



## **MOHCCN NETWORK COUNCIL Terms of Reference (Draft)**

### **THE MARATHON OF HOPE CANCER CENTRES NETWORK.**

1. The Marathon of Hope Cancer Centres Network ('MOHCCN' or 'Network') is a consortium of designated Cancer Centres or Consortia that is co-funded by a Contribution Agreement between the Terry Fox Research Institute (TFRI) and Health Canada (HC)'s Health Care Policy and Strategies Program. The Federal Government's investment of \$150 million over five years is to be matched by co-investments by TFRI and its Cancer Centre partners across Canada.

2. The goal of the Network is to build and operate:

"a powerful collaborative platform of leading Cancer Centres across Canada to collaborate on precision medicine to benefit cancer patients and drive innovation. The Network will apply advanced technologies such as genomics, high-powered imaging and artificial intelligence (AI) to solve complex cancer cases, to optimize treatment decision-making. The Network will generate and share molecular, clinical and health outcomes data on its cancer patients."

3. TFRI is the Recipient in the Contribution Agreement with Health Canada (HC). Cancer centres and consortium partners who will receive funds, and who will also match funding, are referred to as Centres or Third Parties.

### **THE RESPONSIBILITIES OF THE RECIPIENT (TFRI)**

In its role as the Recipient of funds from HC, TFRI will:

1. Appoint the Founding Network Council.
2. Appoint the Executive Director of the Network and other Staff ("TFRI Staff") to ensure the professional management of the Network and its central functions.
4. Execute agreements between TFRI and the Centres and Third Parties as set out in the Contribution Agreement.
5. Integrate the work of the Network with a distributed data-sharing platform
6. Approve any amendments to these Terms of Reference upon recommendation of the Network Council.
7. Work collaboratively to recommend any changes to the terms, conditions, and schedules of the Contribution Agreement with Health Canada.



## THE ROLES OF THE NETWORK COUNCIL

1. The roles of the Network Council are:

- a. Decision-making and oversight of Network strategic plans and activities, in collaboration with TFRl Staff.
- b. Endorsement of Network guidelines and policies developed by the working groups and prior reviewed by the Steering Committee.
- c. Review the adequacy of the systems and controls put in place by the management.
- d. Financial Oversight: The Network Council advises the Executive Director on the responsible stewardship of financial resources provided in the Contribution Agreement. The Network Council shall receive ongoing reports on the financial operations of the Network to ensure the Network discharges its obligations to Health Canada and other funding partners. It does so by:
  - Endorse the annual operating and capital budgets based on funds available and the recommendations of the Executive Director and the International Medical and Scientific Advisory Committee (IMSAC);
  - Reviewing the processes used to select Eligible Projects for funding and the recommendation of the IMSAC;
  - Monitoring financial performance against the budget;
  - Monitoring the use of funds by the Centres and Third Parties including their use of matching funds against their Funding Agreements, and the reporting that is provided to Health Canada under the Contribution Agreement.
- e. Stakeholder Accountability and Communication: The Network Council contributes to the maintenance of strong stakeholder relationships. These include the principles of inclusion, transparency, accountability, gender balance, participation from all sectors, regional equity, fairness, scientific excellence and potential for impact on healthcare to govern the Network's engagement with its stakeholders. In addition to the co-founders and members, stakeholders include patients, hospitals, health research organizations, academia, not-for-profit organizations and their researchers. The Network Council shall ensure that the Network:
  - Considers which stakeholders are likely to be affected by the Network's decisions;
  - Considers all relevant stakeholders' interests in a balanced way;
  - Develops an effective communications strategy for affected stakeholders which is consistent with its accountability to those stakeholders.



f. Risk Management: The Network Council must understand the risks inherent in the healthcare, data sharing and data science research that the Network supports. The Network strives to achieve a proper balance between the risks incurred and the potential benefits to patients, healthcare, the Network's stakeholders, the knowledge economy and society. The Network Council ensures that appropriate programs and processes are in place to manage these risks.

2. The Network Council represents the general interests of the Network and is accountable to TFRI Board of Directors through TFRI's President and Scientific Director.
3. The Network Council meets regularly, at least 6 times a year.

### **NETWORK COUNCIL MEMBERSHIP CRITERIA**

1. *Commitment to the MOHCCN mission and goals:* Each Network Council will show commitment to the shared mission of the vision of the MOHCCN and support the generation and sharing of genomic, clinical and health outcomes data on its cancer patients.
2. Collaboration.

Members should demonstrate the expertise and willingness to collaborate and share knowledge and best practices and contribute to the development of a Network of leading Cancer Centres across Canada to collaborate on precision medicine to benefit cancer patients.

### **COMPOSITION OF THE NETWORK COUNCIL**

1. The Network Council will comprise up to twelve (12) voting individuals, exclusive of observers and management. This includes an effort to align with the 50-30<sup>1</sup> Challenge to support gender parity and significant representation of under-represented groups. The appointment of voting members is for 2 years and is renewable.
2. The Network Council will comprise one representative for the smaller regional cancer consortia and the 3 larger consortia should have two representatives: MOH-Q - 2, PM2C - 2, Ontario - 1, BC2C - 2, NBI - 1, PR2C -1, ACC - 1, PROFYLE - 1, CIHR -1, TFRI -1, Patient -1.

