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About CANO/ACIO

Established in 1985, the Canadian Association of Nurses in Oncology/Association canadienne des infirmières 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.

Additional chapter reports, external representatives’ reports and special interest group reports are available here:

www.cano-acio.ca/annual_reports.
Message from the President

Dear CANO/ACIO members,

As I complete my first year as president of this organization, this offers an opportunity to reflect on the accomplishments the board achieved. This year the board focused on building the infrastructure for continued growth and processes that enable advancing initiatives in a timely manner.

We have hired a project leader to support the Directors and their goal to revise and update our standards, practice and role competencies document. We are completing the work on the National Strategy for Chemotherapy Administration. A process has been established to identify and develop the next set of standards and competencies and will focus on the care of patients undergoing radiation treatment.

We are reviewing the structure for chapters, networks and special interest groups and how best to align and support these groups. An education strategy has been approved by the board this year. This strategy includes the development of a national education committee to help move work forward. The committee is now in place and working on the strategic goals and objectives. Initial activities include developing the “Best of CANO” series that will take specific sessions from our annual conference and disseminate highlights of these sessions to nurses across Canada. In addition, we have aligned a national oncology nursing education listserv to CANO/ACIO and we will determine how best to utilize this resource to assist with meeting our strategic goals.

Resource networks and opportunities for clinicians and researchers to discuss research and knowledge translation activities are expanding. We are using Sosido, our website, podcasts and workshops at our annual conference for these activities.

A three to five year roadmap has been created for the Canadian Oncology Nursing Journal with a new editorial vision in order to keep our journal relevant. It is one of several vehicles available to the board to communicate with our membership and a national survey was completed to determine how best to use the journal, e-newsletter, social media and our website for this purpose.

CANO/ACIO’s established annual initiatives engaged hundreds of members across the country this year. This included the National Oncology Nursing Day activities, our successful conference in Vancouver and the second annual Nurse of the Year Award.

In closing, our work continues to build a foundation that is consistent with the recommendations of optimizing cancer nursing contributions to the health of Canadians. This work would not be possible without our forward thinking and membership focused board of directors as well as support from our Executive Director.

I encourage you to approach anyone of us with questions, comments and feedback.

Sincerely,

Barbara Fitzgerald, RN, MScN
President
Canadian Association of Nurses in Oncology
Board of Directors

Barbara Fitzgerald
RN, MScN
President

Tracy Truant
RN, MSN, PhD(C)
Vice-President

Jeanne Robertson
RN, BSc, BA, MBA
Treasurer

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

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

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

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

Cindy McLennan
RN, BscN, MBA, CON(C)
Incoming Director-at-Large, Membership

Shari Moura
RN, MN, CON(C), CHPCN(C)
Incoming Director-at-Large, External Relations

CANO/ACIO Head Office

Ana Torres, BA (Hon), MPb
Executive Director

Carole Perez
Project Manager

Cornelie Lefevre, BA, MBA
Project Manager

Paul Fogerty, BA (Hon)
Manager of Conferences and Meetings

Samantha Taylor, BA (Hon)
Coordinator

Brendan Little, BA
Administrative Assistant

Dawn Stacey
RN, PhD, CON(C)
 Incoming Director-at-Large, Research
Membership Stats

Geographic Distribution

10% Alberta
9% British Columbia
7% Manitoba
2% New Brunswick
2% Newfoundland
4% Nova Scotia
Less than 1% Northwest Territories

43% Ontario
2% Prince Edward Island
18% Quebec
2% Saskatchewan
Less than 1% Yukon
Less than 1% International
### Years in Nursing Practice

<table>
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<tr>
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<th>Percentage</th>
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<tr>
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### Years in Oncology Nursing Practice

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### Membership Type

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<tr>
<td>Associate</td>
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<tr>
<td>Non-working members</td>
<td>1%</td>
</tr>
<tr>
<td>Regular</td>
<td>93%</td>
</tr>
<tr>
<td>Student</td>
<td>4%</td>
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</table>

