

CANO/ACIO 2013 ANNUAL REPORT



Canadian Association of Nurses in Oncology Association canadienne des infirmières en oncologie

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Additional chapter reports, external representatives' reports and special interest group reports are available here: www.cano-acio.ca/annual_reports.

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ABOUT CANO/ACIO

Established in 1984, the Canadian Association of Nurses in Oncology/Association canadienne des infirmieres en oncologie (CANO/ACIO) is the national organization that supports Canadian nurses to promote and develop excellence in oncology nursing practice, education research and leadership.

The CANO/ACIO mission is to advance oncology nursing practice excellence through practice, education, research and leadership for the benefit of all Canadians.

Our vision is twofold: First, that CANO/ ACIO is a driving force nationally and an influencing force internationally in advancing excellence in cancer nursing across the cancer control spectrum. Second, Canadians across the cancer spectrum have timely access to high-quality nursing.



CANON Canadian Association of Nurses in Oncology Association canadienne des infirmières en oncologie 4

BOARD OF DIRECTORS



Brenda Sabo RN, MA, PhD President



Barbara Fitzgerald RN, MScN Vice-President



Jeanne Robertson RN, BSc, BA, MBA Treasurer

Tracy Truant

RN. MSN



Vice-President Elect



Lorna Roe RN, MScN, BSc Director-at-Large, Communications



Karyn Perry RRN, BSN, CON(C), MBA Director-at-Large, Education

CANO/ACIO HEAD OFFICE

Ana Torres, BA (Hon), MPb, Executive Director
Cornelie Lefevre, BA, MBA, Project Manager
Alexandra Limousin, Project Manager, BSc (Hon), MA (maternity coverage)
Paul Fogerty, BA (Hon), Manager of Conferences and Meetings
Samantha Taylor, BA (Hon), Coordinator
Lynsey Mellon, BA, Administrative Assistant

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WWW.CANO-ACIO.CA



RN(EC), MScN Director-at-Large, External Relations

Christine Zywine



Corsita Garraway RN(EC), MScN, CON(C), CHPCN(C) Director-at-Large, Membership



Laura Rashleigh RN, BScN, MScN, CON(C) Director-at-Large, Professional Practice



Sally Thorne RN, PhD, FAAN, FCAHS Director-at-Large, Research

Margaret Fitch, RN, PhD Canadian Oncology Nursing Journal, Editor–in–Chief

MESSAGE FROM THE PRESIDENT

Dear CANO/ACIO members,

Welcome to the 25th annual CANO/ACIO conference. This is a bittersweet letter for me to write. Where have the four years gone; the last two as President of this wonderful association. Over my term I have had the privilege of getting to know some incredible oncology nurses from across Canada (and beyond). CANO/ACIO affords its members many opportunities not the least of which is the opportunity to serve on the Board. Board members don't just work – they also know how to play! I encourage each and every one to consider stepping up and serving on the Board or on special interest projects as they arise. There are a variety of opportunities reflecting the strengths of our members.

As I wrap up my tenure as President of CANO/ACIO, I'd like to take a moment to highlight a number of key activities and achievements of our association over the past year.

First, the Board spent an intense weekend drafting CANO/ACIO's new strategic plan that will lead the association's work over the next three years. The strategic plan builds upon the strengths of our association and expands our vision to ensure our ability to continue to shape the agenda for oncology nursing care. The activities as laid out in the 2013-2016 strategic plan focus around four pillars: Specialization, Education and Knowledge Generation, Standards and Guidelines, Leadership, and Policy Influence. The strategic plan is available for members to review on our website. We encourage you to take this opportunity to review and provide your feedback in advance of our upcoming annual general meeting where this will be discussed.

Second, we continued to advance our communication initiatives, such as oncology nursing day, nurse of the year award, and the website re-design. In 2012 oncology nursing day saw events in 12 cities. Two premiers met with our nurses to formally announce April 2, 2013 as oncology nursing day. We also continued to add to our Youtube channel where we posted several podcasts and of course, our flash mobs. After an extremely successful Nurse of the Year presentation in 2012, CANO/ACIO continued to grow and expand the awards program in 2013. We completed a full website redesign to streamline and update the site. We are now able to provide group networking opportunities for chapters, committees and special interest groups on our website. If you haven't looked at our new website now is the time to check us out.

Third, we continued to strengthen and expand our webinar series. One of CANO/ACIO's strengths lies in our educational activities. We held 5 webinars in 2012 and 11 webinars are scheduled for 2013. Our conference continues to be the premiere event for oncology nurses in Canada. This year we are pleased to celebrate the 25th conference of our association

Finally, we digitized our *Canadian Oncology Nursing Journal* back issues. Members will be able to access more than 20 years of oncology nursing publications on our website. This October will see a transfer of leadership for the CONJ as Dr. Heather Porter steps down as Editor-in-Chief after more than 3 terms. Dr. Margaret Fitch will be the new Editor-in-Chief. I anticipate many new and exciting changes to this wellrespected journal under her leadership.

