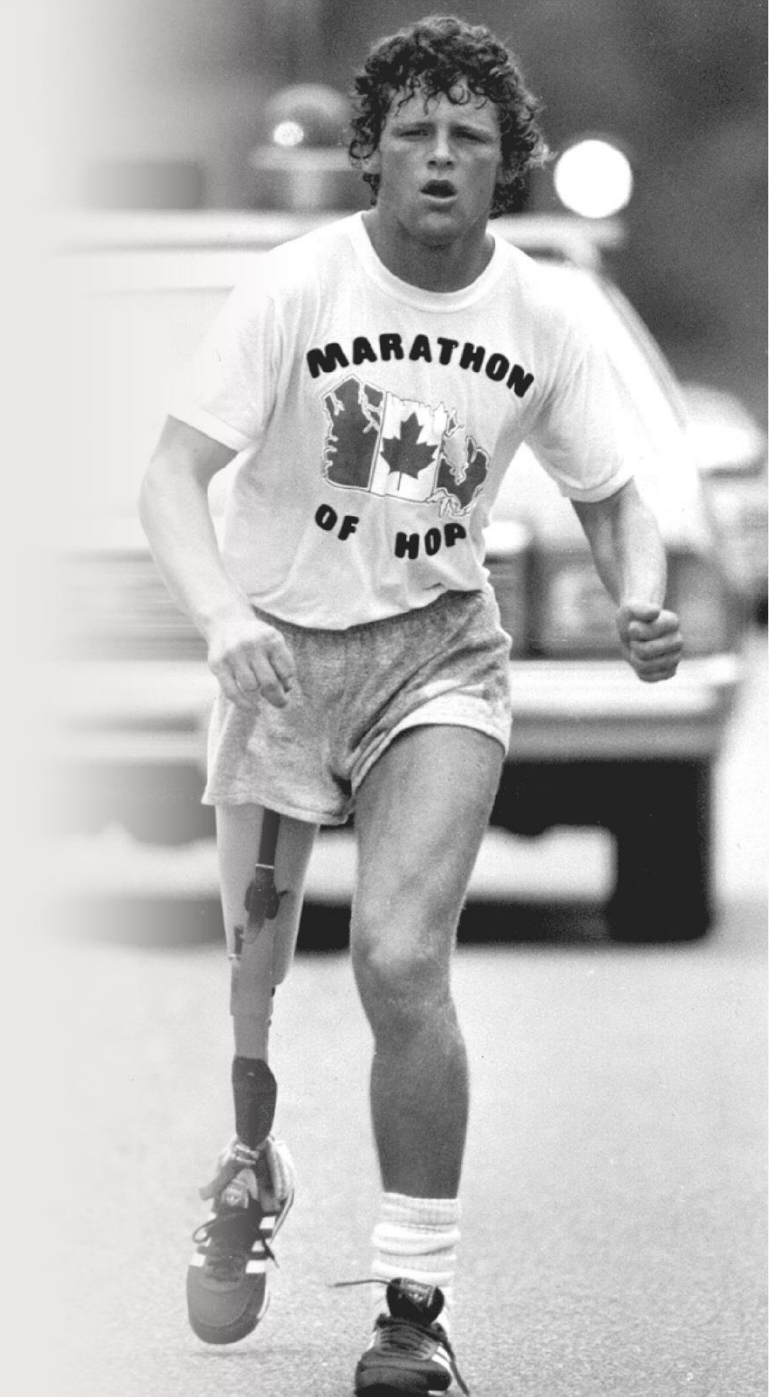


Introducing Phase 2 of the Marathon of Hope Cancer Centres Network: the Consortium Launch RFA



MARATHON
OF HOPE
CANCER CENTRES
NETWORK



RÉSEAU DES CENTRES
D'ONCOLOGIE DU
MARATHON
DE L'ESPOIR

Phase 1: 2021-2026



Creating a unified national vision to accelerate precision oncology

- Launched in 2021 with **\$150M** in federal government support
 - Implemented through Contribution Agreement between Health Canada and the Terry Fox Research Institute (TFRI)
- Funding matched by 100+ partner institutions, including the Terry Fox Foundation, for a **\$300M** program

