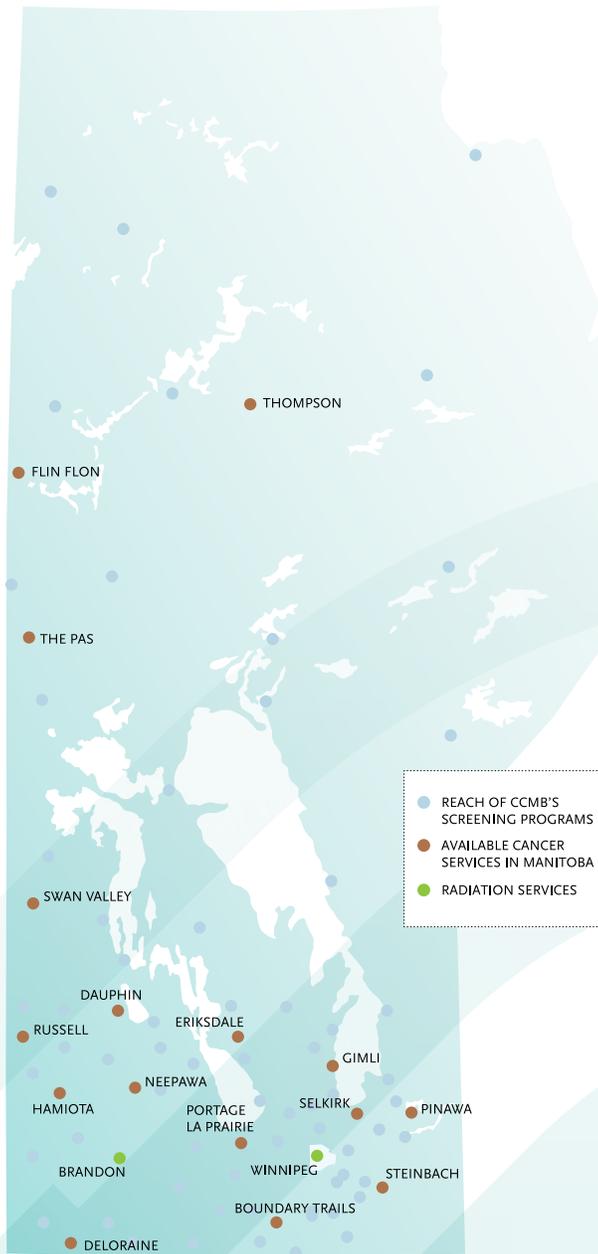
"We have a commitment to provide the results that matter to our patients, and the topic of inherited colon cancer and Lynch Syndrome testing has been an emerging issue for the past several years," says Jim Slater, Chief Executive Officer of Diagnostic Services Manitoba. "We understand how the local availability of this important genetic testing will help to save lives through earlier diagnosis, monitoring and treatment, and we are pleased to offer this testing right here in Manitoba."

Patients who have inherited the Lynch Syndrome gene have up to a 60% risk of developing colorectal cancer at some point over the course of their life. Women with Lynch Syndrome have up to a 60% risk of developing endometrial cancer over the course of their life.

"We are very pleased to have been able to support this unique joint effort, which enables genetic testing that can be life-saving," says Annitta Stenning, president and chief executive officer of the CancerCare Manitoba Foundation. "Early detection means a better chance of survival, and Lynch Syndrome testing is one more tool in our arsenal against this deadly form of cancer."



DOLLARS RAISED BY THE KICK BUTT RUN WERE DONATED TO CANCERCARE MANITOBA FOUNDATION IN SUPPORT OF LYNCH SYNDROME TESTING.



## New cancer hubs announced

IN SIXTY continued to bring care closer to home for more Manitobans during the past fiscal year, with the opening of both regional and community cancer hubs in the western and central areas of the province. The \$40 Million initiative is successfully fostering a growing partnership between CancerCare Manitoba and regional health authorities to improve cancer services for all Manitobans.

The newly opened hubs provide expanded cancer services for patients, including improved access, and frontline staff such as Nurse Navigators who will help patients navigate through the complex cancer system. Regional hubs also have a lead clinician, who will be the primary contact for cancer expertise, and will connect local care providers to expert help from CancerCare Manitoba.

The experts who staff cancer hubs will co-ordinate quick diagnosis, treatment and follow-up for patients. The hubs will better co-ordinate care and offer some services close to home, reducing costs for patients who might have otherwise had to travel to Winnipeg to receive diagnosis or treatment.

All front-line staff have received training from CancerCare Manitoba and will support patients at critical transition points, resulting in reduced delays and less stress and worry for patients.

### Hub announcements during the 2013-2014 fiscal year:

**SEPTEMBER 30, 2013:**

**Selkirk** – Which will provide regional support to the newly announced community cancer hubs of Gimli, Pinawa, and to the Eriksdale Community Cancer Resource Centre.

**DECEMBER 16, 2013:**

**Brandon** - The regional cancer hub in Brandon will co-ordinate work at the community cancer program hubs in Deloraine, Hamiota and Neepawa.

**DECEMBER 16, 2013:**

**Dauphin** - The regional cancer hub in Dauphin will co-ordinate work at the community cancer program hubs in Russell and Swan River.

### LEAN Projects at CCMB 2013-2014

The reduction of wait times involves maximizing efficient use of the resources for cancer related diagnostic and treatment services.