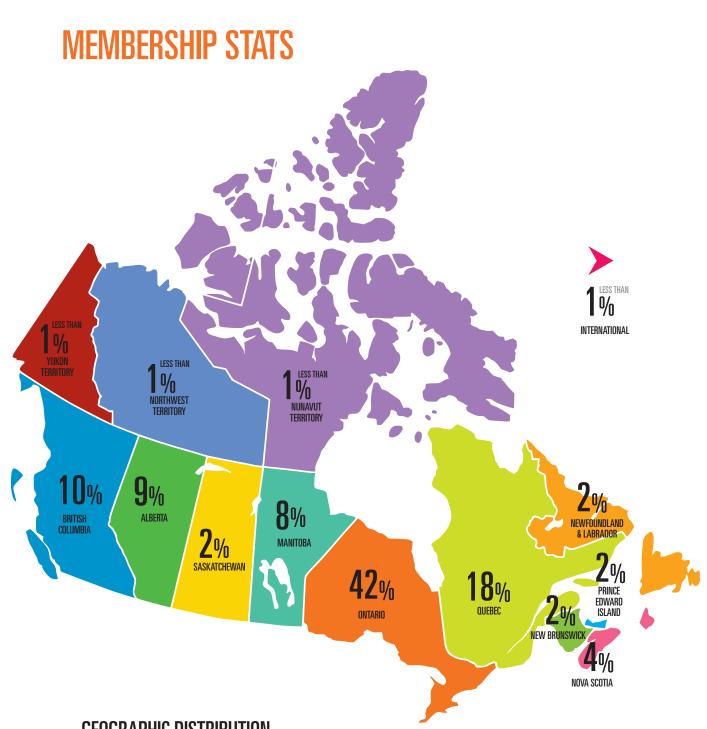
Over the past year, CANO/ACIO continued to build partnerships with groups such as the Canadian Association of Psychosocial Oncology, Oncology Nursing Society, International Society of Nurses in Cancer Care, and the de Souza institute.

Thank you for the opportunity to serve as CANO/ACIO President and to get to know many of you better. I look forward to continuing these friendships. CANO/ACIO is truly a great association.

With warm regards,

Dr Brenda Sebo

Dr. Brenda Sabo President



GEOGRAPHIC DISTRIBUTION

9% Alberta 10% British Columbia 8% Manitoba 2% New Brunswick 2% Newfoundland 4% Nova Scotia Less than 1% Northwest Territories 42% Ontario 2% Prince Edward Island 18% Quebec 2% Saskatchewan Less than 1% Yukon Less than 1% International

YEARS IN NURSING PRACTICE



YEARS IN ONCOLOGY NURSING PRACTICE



MEMBERSHIP TYPE

Affiliate	1%
Associate	1%
Non-working members	1%
Regular	939
Student	<u>4</u> %

MEMBERSHIP HIGHLIGHTS:

846

20%

HAVE A MASTERS DEGREE

17%

HAVE A

MASTERS IN

NURSING

42%

HAVE A BACHELOR IN NURSING

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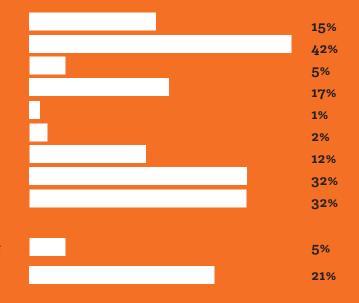
2%

HAVE A DOCTORATE IN NURSING

EDUCATION

Bachelor of Arts or Science Bachelor in Nursing Masters (other than Nursing) Masters in Nursing Doctorate (other than Nursing) Doctorate in Nursing General Diploma Nursing Diploma CON (C)

Members in Pediatric Oncology Nursing Members in inpatient nursing



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ONCOLOGY NURSING DAY

NURSE OF THE YEAR 2013

2012 marked our tenth annual oncology nursing day. This year's theme was "Oncology Nurses: Inspiring Change".

We received mayoral proclamations from 18 (8 more than last year!) cities across Canada including, Barrie, Brampton, Calgary, Edmonton, Kelowna, Kingston, Medicine Hat, Newmarket, Prince Albert, Regina, Richmond, Saguenay, Saskatoon, St. John's, Surrey, Trois Rivieres, Vancouver, and Victoria.

In addition the provinces of BC, Manitoba, New Brunswick, Nova Scotia and Prince Edward Island also proclaimed April 2, 2013 as oncology nursing day. Furthermore the Premiers of Nova Scotia and Manitoba met with nurses to formally present the proclamation. While the health minister of BC attended the Vancouver oncology nursing day event.

Twelve educational events were organized in New Market, Toronto, London, Newfoundland, Sudbury, Winnipeg, Calgary, Vancouver, and Edmonton. The Pediatric Oncology Group of Ontario and the de Souza Institute also organized events.



Oncology Nursing Day website.



Oncology Nursing Day posters.

ONCOLOGY NURSING DAY

CANO/ACIO OND 2013 Vancouver Flash Mob

Vancouver Flashmob



London Health Sciences Centre Flashmob



Royal Victoria Regional Health Centre Flashmob

Flash mobs were held in London, Barrie, and Vancouver.

Finally three oncology nurses were interviewed on CBC radio: Helena Akrigg was interview on CBC Radio, Vancouver Early Edition; Jeannette Mallay was interview on CBC Radio, Point North; and Jennifer Fahie was interviewed on CBC Radio Information Morning.

We wish to thank all members who participated in oncology nursing day 2013! You helped us to raise awareness about the great work that our members do!

ONCOLOGY NURSING DAY 2014

The CANO/ACIO Board of directors will continue organizing oncology nursing day 2014. If you are interested in helping to brainstorm activities or wish to organize an event please email cano@malachite-mgmt.com.

The theme for the 2014 oncology nursing day will be determined at the Council of Chapters meeting held at the conference in Vancouver.

OND PROCLAMATIONS



OND PROCLAMATIONS



OND PROCLAMATIONS



IMAGES FROM OND ACROSS CANADA

















NURSE OF THE YEAR

NURSE OF THE YEAR AWARD

On October 13th, 2012, the winner of the first ever Oncology Nurse of the Year Award was announced at the CANO/ACIO annual conference held in Ottawa. Ontario. Ms. Lynn Kachuik of Ottawa was presented the award. She then presented an inspiring speech that can be viewed here: **http://** oncologynursingday.com/2012-winner/.

Finally, we were pleased that the award was covered via interviews on CBC Radio and CTV.