### Education

<table>
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<th>Percentage</th>
</tr>
</thead>
<tbody>
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<td>Bachelor of Arts or Science</td>
<td>9%</td>
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<tr>
<td>Bachelor in Nursing</td>
<td>54%</td>
</tr>
<tr>
<td>Masters (other than Nursing)</td>
<td>6%</td>
</tr>
<tr>
<td>Masters in Nursing</td>
<td>18%</td>
</tr>
<tr>
<td>Doctorate (other than Nursing)</td>
<td>1%</td>
</tr>
<tr>
<td>Doctorate in Nursing</td>
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<tr>
<td>General Diploma</td>
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<tr>
<td>Nursing Diploma</td>
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<tr>
<td>CON(C)</td>
<td>41%</td>
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<td>Members in Pediatric Oncology Nursing</td>
<td>2%</td>
</tr>
<tr>
<td>Members in inpatient nursing</td>
<td>23%</td>
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</table>
Strategic Plan

The CANO/ACIO strategic plan has four directions as follows:

- **Policy Influence**: Create an infrastructure for policy development that is timely and strategic.
- **Leadership**: Develop organizational infrastructure to provide leadership paths.
- **Standards and Guidelines**: Build on work done with the National Strategy for Chemotherapy Administration.
- **Specialization, Education, and Knowledge Generation**: Meet the needs of nurses working across the spectrum of cancer care.

To see the complete strategic plan and an updated action plan, please visit here: [www.cano-acio.ca/strategic-plan](http://www.cano-acio.ca/strategic-plan)
Strategic Plan Activities

Specialization, Education and Knowledge Generation

The objective of CANO/ACIO’s Specialization, Education, and Knowledge Generation 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 specialty 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.

Furthermore, the goal 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. We will continue bridge-building between clinicians and researchers to increase the capacity for clinically relevant research and knowledge translation.

To accomplish this, CANO/ACIO will:

- Revisit the standards and practice, role competencies, and standards of care documents to ensure that they represent the full range of cancer nursing with specific emphasis on approaches to meet the broader range of needs associated with cancer care nationally.
- Create and profile 3 identified roles of nurses in oncology (generalist, specialist, APN): audience includes public, hospitals, cancer centres, community health, and education institutions.
- Develop a continuing education strategy and support. Partner with council of chapters as core stakeholder group.
- Promote certification in Oncology Nursing
- Partner with appropriate organizations/associations/institutions to ensure the ongoing availability of high quality continuing educational resources and specialty certification.
- Sustain a scholarly journal for cancer nursing and continue to align with rapid changes in publishing.
- Review the structure for Chapters, Networks, and Special Interest Groups.
- Explore how best to evolve Special Interest Groups and align the work to CANO priorities.
- Create a metric for specialty certification across the country
- Expand resource networks and opportunities for research capacity building and knowledge exchange.
- Examine CANO/ACIO’s alignment to nursing students, the role of students and what we do for students with regards to education, practice and leadership.
- Create a specific strategy to examine the needs of generalists and a plan to meet those needs. (This will come out of the survey that we plan to do around the needs of generalists).
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).

A framework will be established within the national association that identifies, introduces, implements and evaluates new, key initiatives and special projects.

To accomplish this, CANO/ACIO will:

- Create a clear process for standards and guideline development and updates.
- Develop a list of priorities over the next 3 years and a roadmap for development. Suggested standards/guidelines of interest: Nurse Wellness, screening and early detection, radiation oncology, surgical oncology, survivorship, end-of-life care, and pediatric oncology nursing.

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.

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) will be created.

To accomplish this, CANO/ACIO will:

- Create leadership succession planning pathways within the organization for all roles; e.g., active member to chapter/SIG chair, to board member, to executive board member, to ambassador/mentor for the organization. Ensure leadership pathways address needs of the cancer care system.
- Identify leadership courses/workshops/programs available to oncology nurses.
- Review and update all Board of Director roles to ensure clarity with role expectations and portfolio responsibilities.
- Review how SIGS, Chapters, Committees align to the strategic plan.
- Consider a process for off-boarding board members and association leaders with the following intentions: harnessing Association knowledge and history; formal acknowledgement of their commitment and work; formal engagement of ongoing CANO/ACIO opinion leaders.
- Consider a process for onboarding of new board members to their roles.
- Examine the possibility of developing bursaries for leadership initiatives.
- Create a formal on-boarding process for SIGs and Chapters and committee members.
- Investigate the concept of a patient advisory group and how this would fit and benefit CANO/ACIO mission and vision.

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/ACIO will be seen as a leader influencing the advancement of cancer nursing excellence across the spectrum of cancer care.