Phase 1

Key objectives



**Establishing the
Team Canada of
Cancer Research**



**Creating Canada's
largest and most
complete cancer
case resource**



**Funding impactful
cancer research
across the spectrum**



**Actively engaging
patients in all
Network activities**



**Increasing access to
precision oncology
across Canada**

Building the Network

Creating the Team Canada of Cancer Research



BRITISH COLUMBIA

BC Cancer
Northern Health Authority
(Northern Biobank Initiative)
University of British Columbia
Simon Fraser University
BC Children's Hospital

PRAIRIE PROVINCES

University of Calgary
University of Saskatchewan
Saskatchewan Cancer Agency
University of Alberta
Alberta Health Services
University of Manitoba

ONTARIO

Princess Margaret Cancer Centre
(University Health Network)
Queen's University
Canadian Cancer Trials Group
(Queen's University)
Ontario Institute for Cancer Research
Sunnybrook Health Sciences Centre
Lawson Research Institute
London Health Sciences Centre
Kingston Health Sciences Centre
Hamilton Health Sciences
Ottawa Hospital Research Institute
Windsor Regional Hospital
Women's College Hospital
Kingston Health Sciences Centre
Research Institute
University of Ottawa
University of Windsor
Unity Health Toronto
Mt. Sinai Hospital
Western University
The Hospital for Sick Children (SickKids)

QUÉBEC

Centre hospitalier de l'Université de Montréal
Hôpital Maisonneuve-Rosemont
Rosalind and Morris Goodman Cancer Institute
(McGill University)
Research Institute of the McGill University
Health Centre
Jewish General Hospital
Institut universitaire de cardiologie et de
pneumologie de Québec - Université Laval
Centre hospitalier universitaire de Québec -
Université Laval
Université de Sherbrooke

ATLANTIC PROVINCES

University of New Brunswick
Memorial University of Newfoundland
Newfoundland and Labrador Health Services
Atlantic Cancer Research Institute
Vitalité Health Network
Horizon Health Network
Dalhousie University
University of Prince Edward Island
Nova Scotia Health