We wish to congratulate Lynn Kachuik for being the winner of the inaugural nurse of the year award. As well we wish to congratulate the other fifteen nurses who were nominated for this award. Finally we wish to thank all who nominated their colleagues for the the award.



Oncology Nurse of the Year Award nomination ad.



Lynn Kachuik, Ottawa. Winner of the 2012 Nurse of the Year Award.

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EDUCATIONAL INITIATIVES

2013 CONFERENCE

INSPIRATION INNOVATION TRANSFORMATION

The theme for the 2013 conference is **"Inspiration, Innovation, Transformation."** The conference is scheduled from October 20 to 23, 2013 at the Sheraton Wall Centre, Vancouver, BC.

The conference has been organized by the Conference Planning Steering Committee led by Jeanne Robertson and Karyn Perry, the Local Planning Committee led by Brenda Ross, the Scientific Planning Committee led by Jennifer Stephens and Tracy Truant.

The scientific program will include abstract presentations both oral and poster, workshops, and lectureships. The Merck Lectureship will be presented by Nancy (Surya) A. Absolon, BA, RN, BSN. The title of her presentation is "I Can't Sleep! Evaluation of an Innovative Intervention for Cancer Patients Experiencing Insomnia." The Helene Hudson Lectureship will be presented by Carolyn M. Tayler, RN, MN. The title of her presentation is "Taking an 'Upstream' Approach in the Care of Dying Cancer Patients: The Case for a Palliative Approach."

The keynote presentaters are Daniel Stolfi, Actor, Comedian and Cancer Patient Advocate, Barbara Pesut, RN, PHD, Chair in Health, Ethics and Diversity, and Janie brown, RN, MSN, MA (Psych.), Oncology Nurse and Founder, Callanish Society.

This year's social event will be at the Vancouver Law Courts across the street from the Sheraton Wall Centre.

Further to these educational session, there will be business meetings including the annual general meeting, awards presentation, council of chapters meeting, SIG meeting and Committee meetings.

The program is available for download here: http://www.cano-acio.ca/~ASSETS/DOCUMENT/ CANO_2013_Perliminary_Program_Web.pdf.





Keynote Presenters





Daniel Stolfi

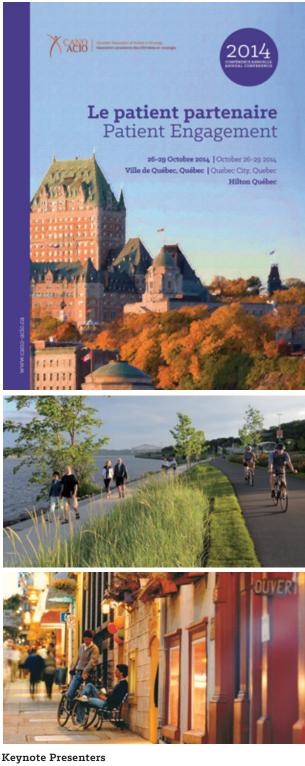
Barbara Pesut

Janie Brown

2014 CONFERENCE

The 2014 conference will be October 26 to 29, 2014 in Quebec City, Quebec. The local planning committee is led by Lucie Tardiff and Genevieve Lepage. The scientific programming committee is led by Virginia Lee and Karine Bilodeau.

The theme for the conference is Patient Engagement. The first announcement for the conference will be available at the 2013 conference.









Andréanne Saucier

Dr. France Légaré Dr. Dawn Stacey

Hugo Desrochers

WEBINARS AND PODCASTS

Under the leadership of the DAL-Education, CANO/ACIO continued to expand its webinar program by increasing the number of presentations and by starting to present podcasts.

Please see the list of webinars presented this past year:

- Vascular Access: Advanced Management Techniques for Clots and Associated Complications
- Heart Healthy Living During Trastuzumab Therapy
- Cancer Survivorship: an emerging imperative
- Survivorship: Who's Providing the Care? An Overview of Models of Well Follow Up in Cancer Care
- Oncologic Emergencies Spinal Cord Compression
- Survivorship Module 4 Living with the Risk of Recurrence
- Hematologic Emergencies for the Oncology Nurse
- Survivorship Module 5 Complementary and Integrative Medicine
- Oncological Emergencies: Overview of Bone Marrow Transplants in the Malignant Hematology Setting
- Survivorship Module 6 Relationships
- Survivorship Module 7 Sexual Health
- Survivorship Module 8 Psychosocial Health and Well-being
- Survivorship Module 9 Returning to Work
- Fatigue November
- Survivorship Module 10 Risk Reduction Activities

Furthermore, the association produced podcasts on:

- How to Prepare for a Poster Presentation
- Developing a Budget for a Small Research Grant!
- Reviewing 2013 Conference Abstracts for CANO/ACIO
- Writing a Great Abstract for CANO/ACIO 2013



CANADIAN ONCOLOGY NURSING JOURNAL

The Canadian Oncology Nursing Journal (CONJ) acts as a vehicle for news related to clinical practice, technology, education, administration, leadership and research.

CONJ was published four times in the last year. Each issue is bilingual.

This past year the association digitized our Canadian Oncology Nursing Journal back issues. Members will be able to access more than 20 years of oncology nursing publications on our website. This October will see a transfer of leadership for the CONJ as Dr. Heather Porter steps down as Editor-in-Chief after more than 3 terms. Dr. Margaret Fitch will be the new Editor-in-Chief.

Non-members can purchase the individual articles for a fee of \$12/articles. CONJ article are indexed thru CINAHL and are thus available to oncology researchers throughout the world. We encourage all oncology nurses conducting research to submit to CONJ; for more information, please review the author's guidelines on our website.

For more information about CONJ visit: http://www.cano-acio.ca/journal or email cano@malachite-mgmt.com.

