



MARATHON OF HOPE CANCER CENTRES NETWORK CONSORTIUM TERMS OF REFERENCE Prairie 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.

2. PURPOSE AND OBJECTIVE

This document outlines the terms of reference that govern the activities, responsibilities and governance structure of a 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. MEMBERSHIP AND GOVERNANCE

3.1. Membership

The Consortium consists of representatives from participating cancer centres within a province/region. Each member cancer centre designates at least one representative to serve on the Consortium leadership.



3.2. Secretariat

The University of Calgary (UofC) is designated as the Prairie Cancer Consortium (PR2C)'s Secretariat.

The Secretariat is responsible for generating the annual workplans for the MOHCCN based on case commitments from the PR2C Member Sites. The Secretariat coordinates all PR2C cases for sequencing, bioinformatics and digital histology. The Secretariat is also responsible for the purchase of all sequencing reagents and subsequent invoices to each Member Site for products consumed.

3.3. Leadership and Governance

The Consortium is led by one or more Consortium Lead(s), selected by its members. The Consortium Lead(s) is (are) responsible for facilitating meetings, coordinating activities, and representing the Consortium to TFRI and external stakeholders.

The Consortium Lead holds overall responsibility for the PR2C program. The Consortium Lead chairs the PR2C Management Committee (PR2C-MC), which is responsible for planning and managing all of the program's activities.

The PR2C-MC may submit a request to TFRI leadership to change the Consortium Lead or add new Consortium Leads. TFRI may approve this change without peer review of the new leadership team.

The Consortium creates its own governance structure and may appoint councils and committees as needed. Committees may provide oversight and guidance and may help plan, develop and implement policies and guidelines supporting different aspects of program governance. Committee members can include principal investigators, research scientists, clinicians, project managers, technicians, bioinformaticians, post-doctoral fellows, trainees, community representatives and others.

PR2C Management Committee

The PR2C-MC is composed of a multidisciplinary team of investigators and collaborators representing four different, interconnected nodes located in Winnipeg, Saskatoon, Calgary and Edmonton; this includes provincial leads for each of the associated provinces.

The PR2C-MC is responsible for adhering to MOHCCN timelines and for achieving the program's stated milestones. The PR2C-MC reviews progress and finances; plans and approves necessary programmatic changes; approves the contents of the Consortium's



Governance Framework; identifies solutions to problems that might arise in the course of the program; and ensures the Governance Framework is revised as needed. The PR2C-MC meets quarterly and *ad hoc* as necessary via audio or video conferencing to review progress of the overall program and of each node and to discuss other relevant matters. Important decisions (e.g. approval of the Governance Framework or budget) must be approved by more than two thirds (2/3) of the PR2C-MC membership.

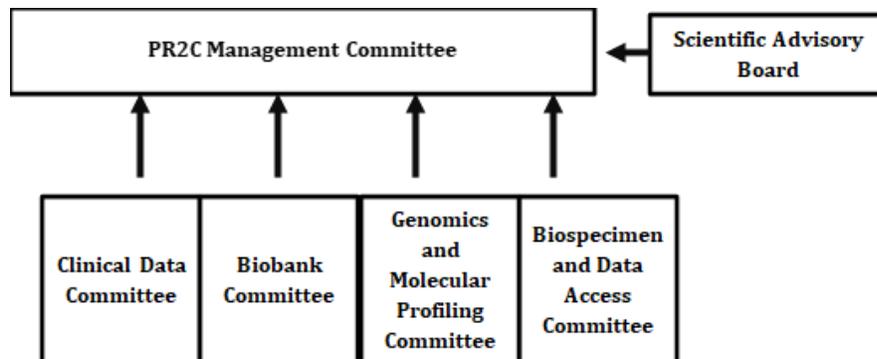
Scientific Advisory Board

PR2C program progress is overseen by a scientific advisory board (SAB) composed of TFRI Executive Committee members, MOHCCN leaders and content experts. The SAB provide advice to PR2C leadership on infrastructure management and project direction and advises TFRI of changes in direction or management required for the Consortium to be successful.

Operational oversight

The following committees ensure oversight of specific operations:

- *Biobank Committee*: Develops, implements, and oversees biospecimen and clinical data collection.
- *Clinical Data Committee*: Oversees clinical database development, clinical data curation, and data management.
- *Genomics and Molecular Profiling Committee*: Oversees and develops genomics and molecular profiling quality control and standards, keeps track of cohort progress, co-ordinates genomic data upload to database, and reports results back to cohorts.
- *Biospecimen and Data Access Committee (BDAC)*: Oversees access to biospecimens, clinical data and molecular data generated by the PR2C program for research purposes. Policies regarding access to PR2C data and biospecimens are detailed in the PR2C Data and Material Access Policy.





3.4. Management and Operations

Reporting to the Consortium Lead, the Project Manager (PM) liaises with the PR2C-MC, members of the project teams and Member Sites to plan and initiate meetings, monitor budgets, maintain documents and generate and disseminate progress and finance reports for the PR2C-MC, funders and other stakeholders. The PM also facilitates internal and external program-related communication and works with the various committees to ensure required processes are being developed, implemented and adhered to.