At CancerCare Manitoba, seven LEAN projects were launched during the past fiscal year. LEAN Six Sigma is a business improvement system supported through the Manitoba Government's Pursuing Excellence program. The LEAN projects zero in on process improvements to cut out redundancies and wasted effort, while at the same time improving the patient's cancer journey experience and overall satisfaction.

The seven projects, known as Rapid Improvement Events (RIE's) include:

#### Managing gastrointestinal referrals

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To determine the cause of delays in processing for gastrointestinal referrals and improve communication between system providers, and the patient.

#### De-"MIS'tifying pharmacy admixture turnaround time

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To investigate the turnaround time for the preparation of chemotherapy and determine the cause of delays, with the aim of reducing delays by greater than 50% to achieve a 20 minute turnaround time.

#### Turnaround time to treatment in radiation therapy

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To review the current turnaround time for patients from the point of ready-to-treat to the time of first treatment with radiation therapy. The goal is to reduce that time to 10 days or less.

#### Timely access to chemotherapy

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To create and implement safe, efficient standardized processes for CCMB's two sites (MacCharles and St. Boniface) from the decision to treat, to booking and attendance of first chemo treatment appointment. The aim is to reduce delays by 50% or greater and eliminate missed or wasted appointment bookings.

### STUF-FX

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To reorganize chemotherapy treatment stations, by reducing clutter, over-ordering, and improve organization of treatment supplies. The goal is to reduce supply costs, the amount of time staff search for supplies, and to improve utilization of limited space.

### Just what the doctor ordered

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To standardize and improve processes regarding physician orders for tests, return visits, and procedures. The goal is to improve patient safety through fewer missed appointments or incorrect orders, as well as improving clerical and nursing efficiency.

### Clinical process revival

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To standardize core clinical processes (the key processes that are constant in any clinic regardless of DSG type). The goal is to improve the patient journey through clear, concise communication, and reduce duplication, workarounds.

### Partner LEAN projects:

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CCMB is also participating with other IN SIXTY partners to implement efficiencies across the health care system. Some that have already begun to improve cancer patient flow include:

#### **Expedited referrals from family physicians within 24 hours:**

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Family physicians are asked to send out cancer referrals for further investigation or consultation within 24 hours of a patient visit.

#### **Direct referrals:**

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In order to expedite the diagnostic phase, direct referrals between specialists will reduce the need for patients to have multiple family physician appointments to learn of their test results.

#### **Provincial referral forms:**

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The development and implementation of a common system wide referral /investigation requisition will help to ensure that required information is provided in a consistent form, to reduce errors and improve efficiencies.

CANCERCARE MANITOBA  
CONDENSED STATEMENT OF FINANCIAL POSITION

March 31, 2014, with comparative information for 2013

				2014	2013
	GENERAL FUND	CAPITAL FUND	CLINICAL, BASIC RESEARCH AND SPECIAL PROJECTS FUND	TOTAL	TOTAL
<b>Assets</b>					
Current assets:					
Cash	\$ 3,553,071	\$ –	\$ 15,010	\$ 3,568,081	\$ 5,502,463
Restricted cash	2,082,473	–	–	2,082,473	2,061,761
Short-term investments	9,919,071	–	781,231	10,700,302	2,206,715
Due from Manitoba Health	1,780,150	–	–	1,780,150	6,314,667
Accounts receivable	3,180,206	–	4,716,266	7,896,472	9,379,986
Inter-fund accounts	(3,027,527)	1,985,958	1,041,569	–	–
Prepaid expenses	617,588	–	–	617,588	579,303
Vacation entitlements receivable	1,730,141	–	–	1,730,141	1,730,141
	19,835,173	1,985,958	6,554,076	28,375,207	27,775,036
Restricted cash	5,898,730	–	–	5,898,730	3,673,087
Retirement entitlement obligation receivable	1,419,400	–	–	1,419,400	1,419,400
Investments	8,229,885	–	3,263,003	11,492,888	9,983,921
Capital assets	–	55,435,339	1,575,073	57,010,412	60,866,393
	\$ 35,383,188	\$ 57,421,297	\$ 11,392,152	\$ 104,196,637	\$ 103,717,837
<b>Liabilities, Deferred Contributions and Fund Balances</b>					
Current liabilities:					
Accounts payable and accrued liabilities	\$ 14,978,531	\$ –	\$ 13,416	\$ 14,991,947	\$ 14,926,168
Due to Manitoba Health	6,859,140	–	–	6,859,140	1,175,204
Deferred contributions - expenses of future periods	2,434,479	–	–	2,434,479	2,618,408
	24,272,150	–	13,416	24,285,566	18,719,780
Deferred contributions - capital assets	–	57,260,848	979,314	58,240,162	63,421,525
Employee future benefits	7,770,000	–	–	7,770,000	7,332,590
	32,042,150	57,260,848	992,730	90,295,728	89,473,895
Fund balances:					
Invested in capital assets	–	160,449	595,759	756,208	538,340
Externally restricted	–	–	9,007,001	9,007,001	9,013,173
Internally restricted	2,082,473	–	845,465	2,927,938	3,002,161
Unrestricted	1,289,512	–	–	1,289,512	1,759,746
	3,371,985	160,449	10,448,225	13,980,659	14,313,420
Accumulated remeasurement gains (losses)	(30,947)	–	(48,803)	(79,750)	(69,478)
	3,341,038	160,449	10,399,422	13,900,909	14,243,942
	\$ 35,383,188	\$ 57,421,297	\$ 11,392,152	\$ 104,196,637	\$ 103,717,837