<sup>1</sup> The 50 - 30 Challenge is an initiative co-created by the Government of Canada, civil society and the private sector that aims to attain gender parity and significant representation (at least 30%) of under-represented groups on boards and senior management positions in order to build a more diverse, inclusive, and vibrant economic future for Canadians



3. An additional four (4) individuals shall be individuals/researchers at large, bringing a depth and diversity of experience, qualifications, independence, and judgment to advise the Network on its strategic plan.
4. An additional three (3) individuals shall not be employees of the Centres or Third Parties, and act as Independent Network Council members representing the interests of patients and their families, the private sector and/or government.
5. The Executive Director of MOHCCN and representatives of TFRI Staff are ex-officio non-voting members of the Network Council.
6. The Network Executive Director chairs the Network Council.
7. Representatives of the Canadian Institutes of Health Research (CIHR) and of Health Canada (HC) will be observers on the Network Council.
8. The Network Council does not receive remuneration for their attendance, except for travel and accommodation costs to attend in-person meetings. A remuneration model may be developed for patient representatives.

<b>BC2C</b>	<b>Institutions</b>	<b>From</b>	<b>Until</b>
Francois Benard	BC Cancer	2019	
Christian Steidl	BC Cancer	Sep-2022	
Marco Marra	BC Cancer		
<b>NBI/Canadian Spectrum</b>			
Nadine Caron	Northern Biobank	April-2022	
Gina Ogilvie	BC Centre for Disease Control	March-2023	
<b>PM2C</b>			
Brad Wouters	UHN - Princess Margaret Cancer Centre	2019	
Philippe Bedard	UHN - Princess Margaret Cancer Centre	Sep-2022	
<b>OTHER ON</b>			
TBD			
<b>PR2C</b>			
Spencer Gibson	University of Alberta	2019	
<b>MOH-Q</b>			
Anne-Marie Mes-Masson	CHUM	2019	
Morag Park	McGill University	2019	
<b>PROFYLE</b>			
David Malkin	SickKids	Sep-2022	
<b>ACC</b>			
Tony Reiman	University of New Brunswick - BHCRI	2019	
<b>TFRI</b>			
Jim Woodgett	TFRI President and Scientific Director	Aug-2021	
<b>PATIENT</b>			
Natalie Kwadrans		Jun-2023	
<b>OBSERVERS</b>		<b>From</b>	<b>Until</b>



Stephen Robbins	Emeritus Member	2019	
Fei-Fei Liu	CIHR Director	Dec-2022	
Christa Doherty	Senior Policy Advisor for Health Canada	2019	
Susan Weston	Health Canada	2019	
Michael Mazza	Terry Fox Foundation	Oct-2022	

<b>TFRI (ex-officio)</b>		<b>From</b>	<b>Until</b>
André Veillette (Chair)	Executive Director, MOHCCN	March-2022	
Kelly Curwin	Chief Communication Officer	2019	
Gordon Schwark	Chief Financial Officer	Aug-2021	
Natalie Szudy	Interim DHDP Executive Director	Oct-2021	
Isabel Serrano	Senior Network Manager, MOHCCN	Nov-2021	
Jessie Micholuk	Network Program Manager, MOHCCN	Oct-2022	
Adrian Thorogood	Data Governance Manager	Oct-2022	
Peter Mothe	Senior Communications Specialist	Mar-2023	
Kaitlin Hong Tai	Network Program Manager, MOHCCN	May-2023	

Membership Tables Last Updated: October 2023

## **MANAGEMENT AND ADMINISTRATION OF THE NETWORK COUNCIL**

- Agenda and Preparation.* Materials for Network Council meetings including agenda and background material, will be circulated by TFRI Staff, in advance of the scheduled meetings.
- Frequency.* Meetings are held at least 6 times a year. Meetings may be held at the call of the chair, or any three (3) members of the Network Council.
- Form of Meeting.* A member is present at a meeting either in person or if the member participates electronically. Electronic consultation will be requested for the review of policies and guidelines along with a briefing note.
- Quorum.* A quorum shall not be less than 50% of the members of the Network Council and shall include the chair of the Council.
- Calculation of Votes.* All members have one (1) vote. A majority vote of members present decides proposed resolutions during a meeting. The Chair does not vote unless there is a tie on any vote or unless the Chair's vote is required for quorum.
- Attendance.* Members are encouraged not to miss two (2) consecutive meetings, or they will be asked to re-examine their availability for the Network Council. Members may appoint another investigator, with the approval of the Chair of the Network Council, if they are unable to attend.
- Conflict of Interest.* Members are required to declare any personal, financial or organizational conflict of interest, and are expected to abide by the Conflict-of-Interest policy. Members in conflict will not be permitted to vote on the resolution for which they are in conflict. The Chair



will determine whether a member who has declared a conflict will be able to participate in the discussion of that topic.

8. *Confidentiality.* All members are required to abide by the TFRI's confidentiality agreement and will maintain confidentiality regarding all business of the Network Council, including but not limited to documentation and minutes.

9. *Resolution in Writing:* A resolution consented to in writing, whether by document, fax or any method of transmitting legibly recorded messages, by all the members shall be as valid and effectual as if it had been passed at a meeting of the Network Council duly called and constituted. Such resolution may be in two (2) or more counterparts, which together shall be deemed to constitute one resolution in writing.