54

Member institutions
across Canada

100+

Funding partners, including
the Government of Canada

1,300+

Individuals involved
in the Network

200+

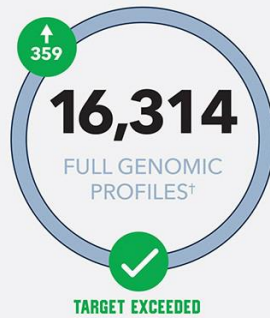
Projects funded across
Canada

Building the Gold Cohort

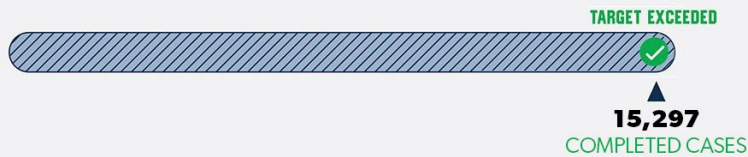


Creating Canada's largest and most complete cancer case resource

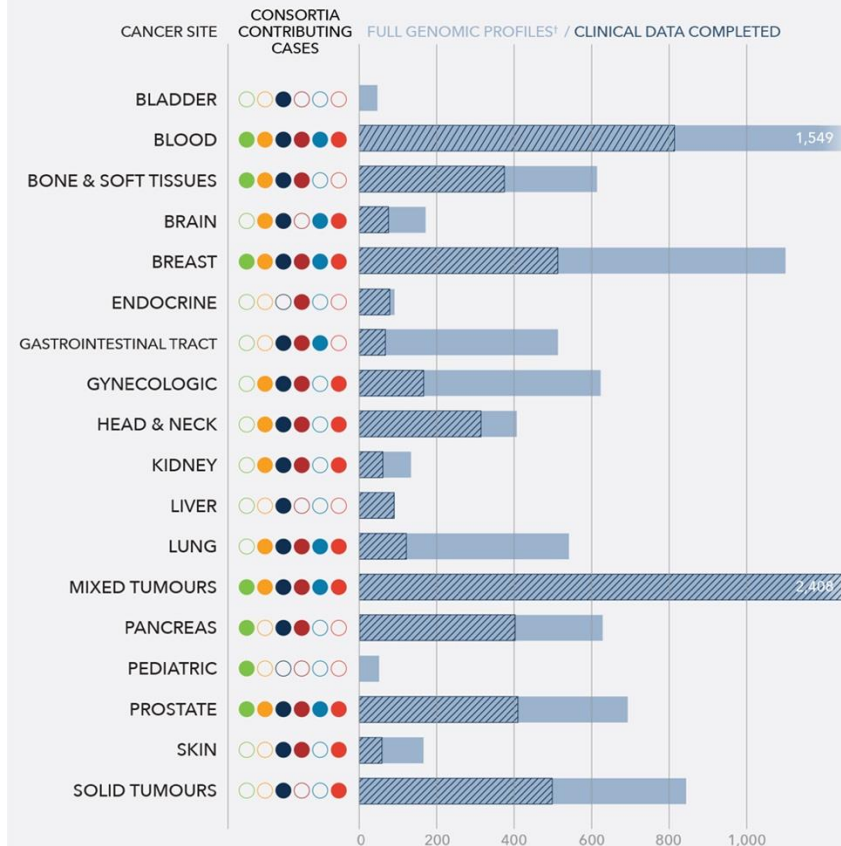
OUR NETWORK BY THE NUMBERS



PROGRESS TOWARDS 15,000-PATIENT GOLD COHORT*



CASES BY CANCER TYPE



PHASE 1 INNOVATION REPORT

BRINGING NEW HOPE TO CANCER PATIENTS THROUGH PRECISION ONCOLOGY

**INSPIRED BY TERRY FOX, WE ARE UNITING CANADIANS TO ACCELERATE RESEARCH AND
BRING PERSONALIZED CARE TO CANCER PATIENTS ACROSS THE COUNTRY.**



Phase 1 innovation report

<https://www.marathonofhopecancercentres.ca/innovation-report>

Phase 2: 2026-2030



Building on the success of Phase 1, Phase 2 will bring precision oncology to more Canadians, improving equitable access and gathering the evidence needed to guide adoption by healthcare systems.

Phase 2 funding



- Federal Budget 2025, tabled on Nov. 4, includes funding for Phase 2 of the Network
 - \$20M per year for four years to the Terry Fox Research Institute (starting FY26-27)
- Federal funds will be matched by the Terry Fox Foundation and participating institutions.
- Additional contributions for adjacent clinical trials program bring total value of Phase 2 to \$200M.

Key activities for Phase 2



Prospective cancer
patient cohorts



Inclusion of underserved
populations



Supporting impactful,
data-driven research



Launching an early-phase
clinical trials program



Continue growing and strengthening our **patient-centric** precision oncology Network as a key piece of infrastructure in the Canadian cancer research and care landscape

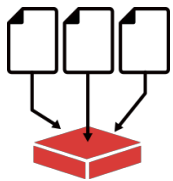
Core objectives for Phase 2



Demonstrate the value of precision oncology



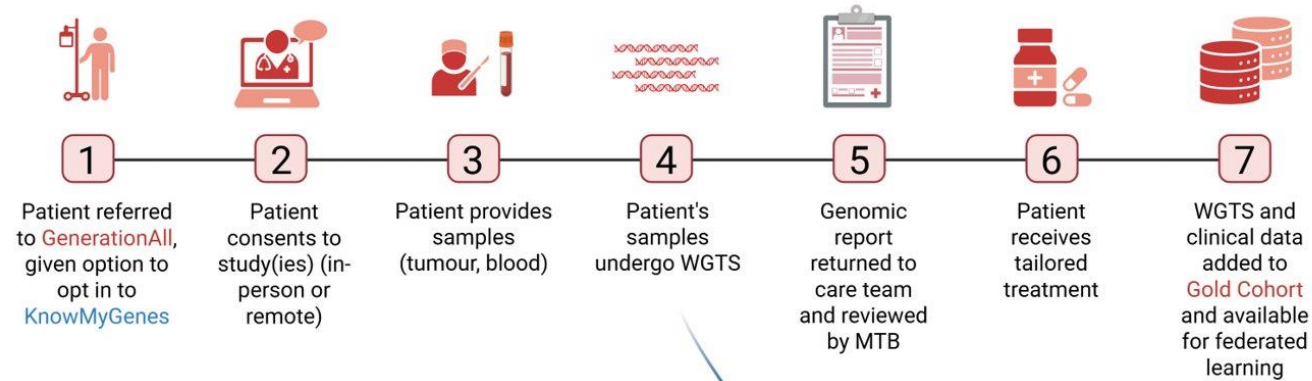
Enroll patients through prospective, clinically meaningful cohorts—including underserved populations