CANCERCARE MANITOBA ADMINISTRATIVE COSTS

Summary of Administrative Expense

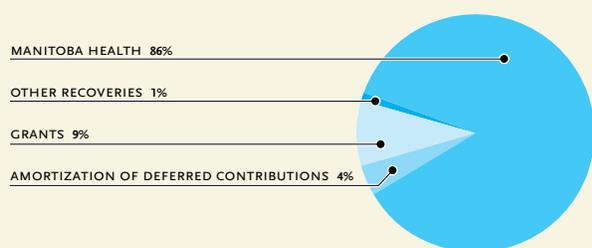
	PERCENTAGE OF TOTAL 2013-14 EXPENSES	PERCENTAGE OF TOTAL 2012-13 EXPENSES
Corporate	2.3	2.4
Patient-Care Related	0.6	0.7
Human Resources and Recruitment	0.8	1.0
<b>Total</b>	<b>3.7</b>	<b>4.1</b>

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.

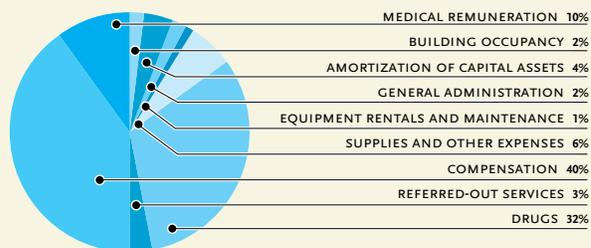
CANCERCARE MANITOBA  
CONDENSED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

Year ended March 31, 2014, with comparative information for 2013				2014	2013
	GENERAL FUND	CAPITAL FUND	CLINICAL, BASIC RESEARCH AND SPECIAL PROJECTS FUND	TOTAL	TOTAL
<b>Revenue:</b>					
Manitoba Health	\$ 125,542,268	\$ –	\$ 408,149	\$ 125,950,417	\$ 117,699,742
Other recoveries	1,815,509	–	–	1,815,509	1,452,740
Grants	–	–	13,498,472	13,498,472	13,631,785
Amortization of deferred contributions	197,930	5,514,533	257,330	5,969,793	5,656,678
	127,555,707	5,514,533	14,163,951	147,234,191	138,440,945
<b>Expenses:</b>					
Compensation	50,663,386	–	8,330,614	58,994,000	57,360,628
Medical remuneration	14,616,184	–	–	14,616,184	14,738,518
Building occupancy	2,846,310	–	–	2,846,310	1,899,057
Amortization of capital assets	–	5,514,533	431,360	5,945,893	5,820,955
General administration	3,175,857	–	–	3,175,857	3,385,825
Equipment rentals and maintenance	1,221,034	–	94,778	1,315,812	1,533,730
Supplies and other departmental expenses	4,422,533	–	5,233,447	9,655,980	9,558,967
<b>Drugs:</b>					
Provincial oncology drug program	41,997,059	–	–	41,997,059	35,808,240
Neupogen	4,012,495	–	–	4,012,495	3,541,610
Other	1,056,193	–	–	1,056,193	1,085,378
Referred-out services	4,307,320	–	116,024	4,423,344	4,178,466
	128,318,371	5,514,533	14,206,223	148,039,127	138,911,374
Deficiency of revenue over expenses before the undernoted investment income	(762,664)	–	(42,272)	(804,936)	(470,429)
Investment income	348,983	–	192,670	541,653	549,514
Excess (deficiency) of revenue over expenses	(413,681)	–	150,398	(263,283)	79,085
Fund balances, beginning of year	3,785,666	160,449	10,297,827	14,243,942	14,234,335
Fund balances, end of year	\$ 3,371,985	\$ 160,449	\$ 10,448,225	\$ 13,980,659	\$ 14,313,420

Total Revenues for the Year ended March 31, 2014



Total Expenses for the Year ended March 31, 2014



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 CancerCare Manitoba'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, 2014, on which KPMG LLP expressed an opinion without reservation in their report dated June 19, 2014. The complete set of financial statements can be downloaded at [www.cancercare.mb.ca](http://www.cancercare.mb.ca)

