

**MARATHON OF HOPE CANCER CENTRES NETWORK
SCIENTIFIC PROGRESS REPORT – INDIVIDUAL COHORT**

Scientific progress reports provide information to the Terry Fox Research Institute about the developments and achievements of research teams and feed into reports to Health Canada. Individual cohorts should use this template to report their progress.

**Project Number & Title:** #### - Title

**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, itemize major achievements during the reporting period, such as cases completed, new developments, presentations and publications. |

* Insert text here.

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| **Project Goals, Objectives & Milestones** |
| Explain the progress made towards the deliverables set in your Research Project Grant Agreement (RPGA). Provide additional information on altered or abandoned tasks, and outline challenges faced and why the changes were made, including the process used to reach the decision. |

Insert text here.

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| **Future Work Plan (for the upcoming six months)** |
| **For six-month report:** Comment on the plan in place to complete your project targets by 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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| **Anticipated Outcomes and Impact** |
| Using plain language, briefly comment on the anticipated outcomes and impact of your project, especially on its potential to influence precision cancer medicine either directly or indirectly. |

Insert text here.

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

Please replace “Template” in the file name with the project number.

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

**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 in precision cancer medicine. For the purpose of the new collaboration, state whether it is to conduct research (R), develop technology or shared resources (T), or to implement best practice in cancer medicine (I). Lastly, state whether the scope of collaboration is targeted to a specific geographic area. Use the space for comments to provide additional context, if required.

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| **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 to study precision medicine approaches.

A table key is below.

**Trainee Type** (can select multiple): S = Scientific, C = Clinical, D = Data, and HI = Health Informatics. 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** | **Supervisor / Lab** | **Trainee Type(C/S/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* | *Tremblay, M* | *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 (do not include products previously reported). These knowledge products and best practices address gaps, needs or trends in cancer research and precision cancer medicine; they do not necessarily need to be directly related to the MOHCCN project. If the product does use MOHCCN data, please append an electronic copy for the MOHCCN Learning Commons.

A table key is below.

**Type:** L = Presentation (incl. Abstract), P = Peer-reviewed Publication, C = Case Study, R = Report, IP = Patent appn, PM = Patient material

**Audience** (can select multiple): A = Academic, C = Clinical, H = Healthcare, and Pt = Patients

**MOHCCN data**: Y = Yes (includes MOHCCN data), N = No

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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** | **Audience (A/C/H/Pt)** | **MOHCCN Data (Y/N)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

Comments: Insert text here.