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CANO/ACIO STRATEGIC PLAN

The Board of Directors of the Canadian Association of Nurses in Oncology/Association Canadienne des Infirmiéres en Oncologie (CANO/ACIO) worked throughout the last year to complete a strategic plan. As part of the strategic plan, an environmental scan was conducted.

The purpose of an environmental scan is to provide planners with strategic intelligence by evaluating potential significant environmental trends and changes. It gathers factual and subjective information from internal and external sources to enable adaptive planning before trends are fully developed "(Please contact CANO/ ACIO Head Office to access the full strategic plan and environmental scan."). Information gathered may be in terms of issues, expectations, events, organization abilities, infrastructure, human resources, structure, systems and impact. The environmental scan was informed by:

MEMBER SURVEY

Input was obtained via interviews, surveys and data mining of the CANO/ACIO membership survey. Over 250 persons provided their perspectives on the strengths, opportunities (including obstacles), aspirations and results desired.

CANO/ACIO INTERNAL REVIEW

The internal review was focused on obtaining input from CANO/ACIO board members, Malachite Management Inc. staff, past presidents of CANO/ACIO, special interest sroup (SIG) chairs, committee and chapter chairs and CANO/ACIO's membership (from the 2012 survey).

CANO/ACIO EXTERNAL REVIEW

The external review sought input from senior representatives of key stakeholder organizations such as International Society for Nurses in Cancer Care (ISNCC), Canadian Association of Psychosocial Oncology (CAPO), Canadian Partnership Against Cancer (CPAC), Oncology Nursing Society (ONS), Canadian Nurses Association (CNA), nurse researchers, nursing students and the de Souza Institute. In addition, survey data was obtained from a pharmaceutical organization and from cancer patients via the Patient Portal at UHN.

STRATEGIC DIRECTIONS

Discussion and identification of Strategic Directions was conducted with the whole board. Working with the Four Pillars from the Environmental Scan, the Board chose to re-envision the strategic pillars as follows:

SPECIALIZATION, EDUCATION AND KNOWLEDGE GENERATION

The objective of this CANO/ACIO's Specialization and Continuing Education Direction is to build a mandate to meet the needs of nurses working across the spectrum of cancer care, including nurses who care for cancer patients within a generalist context, those who primarily work in specializy oncology settings, those who seek formal specialization/ certification in oncology practice, and those nurses who assume advanced nursing practice roles associated with cancer patient populations.

The objective of CANO/ACIO's Education and Knowledge Generation direction is to develop educational opportunities and support knowledge generation of Canadian oncology nurses. CANO/ ACIO will partner with national organizations/ institutions to ensure the ongoing availability of high quality continuing educational resources. The council of chapters will be consulted and will help develop the objectives of this work. Continue bridge-building between clinicians and researchers to increase the capacity for clinically relevant research and knowledge translation.

STANDARDS AND GUIDELINES

The objectives of CANO/ACIO's Standards and Guidelines direction are to accelerate the development of guidelines, position statements, and education (including high priority issues such as healthy workplace, the role of nursing in psychosocial oncology, personalized medicine, patient safety, care coordination, self-management and inter-professional care guidelines). Establish a framework within the national association that identifies, introduces, implements and evaluates new, key initiatives and special projects.

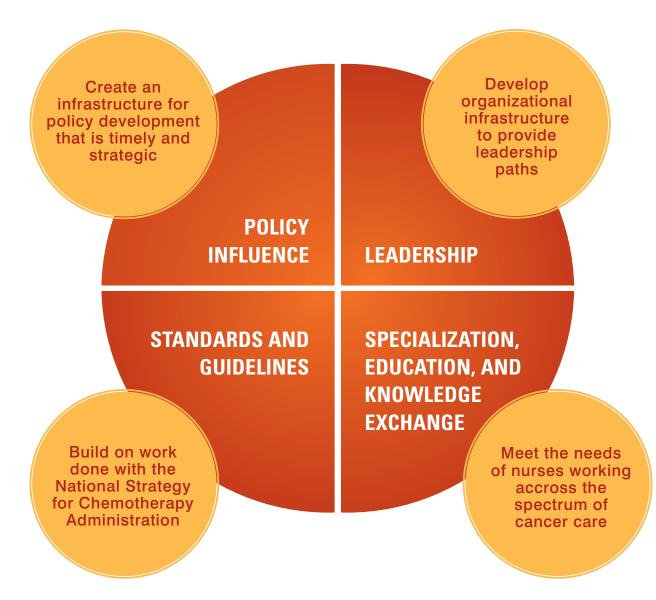
LEADERSHIP

The objective of CANO/ACIO Leadership priority is to develop an organization infrastructure that advances leadership opportunities and development with the objective of creating a strong voice for oncology nursing across the country. Create a formal mentorship program with capacity building for nurses engaging in CANO/ACIO leadership roles (i.e. those involved in CANO/ACIO Committees, Special Interest Groups, Council of Chapters and as board members).

POLICY INFLUENCE

In order to achieve the vision of "Canadians having access to high quality nursing and excellence in cancer nursing CANO/ACIO will need to influence Policy. Building upon the work done in specialization, education and knowledge generation, standards and guidelines and leadership, CANO/ ACIO will create the infrastructure for policy development that is timely and strategic. Ultimately, CANO will be seen as a leader influencing the advancement of cancer nursing excellence across the spectrum of cancer care.

STRATEGIC DIRECTIONS



Strategic Directions

Discussion and identification of Strategic Directions was conducted with the whole board. Working with the Four Pillars from the Environmental Scan, the Board chose to re-envision the strategic pillars as follows: 21

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HOW CANO/ACIO SUPPORTS MEMBERS

CANO/ACIO supports members in many ways by providing the following services, programs or products:

CANADIAN ONCOLOGY NURSING JOURNAL (CONJ)

The Canadian Oncology Nursing Journal is a peer reviewed journal that contains research articles on oncology nursing and advancements in practice. The journal also includes member updates, review of relevant literature and information regarding upcoming conferences.

