A close up of a logo

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**MARATHON OF HOPE CANCER CENTRES NETWORK   
SCIENTIFIC PROGRESS REPORT – OTHER PROJECT**

Scientific progress reports provide information to the Terry Fox Research Institute (TFRI) about the developments and achievements of research teams against the Research Project Grant Agreement (RPGA). This information feeds into reports to Health Canada. “Other projects” should use this template – these projects are those that are **not generating cases** for inclusion in the Gold Cohort. MOHCCN competition awardees (Clinician-Scientist, Health Informatics & Data Scientists, etc) should not use this template.

**Submission Date: 6-month:** October 31, 20XX / **Year-End:** April 30, 20XX

Please replace “Template” in the file names with the RPGA number.

**Submit to:** [**mohreporting@tfri.ca**](mailto:mohreporting@tfri.ca)

**RPGA # & Title:** #### - Title

**Lead Principal Investigator(s) Name(s), Site, RPGA #:**

**Collaborating Researcher Names, Sites, RPGA #s:**

**Period Covered (select one and complete years):**

April 1, 20XX to September 30, 20XX

October 1, 20XX to March 31, 20XX

**Report Submitted By:** Name, Email Address

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| **Highlights** |
| Using bullet points, list major achievements made during the reporting period. Include updates on work supported by strengthened infrastructure and the development of governance structures. |
| * Insert text here. |

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| **Project Goals, Objectives & Milestones** | | | | |
| Provide updates on the activities and deliverables/outcomes set in the Research Project Grant Agreement (RPGA). Add rows as needed. | | | | |
|  | **Activity** | **Deliverable/Outcome** | **Ongoing (Y/N)** | **Date Completed** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| Insert comments here. | | | | |
| Describe any barriers to progress on RPGA activities, including policies or strategies discussed and the outcomes. | | | | |
| Insert text here. | | | | |

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| **Success & Impact Stories** |
| Please share success and impact stories, including on collaboration, data sharing, patient outcomes, etc.  **If your project involves patients and any of them are interested in sharing their experience participating in your research project (in writing or other format), please include a note here or contact Véronique LeBlanc (**[**vleblanc@tfri.ca**](mailto:vleblanc@tfri.ca)**) directly.** |
| Insert text here. |

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| **Future Work Plan** |
| **For six-month report:** Comment on the plan in place to complete your project targets by the end of fiscal year. Include any alterations to work plan goals and milestones. |
| **For fiscal year-end report:** Itemize strategies, plans, arrangements, and funding for follow-on research, development and implementation of the project’s outcomes. |
| Insert text here. |

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| **Project Budget** | | | | |
|  | **TFRI (Health Canada) $ Awarded** | **TFRI (Health Canada) $ Spent** | **Cash Match $ Committed** | **Cash Match $ Spent** |
| **FY25** |  |  |  |  |
| **Variance** |  | |  | |
| Describe the experience of obtaining and spending your TFRI (Health Canada) funds, including reasons for success, difficulties, variances in spending, delays in spending, etc. | | | | |
| Insert text here. | | | | |
| Describe the experience of obtaining and spending your Cash Match funds, including reasons for success, difficulties, variances in spending, delays in spending, etc. | | | | |
| Insert text here. | | | | |
| How much of your match expenditures were from new cash received versus from existing funding or retrospective expenses? | | | | |
| Insert text here. | | | | |
| Comment on all activities initiated to obtain Cash Match funds from new eligible sources. Please provide concrete examples (ex. interactions with Foundations). | | | | |
| Insert text here. | | | | |

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| **Precision Oncology Impact** |
| MOHCCN’s mission is to innovate and implement the world’s most advanced and effective precision medicine for cancer network – treating Canadians across the nation with a Canadian science and technology solution. To relate back to the mission, the following section seeks your input on the impact of this project’s work on precision oncology.  If responses to these questions were submitted in a previous report, please copy and paste the text here and make edits as needed. |
| Comment on the gaps, needs and trends in precision cancer medicine that are/will be addressed with knowledge products developed through the project. |
| Insert text here. |
| How will this research project influence future research, particularly in the area of precision cancer medicine? |
| Insert text here. |
| Describe any advances in health promotion, clinical guidelines, health care practices and policies, and delivery of health care services stemming (or that are anticipated to stem) from this research project. |
| Insert text here. |