## Board of Directors

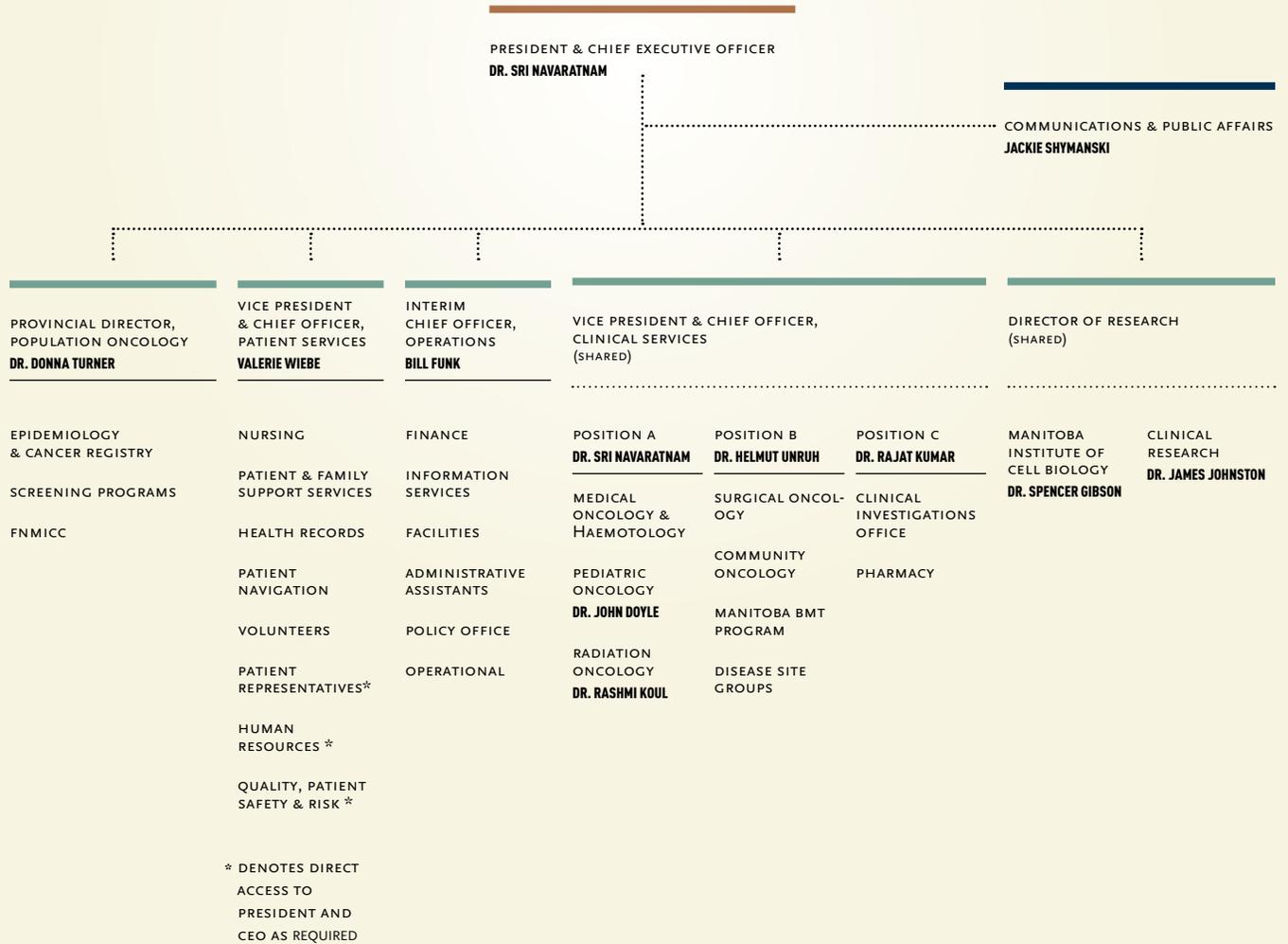
Dr. Arnold Naimark*	Ms. Judith Baldwin
CHAIR	Ms. Elaine Bishop
Mr. Gregory J. Tallon	Ms. Susan Boulter
VICE-CHAIR	Mr. George Campbell
Ms. Alyson Kennedy	Dr. John Foerster
SECRETARY	Dr. Gary Glavin
Ms. Barb Lillie	Ms. Gina Guiboche
TREASURER	Ms. Deanne Heathcote
	Mr. Don MacDonald
	Ms. Anna Maria Magnifico
	Ms. Sara Mazur
	Ms. Teresa Mrozek
	DESIGNATE OF MINISTER OF HEALTH
	Ms. Gloria Paziuk
	Ms. Wendy Rudnick
	Ms. Dolores Samatte
	EX-OFFICIO
	Dr. Dhali Dhaliwal
	PRESIDENT & CEO, CCMB (UNTIL DECEMBER 2013)
	Dr. Sri Navaratnam
	PRESIDENT & CEO, CCMB (AS AT JANUARY 2014)
	Dr. Shahida Ahmed
	PRESIDENT, MSA, CCMB
	GUESTS
	Ms. Annitta Stenning
	PRESIDENT & CEO, CANCERCARE MANITOBA FOUNDATION
	Ms. Valerie Wiebe
	VICE PRESIDENT & CHIEF OFFICER, PATIENT SERVICES (CCMB)
	Mr. Bill Funk
	INTERIM CHIEF OPERATING OFFICER (CCMB)
	CANCERCARE MANITOBA WISHES TO THANK:
	Dr. Trish Magsino Barnabe
	Mr. Lorne DeJaeger
	Ms. Bonnie Hoffer-Steiman
	Mr. Ben Lee
	Mr. David Popke
	Dr. Fred Shore
	FOR THEIR DEDICATION AND COMMITMENT TO CANCERCARE MANITOBA AND MANITOBANS DURING THEIR TERM OF SERVICE ON THE CCMB BOARD OF DIRECTORS.