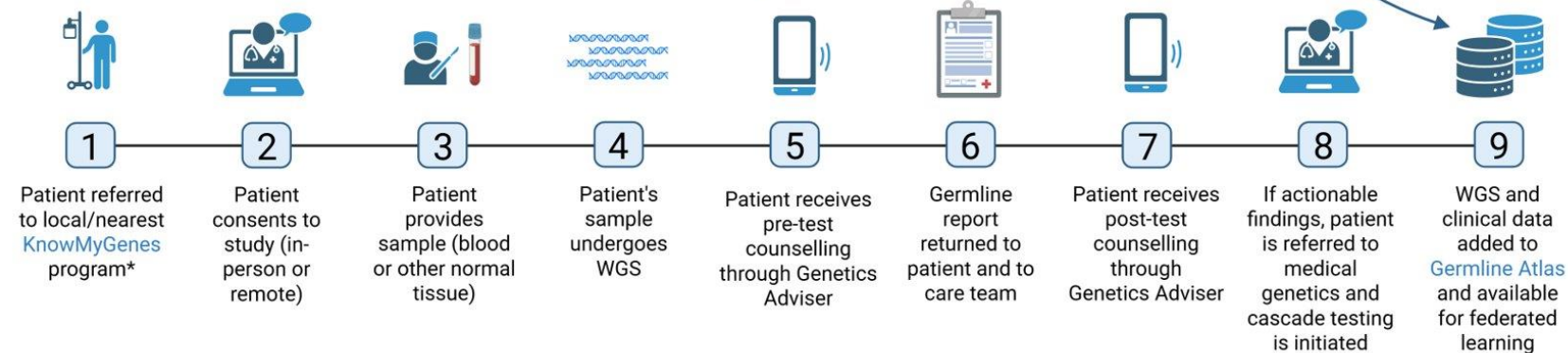
Deliver impact through participation in the **Gold Cohort**

Prospective cohorts

GenerationAll



KnowMyGenes



*Patients without acquirable tumour tissue are referred directly to **KnowMyGenes**. Patients with a cancer diagnosis can also self-refer.

Improving equitable access to precision oncology



- **Vision:** To provide unprecedented opportunities for underserved communities and those historically underrepresented in research to access state-of-the-art personalized cancer care and participate in research.
 - Expand Network to more community hospitals and smaller research centres, including in the North.
 - Continue and expand outreach and consultation efforts to ensure that research and programs are conducted respectfully, responsibly, and in a culturally safe manner

Consortium launch RFA

Requirements



Program intent

Launch Phase 2 through one integrated proposal from each consortium.



Cohort design

Prospective, clinically meaningful cohorts anchored in WGTS and return of results.



Implementation work

Health economics and reduction-to-practice studies are expected along with scientific projects.



Evaluation and budget

Eight review domains, Year 1 caps, matching requirements, and fixed milestones.

Phase 2 builds on a national network



5

**Regional
consortia**

The Network's core
delivery structure

10

**Provinces
spanned**

National scope remains
a central design feature

1

**Proposal per
consortium**

Submitted by
Consortium Lead(s) on
behalf of the full
consortium

Phase 2 builds on a national network



Regional consortia as the core delivery model

- Phase 1 implementation experience
- Integration for projects and matching funds
- Setting of regionally driven scientific and operational priorities
- Accountability for delivery and reporting
- Primary liaison with provincial and regional authorities, and across consortia

Mandatory proposal conditions



- **Integrated authorship:** All consortium members are expected to be consulted and contribute to the proposal.
- **Inclusive expansion:** New members are encouraged, especially those serving underserved populations, including rural, remote, and Indigenous communities.
- **Patient involvement:** Consultation with people with lived experience, including MOHCCN Patient Working Group members or other patient partners, is expected.
- **Appendix requirement:** Include names and affiliations of consortium members and patients consulted.

