

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

Scientific progress reports provide information to the Terry Fox Research Institute about the developments and achievements of projects and feed into reports to Health Canada. This template should be completed by a Pathfinder project team member.

**Project Number & Title:** ####-## - MOHCCN Pathfinder Phase X

**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

|  |
| --- |
| **Highlights**  |
| Using bullet points, itemize and provide context for progress in individual/site-level activities related to infrastructure development, data mapping and data deposition that were directly or indirectly aided by Marathon of Hope Cancer Centre Network funding. Describe any knowledge products (e.g. Know-how, Intellectual Property, data mapping/ingestion changes) during the period of this report. List any new Institutions joining the project during the reporting period. |

* Insert text here.

|  |
| --- |
| **Project Goals, Objectives & Milestones** |
| Explain the progress made towards the deliverables set in your Research Project Grant Agreement (RPGA). |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Activity** | **Deliverable/Outcome** | **Ongoing (Y/N)** |
| 1 |  |  |  |
| 2 |  |  |  |

1. Insert text here regarding progress of Activity 1.
2. Insert text here regarding progress of Activity 2.

|  |
| --- |
| **Project Management** |
| Report on important issues, policies or strategies discussed, and the outcomes, where available. |

Insert text here.

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

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

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

**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.

|  |
| --- |
| **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.

A table key is below.

**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

|  |
| --- |
| **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.