## Board Committees

ADVISORY MEDICAL BOARD	COMMUNICATIONS & PARTNERS RELATIONS COMMITTEE
Dr. John Foerster	Mr. David Popke
CHAIR	ACTING CHAIR
Dr. Arnold Naimark	Ms. Judith Baldwin
EX OFFICIO	Mr. Don MacDonald
FINANCE AND AUDIT COMMITTEE	Ms. Anna Maria Magnifico
Ms. Barb Lillie	PARTNER REPRESENTATIVE
CHAIR	Mr. Bob Jones
Ms. Alyson Kennedy	COMMUNITY ADVISORY COUNCIL
Mr. Don MacDonald	Ms. Bonnie Hoffer-Steiman
Ms. Sara Mazur	CHAIR UNTIL DECEMBER 2013
COMMUNITY REPRESENTATIVE	Ruth Loewen
Dr. Keith Findlay	INTERIM CHAIR AS AT JANUARY 2014
PLANNING COMMITTEE	Ms. Gloria Paziuk
Ms. Susan Boulter	Ms. Dolores Samatte
CHAIR	COMMUNITY REPRESENTATIVES
Mr. Greg Tallon	Mr. Keith Boyd
Mr. George Campbell	Ms. Erin Crawford
COMMUNITY REPRESENTATIVES	Ms. Pam King
Ms. Vera Derenchuk	Ms. Beverly Laurila
Mr. Martin Hak	Ms. Connie
Professor Richard Johnson	Magnusson-Schimnowski
Mr. Ben Lee	Dr. Deirdre O'Flaherty
PARTNER REPRESENTATIVE	Ms. Jeanine Roy
Ms. Annitta Stenning	Dr. Janice Safneck
QUALITY & PATIENT SAFETY COMMITTEE	Dr. Marilyn Singer
Ms. Anna Maria Magnifico	Ms. Heather Watson
CHAIR	NOMINATIONS & GOVERNANCE COMMITTEE
Ms. Elaine Bishop	Mr. Don MacDonald
Mr. Don MacDonald	CHAIR
Ms. Gloria Paziuk	Mr. Greg Tallon
Ms. Dolores Samatte	COMMUNITY REPRESENTATIVES
COMMUNITY REPRESENTATIVES	Mr. Lorne DeJaeger
Mr. Bill Daviduk	Mr. David Popke
Ms. Vera Derenchuk	Dr. Tom Hack

\* DENOTES THE CHAIR IS A MEMBER  
OF EACH COMMITTEE BY VIRTUE OF  
HIS POSITION

# Organizational Chart





*Together we can*

**KICK  
CANCER**

CancerCare Manitoba Foundation raises funds exclusively for CancerCare Manitoba (CCMB). Since 2000 the Foundation has donated more than \$85 Million to CCMB to support their vision of reducing the impact of cancer on all Manitobans.

Again this year thousands Manitobans entrusted us with their donations. We are stewards of these dollars and are proud each year to tell donors exactly how and where their money is spent. This report is for the fiscal year ending March 31, 2014.

# Together

This has been an exceptional year at CancerCare Manitoba Foundation. Thousands of Manitobans entrusted us with their donations and thousands more supported and sponsored our signature and community events. We have worked hard each year to earn this trust and are eternally grateful for your support. Thank you!

Your generosity allowed CancerCare Manitoba Foundation to provide over \$5.5 million in funding to CancerCare Manitoba (CCMB) this year to support more than forty separate projects. Since the year 2000, the Foundation has contributed more than \$85 million to support prevention, research, clinical trials, equipment purchase, and patient care.

In the pages ahead you will read the story of Nicolina Ammazzini, a three year old cancer survivor treated at CancerCare Manitoba. She jumps, slides and plays like most other kids her age and is expected to live a healthy, normal life. Her story inspires all of us. You will also read the story of Thomas Sontag, who shares his story of being the “luckiest guy on earth...with terminal brain cancer”. Thomas is living beyond his original best-scenario prognosis by more than two years and expresses his gratitude for what he calls amazing care at CancerCare Manitoba.

We share these two stories to illustrate why the Foundation’s work is so important and why donations and support from thousands of Manitobans makes a real difference for real people.

This year 6,300 Manitobans received a cancer diagnosis and forecasts show this number is expected to increase by 50% over the next two decades. More Manitobans will need cancer services and the Foundation will need your continued support to help CCMB keep ahead of this terrible disease.

We invite you to join us in helping Manitobans and their families who are facing a cancer diagnosis.

Sincerely,



**Janice Filmon**  
CHAIR  
CANCERCARE MANITOBA  
FOUNDATION

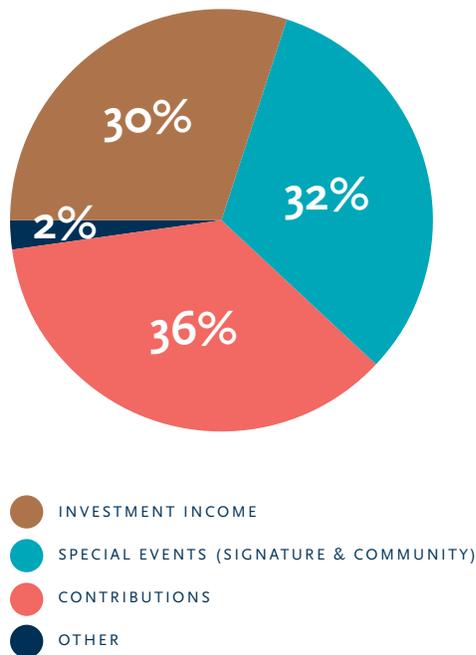


**Annitta Stenning**  
PRESIDENT & CEO  
CANCERCARE MANITOBA  
FOUNDATION

# Sources of funding

This fiscal year the Foundation earned over \$10.8 Million in revenue from investment income, community and Signature Events, contributions and other income.

## Sources of funds for 2013-2014 fiscal year



THE INSIDE RIDE



CHALLENGE FOR LIFE WALKERS ASSEMBLE AT ASSINIBOINE PARK

### Contributions

This year, thousands of individual donors contributed to CancerCare Manitoba Foundation, accounting for 36% of total revenue. From the brother who donated over the holiday season to thank CCMB for the treatment provided to his sibling, hundreds who donated in memory of a loved one lost to the disease, or the many Manitobans who left a legacy gift in their estate, every dollar counts.