Cohorts must be prospective and high-value



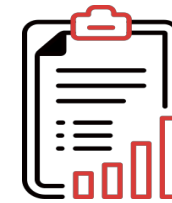
Core platform

Deep characterization through WGTs, standardized clinical data, and return of results to clinicians and patients (*GenerationAll* program)



Priority cohorts

Rare, difficult-to-diagnose, early-onset, treatment resistant, recurrent, unmet-need, and cancers of unknown primary



Eligibility

Retrospective cohorts started but not completed in Phase 1 are not eligible

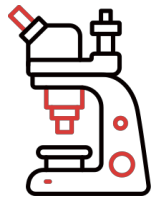
Underserved populations are a priority, not an add-on



The RFA prioritizes inclusion of underserved and historically underrepresented populations, including rural, remote, and Indigenous communities, using consultation approaches that respect and benefit participating communities.

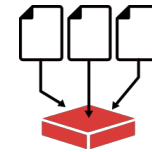
- **Assessment:** Inclusion strategies are reviewed as part of proposal evaluation.
- **Support:** Advice on underserved-community strategies may be sought from TFRI's Canadian Spectrum Relations Manager, Amber Teed.
- **Guideline:** Proposals should align with the MOHCCN Underserved and Underrepresented Populations Guideline.

Additional data layers can strengthen cohorts



Digital pathology

Digital pathology is strongly encouraged now and expected to become mandatory later. Proposals should include a plan toward future implementation.



Multiomics

Potential additions include epigenomics, proteomics, immune profiling, metabolomics, and circulating tumour or cell-free DNA.



KnowMyGenes

Return of germline results to clinicians, patients, and families may be included where realistic Year 1 initiation plans are demonstrated.



Interoperability

All studies must use Network-standardized protocols and quality frameworks to produce reproducible, publishable data across consortia.

Implementation and economics must run in parallel



Cost reduction

Streamlining and alternative technologies should lower per-sample costs.



Workflow optimization

Optimizing pathways from specimen collection through analysis and reporting.



AI-enabled tools

Streamlining and alternative technologies should lower per-sample costs.



Comparative evidence

Compare WGTs against panels, exomes, and other genomic data—including overhead trade-offs.



Shared pipelines

Centralized, cloud-based pipelines can harmonize quality control and reduce duplication.



Regional studies

Health economic and implementation assessments must be regionally specific.

Appendix 1 highlights potential study designs



- **Unmet-need cohorts:** Newly diagnosed, high-risk, rare, difficult-to-treat, early-onset, virus-associated, pediatric, AYA, refractory, or relapsed cancers.
- **Multomics projects:** Integrate WGTs with proteomics, epigenomics, immune profiling, metabolomics, ct/cfDNA, imaging, radiomics, and pathology.
- **Longitudinal cohorts:** Serial tissue and liquid biopsies to study clonal evolution, minimal residual disease, and relapse.
- **Trial-linked designs:** Neoadjuvant, single-agent window, and window-of-opportunity trials can be linked to deep profiling.

Review will cover many dimensions



Alignment with
Phase 2 objectives



Scientific merit and
innovation



Clinical relevance
and impact



Collaboration and
national
coordination



Equity, diversity,
inclusion, and
access



Feasibility,
deliverables, and
management



Team strength and
governance



Budget justification
and value-for-
money

Timeline from launch to funding



- **RFA launch:** April 2, 2026
- **Informational webinar:** April 9, 2026
- **Application submission deadline:** May 8, 2026
 - Questions accepted up to May 1
- **Decisions announced:** June 2026
- **Funding start:** July 1, 2026
 - Subject to Treasury Board approval and execution of the Contribution Agreement with Health Canada

Year 1 funding caps and match rules



\$20M

**Health Canada
funding**

\$10M

**Total
institutional
match**

\$3.2M

**Estimated cap
per
consortium**

\$1.6M

**Minimum
institutional
match per
consortium**

The expected Year 1 matching ratio is \$0.50 for every Health Canada dollar. An additional \$10M in matching support is available from the Terry Fox Foundation, with utilization guidance to come at a later date.

Phase 2 case expectations



2,000

Cases in Year 1

Network-wide target
(per-consortium to match percent delivery in Phase 1)

11,000

Total cases in Phase 2

Years 1-4

Up to \$5,000

Typical per-case WGTS cost

For Year 1, with expectation of lower cost in subsequent years