CHAPTER SUPPORT

CANO/ACIO supports the local chapters by providing them space on the CANO/ACIO website. We provide access to funds via the chapter funding grant program. As well, we provide support materials to help the chapters organize events for Oncology Nursing Day.

SPECIAL INTEREST GROUPS

CANO/ACIO will be working throughout the fall and within the context of the strategic plan examine how we can best support the development of special interest groups. Currently there are special interest groups on the following areas: palliative care, surgical oncology, advance practice nursing, complementary medicine, radiation, leadership and gynecological oncology.

ANNUAL CONFERENCE

CANO/ACIO organizes an annual conference with the aim of bringing oncology nurses together to learn from each other via abstract presentations, workshops and lectureships. The conference brings together approximately 500 oncology nurses from across Canada. In 2013 our conference will be in Vancouver, BC. CANO/ACIO provides a limited number of travel grants and bursaries to support members to attend.

OTHER BENEFITS OF MEMBERSHIP

STANDARDS AND GUIDELINES FOR PRACTICE

CANO/ACIO has developed the following documents to assist with your practice:

- CANO/ACIO Standards
 - Caring for the Oncology Patient Receiving Ambulatory Chemotherapy Infusion: A guide for Nurses
 - Clinical Guidelines for Promoting, Maintaining and Restoring Oral Health in the Cancer Patient (in development)
- Feeling Your Best During Cancer Therapy Patient Education Program
- Feeling Your Best: A Guide to Nausea and Vomiting
- The Pain Manual Principles and Issues in Cancer Pain Management

AWARDS OF EXCELLENCE, EDUCATIONAL SCHOLARSHIPS AND RESEARCH GRANTS

CANO/ACIO members can apply for awards of excellence such as the Merck Lectureship and Helene Hudson Lectureship awards; the Pfizer awards in Clinical Practice, Education, Research and Leadership; Roche Breast Cancer Award; Abstract awards such as the Brain Tumour Abstract Award, the Ovarian Cancer Canada Award, the Manitoba Poster Award.

CANO/ACIO members can apply for awards of excellence such as the the Nurse of the Year Award, Merck Lectureship and Helene Hudson Lectureship awards; the Pfizer awards in Clinical Practice, Education, Research and Leadership; Roche Breast Cancer Award; Abstract awards such as the Brain Tumour Abstract Award, the Ovarian Cancer Canada Award, the Manitoba Poster Award.

- CANO/ACIO members enjoy automatic membership to the Canadian Oncology Societies (COS) –www.cos.ca.
- Participation in annual conference and educational symposia organized by provincial chapters of CANO/ACIO.
- Subscription to the Canadian Oncology Nursing Journal (CONJ)
- Access to members area of CANO/ACIO website.

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COUNCIL OF CHAPTERS

CANO/ACIO supports the development and growth of local chapters. Each CANO/ACIO member is automatically a member of their local geographic chapter and will receive the benefits of additional awards, newsletters, conferences, networking and other educational events. If you would like to get involved with your local chapter, we encourage you to contact the chapter leaders. Contact information for each chapter is provided below.

ALBERTA - ONIGA NORTH

President: Susan Horsman supaul@telus.net Past President: Carole Szwajkowski Treasurer: Romeo Felix Secretary: Lori Thompson

ALBERTA - ONIGA SOUTH

President: Sydney Farkas Sydney.Farkas@ albertahealthservices.ca Education Coordinator: Elysa Meek Secretary: Emily Macleod Treasurer: Jennifer Anderson Past-President: Jennifer Anderson

BC CHAPTER

President: Brenda Ross BRoss@bccancer.bc.ca Vice President: Theressa Zapach Secretary: Jagbir Kohli Treasurer: Jennifer Stephens

MANITOBA

President: Darlene Grantham dgrantham@hsc.mb.ca Vice-President: Jodi Hyman Secretary: Rose Woloshyn Treasurer: Barbara Ammeter Past President: Michelle Rosentreter

ONTARIO - HORSESHOE

President: Nancy Knox nancy.knox@jcc.hhsc.ca Treasurer: Sharon Mountain

ontario - London

President: Adrienne Fulford adrienne.fulford@lhsc.on.ca

ONTARIO - NORTH EASTERN

President: Barbara Ballantyne BBallantyne@hsnsudbury.ca Past President: Micheline LaPierre Fundraising: Terry Mackenzie, Lizette Deacon Secretary: Karen Hubert Treasurer: Karen Mallet

ONTARIO - CHAMPLAIN

President: Kelly Ann Baines kabaines@ottawahospital.on.ca

ONTARIO - SIMCOE COUNTY

President: Sandy Calvano CalvanoS@rvh.on.ca

ONTARIO - TORONTO

President: Simonne Simon Simonne.Simon@uhn.on.ca Past President: Corsita Garraway Secretary: Philiz Goh Treasurer: Charissa Cordon

WATERLOO-WELLINGTON

President: Donna Holmes donna.holmes@grhosp.on.ca

QUEBEC

President: Maryse Carignan mcarignan.csssl@ssss.gouv.qc.ca Vice President: Linda Hershon Treasurer: Jacinthe Brodeur Secretary: Nicole Tremblay

NOVA SCOTIA

President: Kara Henman kara.henman@ccns.nshealth.ca Vice President: Michele Rogez Past President: Jo-Anne Edwards Treasurer: Heather Brander Secretary: Shannon Greek (maternity leave until May 2013) Education Chair: Jennifer Fahie Cape Breton: Lori Butts GASHA Representative: Charlene Porter

BRUNSWICK-MONCTON

Presidents: Carolyn DeVito carolyn.devito@bellaliant.net Treasurer: Hilary McDonough-Smith Secretary: Tanya Arseneault

NEWFOUNDLAND & LABRADOR

President: Kathy Fitzgerald kathy.fitzgerald@easternhealth.ca Treasurer: Bernadine O'Leary Secretary: Carmel Collins

PRINCE EDWARD ISLAND

President: Lori Ferguson-Brown loriaferguson@hotmail.com Past President: Katherine Grant-Smith Treasurer: Elaine Smith Secretary: Donna Clark

ACKNOWLEDGEMENTS

2012 AWARD RECIPIENTS

CANO/ACIO presents its awards of excellence, grants and scholarships at its annual meeting. Chosen by the recognition of excellence committee, the following members were recognized:

CANO/ACIO Merck Lectureship

2012 Deborah McLeod, Joan Hamilton, NS

Helene Hudson Memorial Lectureship Award (Amgen Oncology) 2012 Colleen P. Campbell, ON

CANO-ACIO/Brain Tumour Foundation of Canada Award For Excellence in Neuro-Oncology Nursing 2012 Maura Eleuterio, ON

Kidney Cancer Canada Award 2012 Paul O'Brien, ON

Lymphoma Foundation Canada Award of Excellence -Patient Advocacy 2012 Patricia Murphy-Kane, ON

Roche-CANO/ACIO Breast Cancer Care Award Elaine Ledwell, St. John's, NFLD

CANO/ACIO Nursing Scholarship Award

2012 Renee Hartzell, Masters of Nursing, University of Victoria and Kim Franchina, Bachelor of Science, Charles Sturt University

Pfizer Practice Awards 2012 Krista Rawson, AB

Pfizer Education Award 2012 Massey Nematollahi, ON

Pfizer Research Award 2012 Dawn Stacey, ON

Pfizer Leadership AwarD 2012 Sylvie Belanger, QC

CANO/Ovarian Cancer Canada Award for Excellence in Gynecology-Oncology Nursing

2012 Nadine Al-Hawari, Silvia Pistagnesi-Sebastyan, Joanne Power, Sonia Semenic, Montreal, QC

Manitoba Chapter Poster Award 2012 Larissa Day, Althea Van Massop, Toronto, ON

Travel Grants

2012 Anne Katz, Winnipeg, MB - Karen Woodworth, Halifax, NS - Teresa Kerridge, Edmonton, AB - Ashley Pugh-Clarke, Barrie, ON

Research Grants

The CANO/ACIO Research Grants have been established to help build capacity for oncology nursing research across Canada. The primary goal of these research grants is to support nurses at the early stage of a proposed project.

Submissions are reviewed by a Scientific Review Panel of expert oncology nurse researchers. The awards were presented to:

Joanne Crawford, RN, MScN, CON(C), PhD Student, University of Toronto.

"Colorectal Cancer Screening Behaviors of South Asian Immigrants in Canada: An Exploratory Mixed Methods Study"

Joanne Power, RN, MScN, CON(C), Clinical Nurse Specialist, Gynecological Oncology, McGill University Health Centre

"Acceptability and Feasibility of an Online Image-Based Patient Education Guide for Women Newly Diagnosed with Ovarian Cancer"

ASSOCIATION CORPORATE SPONSORS/MEMBERS CANO/ACIO CONFERENCE SPONSOR & EXHIBITOR LISTING

The 25th CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:



EXHIBITORS/AUTRES COMMMANDITAIRES DE LA CONFÉRENCE

3M • Abbott Nutrition • AbbVie • Amgen • Astellas • Bayer • BD • Beutlich Pharmaceuticals • Bio-Oil • Boehringer Ingelheim • Calmoseptine • The Canadian Cancer Society • Cancer and Careers • CANO/ ACIO • Cardinal Health • Celgene • The Canadian Nurses Association • Cold Comfort Canada • De Souza • Eisai • Fertile Future • Fisher Health • Fresineus Kabi• GlaxoSmithKline • ICU Medical Inc • International Society of Nurses in Cancer Care • Janssen Inc. • Kidney Cancer Canada • Leukemia and Lymphoma Society of Canada • Look Good Feel Better and FacingCancer.ca • Lundbeck • Lymphoma Canada • Merck • Novartis • Oncology Nursing Society • Paladin Labs Inc. • Pendopharm • Pfizer Canada Inc. • Rethink Breast Cancer • Roche Canada • Sanofi • Shoppers Drugmart Specialty Health Network • Takeda Canada Inc. • Tip of the Toes Foundation

ADDITIONAL ANNUAL REPORTS

Additional chapter reports, external representatives' reports and special interest group reports are available here: **www.cano-acio.ca/annual_reports.**

We encourage all members to review these reports to learn more about our association. CANO/ACIO would like to thank all of our group leaders for the important work that they do!

<u>n a</u> WOLRIGE MAHON CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Members of Canadian Association of Nurses In Oncology:

We have audited the accompanying financial statements of Canadian Association of Nurses In Oncology, which comprise the statements of financial position as at December 31, 2012, December 31, 2011 and January 1, 2011, and the statements of operations and changes in members' equity and statements of cash flows for the years ended December 31, 2012 and December 31, 2011, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Canadian Association of Nurses In Oncology as at December 31, 2012, December 31, 2011 and January 1, 2011, and its financial performance and its cash flows for the years ended December 31, 2012 and December 31, 2011 in accordance with Canadian accounting standards for not-for-profit organizations.

Woliige Mahon LLP CHARTERED ACCOUNTANTS

May 27, 2013 Vancouver, B.C.

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CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

STATEMENTS OF OPERATIONS AND CHANGES IN MEMBERS' EQUITY

For the years ended December 31, 2012 and 2011

	2012	2011
	\$	\$
Revenue		
Annual conference	581,528	591,660
Memberships	88,036	87,028
CANO journal	66,192	64,661
Royalties and merchandise sales	42,966	53,447
Annual COND	26,358	10,216
Interest	8,000	8,848
	813,080	815,860
Expenditures		
Amortization	23	31
Annual COND	25,473	5,452
Annual conference	524,497	487,480
Annual general meeting	-	239
Annual report	1,677	884
Audit and legal	4,515	3,859
Board, committee and strategic initiatives (Note 8)	89,089	106,849
CANO journal	83,020	85,403
Gifts and acknowledgements	136	107
Insurance	4,192	4,338
Management fees	44,680	47,928
Office and general	42,184	26,102
Printing, postage, stationery and delivery	6,570	6,473
Storage	2,635	2,375
Telephone	2,180	1,950
Translations	3,019	2,318
	833,890	781,788
Excess (deficiency) of revenue over expenditures	(20,810)	34,072
Members' equity, beginning	825,064	790,992
Members' equity, ending	804,254	825,064

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

STATEMENTS OF FINANCIAL POSITION

December 31, 2012 and 2011 and January 1, 2011

	December 31, 2012 \$	December 31, 2011 \$	January 1, 2011 \$
Assets			
Current			
Cash	101,642	129,931	55,963
Temporary investments	719,842	711,842	703,004
Receivables (Note 5)	104,982	83,417	163,212
Prepaid expenses	34,644	24,266	40,502
	961,110	949,456	962,681
Property and equipment (Note 6)	51	74	105
	961,161	949,530	962,786
		States and a second	
Liabilities			
Current			
Current Payables and accruals	37,271	14,875	
Current	37,271 25,456	14,875	
Current Payables and accruals			18,448 59,166 77,614
Current Payables and accruals	25,456	15,411	59,166
Current Payables and accruals Deferred revenue	<u> </u>	30,286	59,166 77,614 94,180
Current Payables and accruals Deferred revenue	25,456 62,727 94,180	15,411 30,286 94,180	59,166
Current Payables and accruals Deferred revenue Deferred contributions (Note 7)	25,456 62,727 94,180	15,411 30,286 94,180	59,166 77,614 94,180

Commitments (Note 9)

Approved by Directors:

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CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

STATEMENTS OF CASH FLOWS

For the years ended December 31, 2012 and 2011

	2012 \$	2011 \$
Cash flows related to operating activities		
Excess (deficiency) of revenue over expenditures	(20,810)	34,072
Adjustments for items not affecting cash:		
Amortization	23	31
	(20,787)	34,103
Changes in non-cash working capital:		,
Receivables	(21,565)	79,795
Prepaid expenses	(10,378)	16,236
Payables and accruals	22,396	(3,573)
Deferred revenue	10,045	(43,755)
	(20,289)	82,806
Cash flows related to investing activities		
Purchase of temporary investments	(8,000)	(8,838)
Net increase (decrease) in cash	(28,289)	73,968
Cash, beginning	129,931	55,963
Cash, ending	101,642	129,931

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the years ended December 31, 2012 and 2011

The Association was incorporated in 1994 under the laws of Canada. The Association represents nursing professionals engaged in oncology practice. Its mandates are the promotion of cancer prevention and care, the establishment of care standards, education, and communication.

The Association is a not-for-profit organization registered under the *Income Tax Act* and, as such, is exempt from income tax.

Note 1 Significant Accounting Policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations ("ASNPO") and include the following significant accounting policies:

Financial Instruments

Measurement of financial instruments

The Association measures its financial assets and financial liabilities at fair value at the acquisition date, except for financial assets and financial liabilities acquired in related party transactions. Transaction costs related to the acquisition of financial instruments subsequently measured at fair value are recognized in net earnings when incurred. The carrying amounts of financial instruments not subsequently measured at fair value are adjusted by the amount of transaction costs directly attributable to the acquisition of the instrument.

The Association subsequently measures all of its financial assets and financial liabilities at amortized cost.

Impairment

Financial assets measured at amortized cost are assessed for indications of impairment at the end of each reporting period. When impairment is identified, the amount of the write-down is recognized as an impairment loss in net earnings. Previously recognized impairment losses are reversed when the extent of the impairment decreases, provided that the adjusted carrying amount is no greater than the amount that would have been reported at the date of the reversal had the impairment not been recognized previously. The amount of the reversal is recognized in the statement of operations.

Property and Equipment

Property and equipment are carried at cost less accumulated amortization. Amortization is calculated annually as follows:

Computer hardware - 30% declining balance

except in the year of acquisition, at which time amortization is provided for at one-half the annual rate.

Impairment of Long-Lived Assets

Long-lived assets, which include property and equipment, are tested for recoverability whenever events or changes in circumstances indicate that their carrying amounts may not be recoverable. An impairment loss is recognized when the carrying amount of a long-lived asset is not recoverable and exceeds its fair value.

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the years ended December 31, 2012 and 2011

Note 1 Significant Accounting Policies (continued)

Revenue Recognition

The Association follows the deferral method of accounting for contributions. Restricted contributions are recorded as deferred contributions and recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable, if the amount to be received can be reasonably estimated and collection is reasonably assured.

Membership fees are invoiced annually. Memberships expire December 31. Membership fees are recorded once collection is reasonably assured. Conference and pre-conference revenues are recognized upon receipt of the registration form or when collection is reasonably assured. CANO journal, royalties, merchandise sales, annual COND and grants are recorded once the amount is readily determinable and collection is reasonably assured. Amounts received in advance for the following fiscal year are recorded as deferred revenue.

Interest income is recognized as revenue when earned.

Restricted grants and contributions are recognized as revenue in the year in which the related expenses are incurred, until then they are reported as deferred contributions.