### Community Events

More than 400 community events registered with CancerCare Manitoba Foundation, raising more than \$1.5 Million. Approximately 20% of the events began as one-time events and have gone on to become annual events.

### Investment Income

Investment income accounted for approximately 30% of total revenue in fiscal 2014. The funds are managed by Great-West Life Investment Management, Invesco, Jarislowsky Fraser Ltd, and Phillips, Hager & North Investment Management. Our Custodian is CIBC Mellon Global Security Services Co.



DASHMESH DARBER BREAST CANCER AWARENESS STUDENT LUNGAR



KICK BUTT WALK



COFFEE HOUSE TO END CANCER



GUARDIAN ANGEL FASHION SHOW



DRAGON BOAT FESTIVAL



BOTTOMS UP COMMITTEE  
BRAD OSWALD, CHAIR (2ND FROM LEFT BACK ROW)

## Signature Events

CancerCare Manitoba Foundation held four Signature Events this fiscal year.

### Bottoms Up Evening for Colorectal Cancer

Bottoms Up - a cocktail style reception and comedy event attracted Winnipeg's professional and community leaders in a fun and sophisticated atmosphere at the Fort Garry Hotel and raised over \$70,000. Comedian Steve Patterson who is often described as part Jon Stewart and part Robin Williams, added to the fun with his unique arsenal of wit, sarcasm and song. The event organized by a volunteer committee headed by cancer survivor Brad Oswald, raises funds for colorectal cancer awareness, screening, and patient care exclusively in Manitoba.

### Challenge for Life (CFL)

The CFL raises funds for all cancers and provides an opportunity for participants to reduce their risk of cancer by improving their personal fitness. This year more than 560 walkers raised a record \$1.2 Million for the Foundation thanks to support from thousands of individual donors. In its six year history CFL has raised more than \$6 Million.

### FMG Manitoba Dragon Boat Festival

CancerCare Manitoba Foundation and the Children's Hospital Foundation of Manitoba partnered to raise funds for research, care and support for those most vulnerable of all - Manitoba kids with cancer. Nearly 100 teams and 2,500 paddlers raised nearly \$300,000 to help support pediatric clinical trials and other projects.

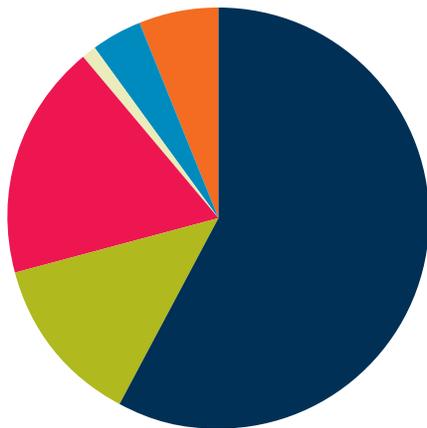
### Guardian Angel Benefit for Women's Cancer

Chaired by Ida Albo and a volunteer committee, Manitoba's Largest Tea Party and Fashion Show raised close to \$400,000 to support women's cancer. This year more than 1,300 guests were motivated by actress and cancer survivor Fran Drescher. The gala evening was highlighted by cancer survivors who modelled the latest fashions – a celebration of their personal bravery and determination.

# Your money at work

This fiscal year CancerCare Manitoba Foundation provided \$5.5 Million in grants to CancerCare Manitoba. Your dollars were put to work right here in our province, making a real difference for Manitobans and their families living with cancer. More than 50 specific projects were funded. The complete list can be found on the Foundation's website [www.CancerCarefdn.mb.ca/AboutUs](http://www.CancerCarefdn.mb.ca/AboutUs)

## CancerCare Manitoba Foundation grant allocation to CCMB 2013-2014



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

As stewards of your important donations, the CancerCare Manitoba Foundation Board considers peer-reviewed research and program proposals from CancerCare Manitoba that fit with their strategic plan. Funding requests are rigorously reviewed by the Foundation's Projects, Grants & Awards Committee and, if approved, are forwarded to the Finance Committee and then to the Board. The adjacent graph shows how the grants were allocated this fiscal year.

Nearly 80% of the Foundation's funding supports research, equipment and clinical trials. At the Foundation we believe support for research and clinical trials is essential in attracting and retaining the *best and brightest* cancer specialists and this is shown to result in improved outcomes for patients.

This year 6,300 Manitobans received a cancer diagnosis and more than 2,600 died from the disease. Our goal in supporting research is to increase the survival rate and where survival is not possible, to increase the length of time patients are living with the disease. We are motivated by recent statistics that show 63% of Canadians diagnosed with cancer are living five years after diagnosis. This is an improvement of more than 7% over the last dozen years; an indication that research and treatment are improving outcomes for many patients.

At the Foundation, we see the impact of the great work at CCMB every day. We are privileged to meet many amazing people who share their stories and are honoured to share a couple of stories with you in these pages. These are only two of the many that inspire us each day.

# Long term impact

CancerCare Manitoba is having a major impact on cancer in Manitoba. Since the Foundation made its first grant in the year 2000, total funding to CancerCare Manitoba exceeds \$85 Million.

