MARATHON OF HOPE CANCER CENTRES NETWORK CONSORTIUM TERMS OF REFERENCE

British Columbia Cancer Consortium

1. INTRODUCTION

The Marathon of Hope Cancer Centres Network (MOHCCN) unites cancer researchers, clinicians, patients, administrators and other partners across Canada to advance precision medicine research and improve cancer outcomes. The Network facilitates sharing of knowledge and of molecular, clinical and health data and promotes the application of advanced technologies such as genomics, imaging and artificial intelligence (AI) in cancer research and care. Anchored by five regional consortia across all ten provinces, the Network supports national collaboration, aligns investments and drives innovation in cancer care.

Founding consortia from British Columbia, Ontario and Québec initially formed the Network in 2017, with consortia from the Prairie and Atlantic provinces joining subsequently in 2022 and 2023, respectively. Each consortium demonstrated capability in precision oncology research through approved pilot projects funded by the Terry Fox Research Institute and partner foundations. In British Columbia, the Consortium is referred to as the BC Cancer Consortium (BC2C).

BC2C operates under framework outlined in the Designation Application, dated April 8, 2021. The Terms of Reference outlined herein are intended to guide the Network's operations but do not supersede the original framework.

2. PURPOSE AND OBJECTIVE

This document outlines the terms of reference that govern the activities, responsibilities and governance structure of the BC Cancer Consortium. As the Network continues to grow, the primary purpose of the Consortium is to facilitate collaboration among participating cancer centres in their province(s) to achieve the following objectives:

i. Foster interdisciplinary and inter-institutional collaborations.
ii. Facilitate knowledge sharing and dissemination of best practices, enhancing the relevance, quality and consistency of MOHCCN data.
iii. Align Consortium activities with the Network's broader goals and strategic priorities.

3. CONSORTIUM MEMBERSHIP

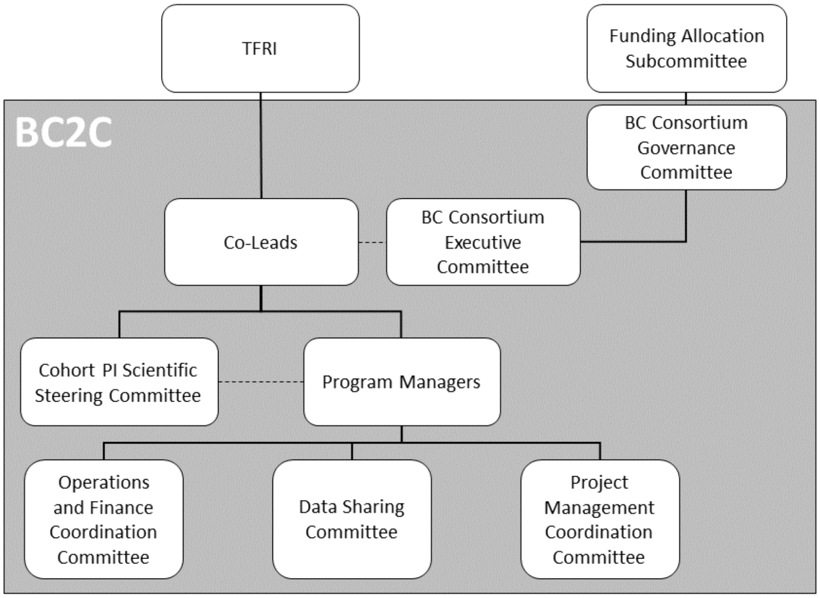
3.1. Membership

The BC2C is governed by principles of inclusion and collaboration. The Consortium consists of representatives from BC Network members, institutional partners within the province, and all members of the participating projects. Qualified cancer researchers may express interest in joining any BC2C committee by contacting the program managers, who will forward the request to the BC2C Executive Committee for review and approval.

4. GOVERNANCE

The Consortium establishes its own governance structure and may appoint councils and committees as needed. Committees provide oversight and guidance and support in planning, developing and implementing policies and processes that uphold effective program governance.

The BC2C has evolved the following governance structure, building on that outlined in the original designation application:



4.1. Consortium Leads

BC2C is led by two Consortium Leads, selected by BC Cancer Senior Executive Director of Research, Dr. François Bénard. The Consortium Leads are responsible for facilitating meetings, coordinating activities, and representing BC2C to TFRI and external stakeholders.

Membership: Drs. Marco Marra and Daniel Renouf

Frequency: The Consortium Leads have a one-on-one meeting weekly, in addition to their other regular BC2C meetings.

4.2. BC2C Executive Committee

The BC2C Executive Committee provides strategic and operational leadership for BC2C's role in the MOHCCN. The BC2C Executive Committee meets weekly to e.g. review progress, develop materials, and provide guidance to the program managers, cohort Principal Investigators, and TFRI on BC2C and MOHCCN. Decisions are made by consensus. The BC2C Executive Committee functions as the Secretariat for BC2C.