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| **Other Comments & Points for a Follow-up Review Meeting** |
| Please add other comments here, including any points the team wishes to raise for discussion with TFRI at a follow-up review meeting. TFRI will reach out to schedule a Zoom meeting, if applicable. |
| Insert text here. |

**Appendix 1: Certificates and Co-Funding**

Confirm the status of any project-related certificates required by Host Institutions by checking the applicable boxes below. A copy of the certificates may be required upon audit.

* Have research ethics certificates been renewed?

Yes /  No /  Not applicable

* Have environmental, biohazard, and/or radioactive hazard certificates been renewed?

Yes /  No /  Not applicable

* Have regulatory approvals and amendments for Human Clinical Trial been received?

Yes /  No /  Not applicable

* Are there any changes to co-funding? If yes, please attach related documentation.

Yes /  No /  Not applicable

**Additional Information:**

Provide additional context for any material changes to Institutional approvals.

**Appendix 2: Performance Indicators**

Please only include indicators that are **new** during this reporting period.

1. **Significant New Collaborations**

In the table below, identify the organization of the new partner/collaborator. State whether the purpose of the collaboration is to conduct research (**R**), develop technology or shared resources (**T**), or to implement best practices in cancer medicine (**I**). State whether the scope of the collaboration is targeted to a specific geographic area or group. Use the comment space to provide additional context, if required.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **New Arrangements to Collaborate on Precision Medicine** | | | | |
|  | **Organization**  **(Healthcare, Academic, For-Profit)** | **Purpose of Collaboration**  **(R/T/I)** | **Date Started**  **(dd/mm/yyyy)** | **Scope** |
| *1* | *e.g. University Health Network* | *Shared Genomic Laboratory (T)* | *01/01/2021* | *Regional* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Comments: Insert text here.

1. **Highly Qualified Personnel**

In the table below, summarize the number of trainees recruited. Use the comment space to provide additional context, if required.

**Trainee Type** (can be multiple): **S**cientific, **C**linical, **D**ata, **H**ealth **I**nformatics, **O**ther (specify)

**Gender:** **M**ale, **F**emale, **O**ther, **P**refer not to disclose

**Language of Training:** **F**rench or **E**nglish

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **HQP** | | | | | | | |
|  | **Name** | **Supervisor / Lab** | **Trainee Type (C/S/D/HI/O)** | **Start Date**  **(mm/yyyy)** | **Date Completed (mm/yyyy)** | **Gender**  **(M/F/O/P)** | **Language of Training (F/E)** |
| *1* | *e.g. Smith, Joan* | *Tremblay, Mary* | *HI* | *09/2021* |  | *F* | *F* |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |

Comments: Insert text here.

1. **New Knowledge Products**

In the table below, summarize new knowledge products finalized, presented or published during the reporting period. These knowledge products should address gaps, needs or trends in cancer research and precision cancer medicine. If the product uses MOHCCN data, please append an electronic copy for the MOHCCN Learning Commons. Use the comment space to provide additional context, if required.

**Type:** **L** = Presentation (including Abstract), **P** = Peer-reviewed publication, **C** = Case study, **R** = Report, **IP** = Patent application/received, **PM** = Patient material

**Audience** (can be multiple): **A**cademic, **C**linical, **H**ealthcare, **Pt** = Patients

**MOHCCN data**: **Y**es (includes MOHCCN data), **N**o

|  |  |  |  |  |  |  |
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| **New Knowledge Products in precision medicine** | | | | | | |
|  | **First Author** | **Short Title** | **Type** **(L/P/C/R/IP/PM)** | **PubMed ID or Date (dd/mm/yyyy)** | **Audience (A/C/H/Pt)** | **MOHCCN Data (Y/N)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

Comments: Insert text here.