## What does this mean for Manitobans?

- More Manitobans are living five years after a cancer diagnosis
- The ability for CCMB to attract and retain the *best and brightest* cancer specialists and provide Manitobans with world-leading treatment and services
- Caring support for patients and families during the most difficult times of their lives
- Break-through research that benefits Manitobans
- Education to help Manitobans reduce their risk of cancer
- The ability for patients who qualify to participate in a clinical trial – and gain the enhanced outcomes that may result
- A world-class tumour bank accessible to researchers across Manitoba and the world that may improve outcomes for all cancer patients
- Better access to cancer treatment and services throughout the province

## Nicolina Ammazzini

Jumping, sliding, laughing, living

I'm just a kid but my dad says "I'm a fighter". Good thing because around my second birthday I had these weird lumps on my tummy – my pediatrician was worried – it was a Tuesday. My mom cried and kept crying. It all happened so fast. I had an ultrasound on Thursday and I remember the gooey stuff tickled. I remember the look on my mom's face when the doctor said I had tumors on my kidneys. He thought it might be cancer. My mom cried and kept crying. On Friday I went for blood tests and we met our Oncologist a few hours later at CancerCare Manitoba. Dr. Doyle said it was a strong possibility I had bilateral Wilms tumors and told my mom and dad the treatment options. It was not a good week for our family.

Monday a CT scan confirmed the diagnosis and the nurse put a Central Line in me that would stay there a long time. Six weeks of chemotherapy helped but the Doctor thought six weeks more were needed before surgery would be possible. We spent Valentine's Day (February 14) in surgery followed by radiation treatments and yes, more chemotherapy.

My dad was the strong one. He didn't fuss over me and that made me feel like a regular kid, although regular kids don't have cancer when they are two years old. I saw the Doctor again on August 19, 2014 - he said I was going to be OK. A week later I got the Central Line taken out. My mom cried again that day and then she stopped – and we went to the waterslides and had popsicles. I love popsicles!

Now we have a trampoline and a slide in our backyard and me and Matteo (my older brother) jump and slide all the time. Here's a picture of me jumping – look how high I can go!



# Thomas Sontag

A journey of love, hope,  
and gratitude



Many people experience a turning point in their life – an instant when everything changes. For Thomas Sontag, it was on December 4, 2010. That’s the day he learned he had terminal brain cancer.

“There are no words to describe that moment,” says Thomas. “I didn’t know what to do. I was shocked.”

Thomas was 26 years old when he was diagnosed with glioblastoma multiform, a fast-growing type of malignant (meaning cancerous) brain tumour. What followed is a journey that, while difficult, is filled with love, hope, and gratitude.

Thomas’ top priority after learning that he had as little as three months to live was to marry girlfriend Nicole. He describes the wedding as beautiful, but not typical. “We didn’t worry too much about things like bridesmaid dresses...it was about us.” Together, with support from Nicole’s parents, they helped each other through the radiation and chemotherapy treatments that followed the cancer-revealing craniotomy. “She’s everything to me,” says Thomas, adding that loved ones often have an understated role. “Nicole has had just as much or more impact from this cancer.”

Thomas is also quick to thank his colleagues at WOW Hospitality Concepts. “My work family is very special”, adds Thomas. “Doug and everyone at WOW, work hard to build a culture of caring and it is evident every day. They have been with me from day one of this journey and I can’t thank them enough for their support and love.”

Barely missing a beat, Thomas completed the Bachelor of Arts degree that he was working on at the University of Manitoba. He also went on to earn a Bachelor of Commerce degree and receive a medal of excellence for highest standing in one of his two majors. Incredibly humble, Thomas credits his medical team for helping him to manage treatment side-effects. “I was sick only once and they immediately re-worked my meds so I didn’t have to miss classes.”

Thomas has an unyielding optimism that helps him find joy in the regular things in life. “I don’t get upset about traffic or petty things,” he says. “I have so much to appreciate.” He goes for MRI scans every three months so that doctors can monitor the portion of the brain tumour that couldn’t be removed. He and his wife also meet with a social worker who helps them manage the emotional journey. Thomas is quick to express his gratitude for what he calls amazing care. “I’m totally indebted to the medical staff and (financial) donors. I wouldn’t be alive today if not for them.”

Thomas has surpassed his original best-scenario prognosis by more than two years. “It’s always there and, at some point, it will likely grow,” he says, referring to the tumour. “But I don’t see myself as sick – it’s just my new reality.”

## 2013-2014 CancerCare Manitoba Foundation Board of Directors and Committees

### CancerCare Manitoba Foundation Board

#### Executive Officers

Janice Filmon, C.M., O.M., LLD  
CHAIR

Doug Harvey  
VICE CHAIR

James W. Burns, O.C., O.M.  
SECRETARY

Hal Ryckman  
MARKETING CHAIR

Dr. Emőke J.E. Szathmáry,  
C.M., O.M., Ph.D.  
PROJECTS, GRANTS & AWARDS CHAIR

Annitta L. Stenning  
PRESIDENT & CEO

Robert G. Puchniak  
TREASURER & FINANCE CHAIR

#### Directors

Ida Albo

Keith Boyd

Gary Buckley

Dr. Joanne Embree, M.D., FRCPC

Dr. Mark Evans, Ph.D.