Its responsibilities include:

- Fostering a culture of collaboration and best practice sharing within BC2C and across the Network
- Supporting data-sharing initiatives
- Collaborating on documentation of guidelines and processes
- Developing onboarding processes for new projects/cohorts
- Providing operational leadership and troubleshooting for BC2C cohorts
- Facilitating communication with sequencing centres and cohorts
- Organizing and leading intra-consortium meetings

Membership: Dr. Marco Marra, Dr. Daniel Renouf, Dr. Steven Jones, Dr. Christian Steidl, and Karen Lemmen

Frequency: Weekly

4.3. BC2C Governance Committee

The BC2C Governance Committee provides overarching governance and strategic oversight for the consortium. It ensures that major decisions are made with fairness, accountability, equity, and transparency. The committee is responsible for reviewing and approving new cohort proposals, budget allocations, and funding decisions.

Membership: BC2C Executive Committee and Funding Allocation Subcommittee members.

4.3.1. Funding Allocation Subcommittee

As described in the original MOHCCN Designation Application, this subcommittee oversees BC2C finances, reviewing budget proposals from the BC2C Executive Committee and the annual RPGA (Research Program Grant Agreement).

Membership: Dr. François Bénard, Dr. Kim Chi, Dr. Dermot Kelleher, and Dr. Robert McMaster

Frequency: Annually to review the annual RPGA, and as needed to review budget proposals.

4.4. Cohort PI Scientific Steering Committee

Cohort Principal Investigators (PIs) foster peer engagement and play an advisory role for the MOHCCN projects at the local level. PIs submit regular updates on their projects to the group. Key responsibilities include:

- Providing cases and clinical data.
- Submitting cases in a timely manner and ensuring the cases meet MOHCCN standards.
- Ensure the appropriate use and reporting of the TFRI and matched funds.
- Facilitate science within their laboratories to demonstrate the utility of MOHCCN data.

Membership: Marco Marra, Daniel Renouf, Sam Aparicio, Stephen Chia, Juanita Crook, Martin Hirst, Steven Jones, Torsten Neilsen, Aly Karsan, David Schaeffer, David Sanford, David Scott, Christian Steidl

Frequency: Quarterly

4.5. Program Managers / Project Management

Program Managers provide strategic and operational leadership to ensure BC2C meets its goals and aligns with the MOHCCN objectives. They work closely with Consortium Leads, the BC Consortium Executive Committee, the Cohort Principle Investigators and project managers and finance coordinators, and external partners. Key responsibilities include:

- Supporting implementation of BC2C's strategic direction.
- Overseeing case accruals, timelines, budgeting, and reporting.
- Ensuring compliance with funder policies and program guidelines.
- Coordinating core activities (e.g., sequencing, clinical data capture, data ingestion).
- Developing and maintaining operational policies and processes.
- Leading evaluation and onboarding of new projects/cohorts.
- Providing leadership to project and finance staff.

Membership: Alexander Cheong, Jessica Nelson, Shira Yair Sabag

Frequency: Weekly

4.6. Operations and Finance Coordination Committee

This committee manages financial oversight and logistical operations. Responsibilities include:

- Monitoring account spending.

- Tracking case progress.
- Planning match funding allocations.
- Recommending operational changes or optimizations to the BC Consortium Executive Committee.

Membership: Alexander Cheong, Jessica Kum, Karen Lemmen, Debbie Mok, Jessica Nelson

Frequency: Monthly

4.7. Data Sharing Committee

This committee oversees the ingestion of genomic and clinical data into the Consortium's CanDIG instance. Responsibilities include:

- Uploading and formatting data for the platform.
- Following up on missing data from cohorts.
- Guiding cohorts and projects in data collection and generation.

Membership: Javier Castillo Arnemann, Eric Chuah, Courtney Gosselin, Jessica Nelson, Shira Yair Sabag

Frequency: Monthly.

4.8. Project Management Coordination Committee

This committee is responsible for operationalizing BC2C objectives. It provides coordinated oversight of case accruals, budgeting, expenditures, match funding, and timelines. In addition to group meetings, one-on-one meetings are held as needed to support cohort-specific needs.

Project managers and finance coordinators work closely with PIs to support case management and ensure accurate reporting and expensing across MOHCCN-related accounts.

Membership: Sinead Aherne, Alexander Cheong, Anita Fang, Joanna Karasinska, Maya Kevorkova, Esther Kong, Jessica Kum, Jessica Lee, David Maxwell, Debbie Mok, Jessica Nelson, Alexandra Roos, Agnes Sauter, Jenny Song, Joshua Yip, Stephanie Zheng

Frequency: Quarterly, with additional individual cohort meetings as needed

5. ROLES AND RESPONSIBILITIES

5.1. Collaboration

The Consortium is expected to promote regional collaboration between Member Sites, and members are expected to work together to advance Network activities within their region.

5.2. Technology Sharing

Members agree to share relevant data and information that would help move MOHCCN deliverables forward. This could include processes related to case generation (sequencing pipeline), clinical data collection (electronic data capture systems) and data deposition (CanDIG instance), while adhering to data privacy and security regulations.