Consortium meetings occur monthly and are attended by PR2C leadership (Institutional Leads), platform representatives (sequencing, bioinformatics, molecular profiling, biobanking, digital histology), cohort leads or representatives and administration (project manager(s), finance personnel). The meetings include a discussion of a wide array of topics depending on need, including but not limited to: new cohort onboarding, timelines, guidelines, sample processing workflows, financial and scientific reporting, return of results to cohorts and communications from MOHCCN.

3.5. Treasury

The Secretariat receives additional support to coordinate onboarding and provide continued support to Member Sites. Secretariat Institutions are not responsible for providing match funds to any other Member Sites, although they may do so at their discretion.

3.6. New Member Sites

All new Member Sites within the Prairie provinces are strongly encouraged to join the PR2C. Prospective Member Sites wishing to join the Consortium must contact PR2C leadership to initiate the process. New Member Sites must sign the PR2C Consortium Agreement and agree to the PR2C Governance and Framework Policy and Materials and Data Access Policy.

4. ROLES AND RESPONSIBILITIES

4.1. Collaboration

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

4.2. 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.



4.3. Project Development

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

4.4. Advocacy

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

4.5. Knowledge Exchange

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

4.6. 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.

5. PROJECTS

5.1. New Cohorts

Potential new cohorts must submit an application to PR2C leadership in December of the fiscal year prior to the proposed start date. Prior to submission, potential new cohorts are asked to review the timelines for the upcoming year, matching fund requirements, ethics, and consent requirements and the MOHCCN Clinical Data Model. New cohorts are evaluated by the PR2C-MC for relevance, cases in hand, scientific and practical feasibility, and the incorporation of hard-to-reach populations, including rural and Indigenous communities. Once accepted to the PR2C, all new cohorts are onboarded via a meeting and are given documents containing guidelines and timelines, finance templates, and sample submission forms.

5.2. Pan-Canadian Projects

Pan-Canadian Projects led by Prairie investigators are offered the same benefits and oversight that consortium cohorts receive, namely: processing of legal documents, financial reporting support, coordination of sample processing and sequencing, bioinformatics analysis and digital histology. Members are also invited to attend monthly Consortium meetings to keep them apprised of deadlines and any changes to the projects. For Pan-Canadian Projects that



are not led by a Prairie investigator but which have significant involvement in the Prairie region, support may be provided on a cohort-by-cohort basis.

5.3. Research Ethics and Other Considerations

Each cohort, project or biospecimen-contributing biobank is responsible for ensuring compliance with their appropriate Research Ethics Board. Ethics protocols must include the ability to use and share data according to MOHCCN requirements. Member Sites and Secretariat Institutions may provide further guidance as appropriate.

Participant identification and eligibility

Patient participants in MOHCCN Gold Cohort-contributing cohorts or projects can include but are not limited to those with primary, recurrent or metastatic disease.

Inclusion criteria:

- Able and willing to have (or have already undergone) a biopsy or resection of tumour or metastatic site.
- Able and willing to sign (or have already signed) informed consent for tissue/fluid collection, recording of clinical data, and broad use of tissues for future research including genetic studies through either one of the affiliated consortium Biobanks or affiliated projects.

Exclusion criteria:

- Unable or unwilling to sign informed consent. Exceptions may be made in cases where an REB waiver has been obtained.

Cohort descriptions submitted to the PR2C-MC for approval must specify participant eligibility criteria.

Ethical oversight

Ethics approvals for the individual biobanks supporting the consortium are the responsibility of the individual biobanks and projects; these approvals are prerequisites for biobanks to maintain involvement in the PR2C.

Project-specific ethics approvals for the individual cohorts profiled under the auspices of the Consortium will remain the responsibility of the individual projects' principal investigators; these approvals are prerequisites for cohorts to maintain involvement in the PR2C as an affiliated cohort.



In addition to the individual biobanks' and projects' approvals, an overarching PR2C ethics protocol is in place for core analyses on the collected samples. This PR2C-specific protocol covers the analysis of samples at the DNA, RNA and protein levels for the long-term goal of supporting a program in precision medicine. This PR2C-specific protocol will be maintained by the Secretariat and Consortium Lead(s).

All participating centres are required to seek approval from their local REB, in compliance with local, provincial and federal norms as applicable.

6. DATA

6.1. Genomic Data Generation

Each project/cohort is responsible for providing its cases or extracted samples to the designated PR2C sequencing centre (University of Calgary Centre for Health Genomics and Informatics) for genomic data generation according to MOHCCN standards, as outlined in the MOHCCN Gold Cohort Policy. In some instances, existing data meeting the MOHCCN standards may be contributed to PR2C by the investigators via an exception made by the PR2C-MC. The Secretariat may provide logistical and technical assistance as needed.

6.2. 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/province may have different processes for clinical data collection, curation, and ingestion. The Secretariat may provide logistical and technical assistance as needed.

6.3. 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. CanDIG instances in the Prairies are/will be located in Calgary and Winnipeg. Member Sites in Saskatchewan will transfer clinical data to Calgary via a data transfer agreement for ingestion into CanDIG.

7. DURATION

7.1. Term

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



7.2. Amendment Process

Any amendments to these terms of reference must be proposed, discussed, and advanced by a majority vote of Consortium leadership. The terms of reference and any amendments will be shared with Network Council and made available on the MOHCCN website.

7.3. 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:

Jennifer Chan

Jennifer Chan, Prairie Cancer Consortium lead

Date: 2025 May 12