Paul Mahon

Jeffrey Morton FCA ICD.D

Glen R. Peters

Raymond L. McFeetors  
DIRECTOR EMERITUS

Andrew B. Paterson  
DIRECTOR EMERITUS

Ken Cranston

#### CCMB Board Representatives

Dr. Arnold Naimark, M.D., O.C., O.M.,  
CHAIR

Greg Tallon  
VICE CHAIR

Alyson Kennedy, CA, CFP  
SECRETARY

Barb Lillie, CA  
TREASURER

Dr. Sri Navaratnam,  
PRESIDENT AND CEO



2013-2014 CANCERCARE MANITOBA FOUNDATION  
BOARD OF DIRECTORS

### CancerCare Manitoba Foundation Committees

#### Projects, Grants and Awards Committee (PGAC)

Reviews all grant applications and makes recommendations to the Board concerning the distribution of donor dollars to support the work of CancerCare Manitoba.

Dr. Emőke J.E. Szathmáry,  
C.M., O.M., Ph.D.,  
CHAIR

Keith Boyd

Dr. Joanne Embree,  
M.D., FRCPC

Dr. Digvir S. Jayas

Dr. Ian Smith

Dr. Barbara Triggs-Raine

Janice Filmon, C.M., O.M., LLD  
(EX OFFICIO)

Dr. Sri Navaratnam

Dr. Spencer Gibson  
(EX OFFICIO)

Annitta L. Stenning  
PRESIDENT & CEO

#### Finance Committee

Reviews the Foundation's financial position and makes recommendations to the Board concerning the management of capital funds and investments and the annual budget.

Robert G. Puchniak  
CHAIR

Rick Abbott

Gary Buckley

Ken Cranston

Jeffrey Morton FCA ICD.D

John Smith

Janice Filmon, C.M., O.M., LLD  
(EX OFFICIO)

Annitta L. Stenning  
PRESIDENT & CEO

#### Marketing Committee

Reviews the annual marketing plan and makes recommendations to the Board concerning the development of new revenue sources.

Hal Ryckman  
CHAIR

Ida Albo

Shawna Balas

Dr. Mark Evans, Ph.D.

Marty Fisher

Janice Filmon, C.M., O.M., LLD  
(EX OFFICIO)

Annitta L. Stenning  
PRESIDENT & CEO

# Awards and achievements

## Awards

**Dr. Harvey Chochinov's** work in palliative care is recognized by one of Canada's highest honours: Dr. Chochinov was named an Officer of the Order of Canada, as a result of his efforts to bring caring and compassionate care to those nearing end of life.

**Jodi Hyman** of the Community Cancer Program Network was named Canadian Oncology Nurse of the Year 2013 by the Canadian Association of Nurses in Oncology (CANO), for recognition of an oncology nurse who consistently demonstrates the highest level of nursing and leadership.

**Erin Streu** won CANO's Pfizer Award for Excellence in Nursing Clinical Practise for 2013. The awards recognizes oncology nurses who have made significant contributions to improving oncology care on an agency, community and provincial level, and in translational research.

**Dr. Donna Wall** received the Schilly Award from Canadian Blood Services. Recipients of the Schilly Award are individuals, groups or organizations whose contributions to the Canadian blood system, OneMatch Stem Cell and Marrow Network within Canadian Blood Services have been extraordinary.

For her work on 3D Nuclear Telomere Imaging in Alzheimer's Disease, **Dr. Sabine Mai** from the Manitoba Institute of Cell Biology was named a finalist of the Cognition Challenge supported by the Consulate General of Canada in partnership with Johnson & Johnson.

Congratulations to **MICB's Nikki Ryan** for winning the 2013 Merit Award for MICB for her hard work and dedication to managing our grant money.

The Manitoba Medical Service Foundation in conjunction with the St. Boniface Hospital Research Centre has selected **Dr. Versha Banerji** as the 11th Annual MMSF / SBRC Richard Hoeschen Memorial Award recipient.

**MICB's Eileen McMillan-Ward** received the Karol McNeill technician award from U of M. The award honours an outstanding technician in health sciences based on prolonged service, scientific excellence, leadership and mentorship. Eileen also won the 2014 Merit Award for her tireless work organizing the kids Hallowe'en party as well as her research in the Israels' lab on platelet activation.

Congratulations to **Daniel Huang**, a Grade 11 student at St Johns-Ravenscourt high school and trainee in Dr. Spencer Gibson's lab, who placed 2nd in the Sanofi BioGENEius Challenge. Daniel studied ways of making drug treatment more effective for brain cancer.

Congratulations to **Che Eun**, a high school student of Dr. Yvonne Myal's, who received the 2013 Genome Canada Prairie Award at the Sanofi-Aventis BioTech Challenge.

Congratulations to **Michael Xu**, high school student of Dr. Sabine Mai's, who received the gold medal and the best individual health sciences project award at the senior level at the Manitoba Student Science Symposium and won a gold medal at nationals.

## Achievements

Congratulations and many thanks to **Kathy Suderman**, former Administrative Director of CCMB's Radiation Oncology Program, following her retirement after over 30 years of service.

Manitoba Institute of Cell Biology's **Eileen Mckenzie-Matwiy** and **Liz Henson** met Prince Charles and Camilla, Duchess of Cornwall. Eileen and Liz were key supporters of a research project initiated by sixth grade school students from Argyle, Manitoba, who launched yeast cells and green tea into space last year to study anti-oxidant effects. The students presented their results to the royal visitors.

## THE PUBLIC INTEREST DISCLOSURE ACT

*(Whistleblower Protection Act)*

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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 fiscal year 2013-2014: 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 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



CancerCare Manitoba  
2013-2014 Progress Report

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**Questions?**

Email: [PublicAffairs.Communications@cancercare.mb.ca](mailto:PublicAffairs.Communications@cancercare.mb.ca)