5.3. Project Development

The Consortium may develop and oversee specific projects or quality improvement initiatives to achieve its objectives.

5.4. Advocacy

The Consortium may advocate for policies and resources that support its goals and objectives at the regional, provincial, and national levels.

5.5. Knowledge Exchange

Members will actively participate in knowledge exchange activities to share best practices, innovations, and research findings.

5.6. Reporting

Consortium members are expected to work together to provide to TFRI cohesive bi-annual reports on the Consortium's overall activities and progress using templates provided. Individual cohorts or projects within the Consortium are also expected to provide to TFRI reports specific to their own activities and progress using templates provided. These reports, or elements of them, will also be shared with other relevant stakeholders.

6. PROJECTS

6.1. New Cohorts

The BC2C Executive Committee will provide training to new Member Sites on processes to onboard new cohorts and continued guidance for the duration of the project(s).

New cohorts are incorporated through the following process:

1. A call for new cohorts is held in the fall (October/November). It is distributed to BC researchers via the Office of Research Administration at BC Cancer and to partner institutions.
2. Interested researchers are given approximately 4 weeks to complete an intake checklist and describe their project.

3. Submissions are reviewed by the BC2C Executive Committee, who assess them for eligibility.
4. If matching funds are requested and are available, eligible projects are submitted to the Funding Allocation Subcommittee for approval.
5. Written notice from the Funding Allocation Subcommittee is sent to approved cohort Principal Investigators.

6.2. Pan-Canadian Projects

Pan-Canadian projects may be conducted at Member Sites that do not contribute other (cohort) cases to MOHCCN. BC2C Executive Committee Institutions will provide initial logistical guidance for Pan-Canadian Projects at the Member Site.

Pan-Canadian Projects led by BC Cancer investigators are directed towards BC Cancer's Technology Development Office (TDO), or their institute's equivocal office, to complete their contracts, and to Canada's Michael Smith Genome Sciences Centre to set up statements of work for genomic analyses.

6.3. Research Ethics and Other Considerations

Each cohort, project or biospecimen-contributing biobank is responsible for ensuring compliance with their Research Ethics Board. Ethics protocols must include the ability to use and share data according to MOHCCN requirements. If the patients within the cohort are not consented for genomic and clinical data sharing, a process for re-consenting or a waiver from re-consent from the REB must be obtained before inclusion in MOHCCN. Member Sites and the BC2C Executive Committee may provide further guidance as appropriate.

BC2C uses the consent guidelines established by MOHCCN for guidance on REB applications. Cohort Principle Investigators are responsible for amending their ethics approvals to align with the MOHCCN guidelines and can request assistance from the BC2C Program Manager(s) as needed.

BC2C is dedicated to establishing, providing and adhering to best practices for data sharing. The BC Cancer REB, Privacy and Security Office and TDO work together to provide guidance to the cohorts and contributed to the current MOHCCN guidelines.

7. DATA

7.1. Genomic Data Generation

Each project/cohort is responsible for its own genomic data generation according to MOHCCN standards, as outlined in the MOHCCN Gold Cohort Policy. The Consortium may provide logistical and technical assistance as needed.

7.2. Clinical Data Collection

Each project/cohort is responsible for collecting and/or coordinating the collection of clinical data to complete the MOHCCN Clinical Data Model for each patient included in that project/cohort. Due to jurisdictional and institutional differences in clinical data access, each Member Site may have different processes for clinical data collection, curation and ingestion.

7.3. Data Ingestion and Sharing

MOHCCN Gold Cohort data, including genomic and clinical data, must be ingested into CanDIG according to the timelines laid out in the MOHCCN Data Access and Use Policy.

The CanDIG team at Canada's Michael Smith Genome Sciences Centre (GSC) will help support clinical data upload to CanDIG when assistance is requested by cohorts or Pan-Canadian project teams.

8. DURATION

8.1. Term

The Consortium's terms of reference are valid indefinitely unless amended or dissolved by its members.

8.2. Amendment Process

Any amendments to these terms of reference must be proposed, discussed, and advanced by the BC Consortium Executive Committee members during a BC Consortium Executive Committee meeting. The terms of reference and any amendments will be shared with Network Council and made available on the MOHCCN website.

8.3. Review Period

These terms of reference shall be subject to periodic review, at a minimum of every two years, to ensure alignment with the evolving needs and objectives of the MOHCCN and its members across the country.

Approved by:

M. Marra

Marco A. Marra, OC, OBC, PhD, FRS(C), FCAHS
Professor, Department of Medical Genetics and Michael Smith Laboratories,
University Killam Professor, University of British Columbia.
Canada's Michael Smith Genome Sciences Centre.

Distinguished Scientist, BC Cancer.
Terry Fox Leader in Cancer Genome Science and BC2C co-lead.
Date: September 18, 2025

Daniel Renouf, BC Cancer Consortium co-lead

Date: