

**MARATHON OF HOPE CANCER CENTRES NETWORK
SCIENTIFIC PROGRESS REPORT – PATHFINDER**

Scientific progress reports provide information to the Terry Fox Research Institute (TFRI) about the developments and achievements of projects against the Research Project Grant Agreement (RPGA). This information feeds into reports to Health Canada. This template should be completed by Pathfinder project team members.

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

Please replace “Template” in the file name with “FYXX-6mo” or “FYXX-12mo.”

**Submit to:** **mohreporting@tfri.ca**

**RPGA #s and Sites:**

**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. This includes site-level activities related to infrastructure development, data mapping and data deposition. Describe any knowledge products developed (e.g. Know-how, Intellectual Property, data mapping/ingestion changes). List any new Institutions joining the project during the reporting period. |
| * Insert text here.
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| **Project Goals, Objectives & Milestones** |
| Explain the progress made towards the activities and deliverables/outcomes set in your 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, etc. |
| 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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| **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: Performance Indicators**

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

1. **Significant New Collaborations**

In the table below, identify new Network-affiliated researchers or healthcare decision makers who have joined the project during the reporting period. Provide a descriptor of their role. Use the space for comments to provide additional context, if required.

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| **New Collaborators** |
|  | **Name** | **Affiliation** | **Gender** | **Role** | **Email** |
| *1* | *e.g. Jane Doe* | *UBC* | *F* | *Technology Lead*  | *jdoe@ubc.ca* |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

Comments: Insert text here.

1. **Highly Qualified Personnel**

In the table below, summarize the number of trainees/staff supported through the project budget or through a cash match.

**Type** (can select multiple): **S**cientific, **C**linical, **D**ata, **H**ealth **I**nformatics. If other, please specify

**Date:** Insert month and year started and completed training

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

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

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

Comments: Insert text here.