Foreign Currency Translation

Monetary assets and liabilities which are denominated in foreign currencies are translated at the exchange rate in effect at the balance sheet date. Revenue and expense items are translated at rates of exchange prevailing on the transaction dates. All exchange gains and losses are included in the determination of the excess of revenue over expenditures.

Use of Estimates

The preparation of financial statements in conformity with Canadian accounting standards for notfor-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Note 2 Impact of the Change in the Basis of Accounting

These financial statements are the first financial statements of the Association prepared in accordance with ASNPO. The Association adopted ASNPO in accordance with the *Canadian Institute of Chartered Accountants ("CICA") Handbook* Section 1501, First-Time Adoption by Not-For-Profit Organizations. In accordance with ASNPO, the Association has:

- applied the same accounting policies throughout all periods presented; and
- retrospectively applied effective ASNPO standards as of January 1, 2011, as required.

The adoption of ASNPO had no impact on the previously reported assets, liabilities and equity of the Association and, accordingly, no adjustments have been recorded in the comparative balance sheets, statements of operations and changes in members' equity and statements of cash flows. Certain disclosures included in these financial statements reflect the new disclosure requirements of ASNPO.

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the years ended December 31, 2012 and 2011

Note 3 Financial Instruments

Items that meet the definition of a financial instrument includes cash, temporary investments, receivables and payables and accruals. It is management's opinion that the association is not exposed to significant market risk, currency risk, interest rate risk or other price risk arising from these financial instruments.

Risks and concentrations

The Association is exposed to various risks through its financial instruments, without being exposed to significant concentrations of risk.

Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The Association is exposed to liquidity risk in respect of its payables and accruals.

Credit risk

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The Association is exposed to credit risk in respect of its receivables. The Association provides credit to its clients in the normal course of its operations.

Note 4 Capital Management

The Association's capital consists of its members' equity.

The Association maintains adequate cash and temporary investments to meet current payment obligations and planned program expenditures. Pending actual disbursements for budgeted program expenditures, funds are invested in securities designed to maximize return while minimizing risk and maintaining flexibility. The investment objectives are subject to limitations defined by the Board of Directors and are set to provide maximum current income within the approved risk parameters.

Note 5 Receivables

Receivables consist of the following:

	2012 \$	2011 \$
Trade receivables	77,532	65,135
GST / HST receivable	33,485	18,282
Allowance for doubtful accounts	(6,035)	-
	104,982	83,417

As at December 31, 2012, the carrying amount of impaired receivables totalled \$Nil (2011: \$Nil), which is net of the allowance for doubtful accounts of \$6,035 (2011: \$Nil).

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the years ended December 31, 2012 and 2011

Note 6 Property and Equipment

	Cost \$	Accumulated Amortization \$	2012 Net \$	2011 Net \$
Computer Hardware	3,361	3,310	51	74

Note 7 Deferred Contributions

	Fatigue Initiative Grant \$	Pain Management Grant \$	Oncology Education Project \$	Total \$
December 31, 2012 and 2011	32,577	31,966	29,637	94,180

Deferred contributions represent unspent resources externally restricted as follows:

The Fatigue Initiative Grant is to be utilized as agreed upon by an advisory group comprised of the donor's and the Association's personnel.

A Pain Management Grant of \$195,000 was received to help establish a guidelines manual for nurses. Any expenditures must be approved by the Association's executive committee.

The Oncology Education Project received \$140,000 to develop and implement a National Education strategy to support and evaluate role development, knowledge and expertise in adult and pediatric oncology nursing in Canada. Any expenditures must be approved by the Association's executive committee.

Note 8 Board, Committee and Strategic Initiatives

	2012	2011
	\$	\$
CONJ stipend	5,880	14,040
Council of Chapters	16,147	10,381
Director at large-internal	102	-
Endorsement stipend	1,000	2,600
Governance operations	32,940	40,883
Membership and registration data	6,000	4,810
Research grants	10,000	7,991
Strategic planning	13,020	20,144
Travel grants	4,000	6,000
	89,089	106,849

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the years ended December 31, 2012 and 2011

Note 9 Commitments

During the year, the Association renewed its management services contract with a third party effective January 1, 2013. Management fess will escalate from 31.5% of gross revenues during the first year of the contract to 33% during the third year. Gross revenues exclude CANO journal advertising revenue, which are included in CANO journal revenue. The contract expires on December 31, 2015.

Management fees corresponding to annual conference, CANO journal and annual COND are included in annual conference, annual COND and CANO journal expeditures, respectively.

The Association has committed to various annual conference locations which are subject to cancellation fees as follows:

Location	Cancellation fee \$
Sheraton Vancouver Wall Centre Hotel	
From 364 days to 179 days prior to arrival	201,750
From 178 days or less prior to arrival	269,000
Hilton Quebec	
From 730 days to 541 days prior to arrival	48,078
From 540 days to 366 days prior to arrival	96,155
From 365 days to 210 days prior to arrival	144,233
From 209 days to 91 days prior to arrival	223,560
From 90 days to 31 days prior to arrival	254,810
From 30 days or less prior to arrival	317,310
Fairmont Royal York	
From 366 days or greater prior to arrival	190,277
From 365 days to 181 days prior to arrival	285,415
From 180 days to 91 days prior to arrival	304,442
From 90 days or less prior to arrival	380,553
	 Sheraton Vancouver Wall Centre Hotel From 364 days to 179 days prior to arrival From 178 days or less prior to arrival Hilton Quebec From 730 days to 541 days prior to arrival From 540 days to 366 days prior to arrival From 365 days to 210 days prior to arrival From 209 days to 91 days prior to arrival From 30 days or 91 days prior to arrival From 30 days or less prior to arrival From 366 days or greater prior to arrival From 366 days or greater prior to arrival From 365 days to 181 days prior to arrival From 180 days to 91 days prior to arrival

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