To accomplish this, CANO/ACIO will:

- Create a process for responding to issues in a timely manner (e.g., board committee).
- Create a process for advancing policy briefs on key issues.
- Create a contact list of individuals sitting at tables where policy is being developed that aligns to CANO/ACIO mission/vision, strategic priorities and discuss the possibility of creating an informal advisory group to CANO/ACIO.
- Create a document that identifies key cancer controls organizations in Canada and CANO/ACIO involvement.
- Develop a plan to outline strategy related to partnerships that help further the CANO/ACIO mission, vision and strategic priorities.
Marketing Initiatives

Oncology Nursing Day OND

We received mayoral proclamations from 17 cities across Canada including Kelowna, Vancouver, Halifax, Fredericton, Richmond, Joliette, Calgary, Barrie, Surrey, Saskatoon, Regina, Ottawa, Kingston, St. John’s, Victoria, Rimouski, Edmonton.

In addition, the following provinces also proclaimed April 1, 2014 as oncology nursing day:

- British Columbia
- New Brunswick
- Prince Edward Island
- British Columbia
- Nova Scotia
- Saskatchewan

The following chapters organized events during oncology nursing day!

- Simcoe-Muskoka Chapter
- Greater Toronto Chapter
- Nova Scotia Chapter
- ONIGA South
- Champlain Chapter
- British Columbia
- Nova Scotia Chapter

The following members received Chapter Champion awards:

- Alberta – ONIGA South Chapter – Jennifer Anderson
- Simcoe – Maryellen Love
- Ottawa/Champlain Chapter - Laura Giannantonia
- Greater Toronto Chapter – Simonne Simon

The following members wrote stories about what it means to be an oncology nurse:

- Crystele Montpetit (Surrey)
- Maureen Quinn (London)
- Christine Ransom (Kelowna)
- Karen Woodworth (Halifax)
- Deborah McLeod (Halifax)
- Nancy (Surya) Absolon (Vancouver)
- Kris Trevillion (Abbotsford)
- Deborah Harris (Hamilton)
- Claire and Tess’s Video for Oncology Nursing Day 2014

Oncology Nursing Day posters.
OND Proclamations
OND Proclamations
Landmarks

The Fairmont Empress Hotel in Victoria, was lit in the CANO/ACIO colors on the evening of April 1, 2014.

Oncology Nursing Day 2015 and 2016

The CANO/ACIO Board of directors will continue organizing oncology nursing day in 2015 and 2016. 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 2015 oncology nursing day will be determined at the Council of Chapters meeting held at the conference in Quebec.
Nurse of the Year

On October 21st, 2013 Ms. Jodi Hyman was announced as the winner of the second annual Boehringer Ingelheim Oncology Nurse of the Year Award, at the CANO/ACIO annual awards ceremony held in Vancouver, BC.

Jodi Hyman is the Nurse Educator of Community Cancer Programs Network with CancerCare Manitoba in Winnipeg, where she is responsible for the assessment, planning, development, implementation, evaluation and coordination of educational programs. In that position, she provides all new CCP Nurses hired within Manitoba with a three week 1-on-1 orientation to systemic therapy and the care of people affected by cancer. Over the past 18 years she has held a variety of oncology nursing positions and has tirelessly merged her own clinical practice with direct care, educating other nurses, and initiating and creating programs to help improve the cancer patient journey. Ms. Hyman has a Bachelor of Science in Cancer Nursing from the Institute of Cancer Research, University of Manchester, in addition to a Diploma in Nursing from St. Boniface General Hospital in Winnipeg, Manitoba. Ms. Hyman holds a Canadian Certification in Oncology Nursing and is current Vice President of the Manitoba Chapter of the Canadian Association of Nurses in Oncology, a member of Oncology Nursing Society & Chemotherapy Special Interest Group.

Throughout her career, Ms. Hyman has attended a variety of international conferences and has presented seven poster presentations, oral communications and publications at conferences since 2005.

You may view the presentation of the award and Ms. Hyman’s acceptance speech online (at the 25” mark) at the following link: http://new.livestream.com/mediaco/CanoAwards2013/videos/32903757

The recipient of this award receives $5,000 towards future education and professional development. Ms. Hyman will be using her award honorarium to attend The World Cancer Conference (WCC) in Melbourne, Australia this Winter, where she will be presenting two abstracts.

The 2013 award received media coverage by the Winnipeg Free Press, Brandon Sun, Global Winnipeg Morning News, Radio Canada Segment, and CBC Radio One Winnipeg Segment. We wish to congratulate Jodi on being selected for this award and would like to congratulate all 2013 nominees on their nomination.

Finally, we wish to thank everyone who submitted a nomination for this award and helped to celebrate the hard work of oncology nurses across Canada.
Key Educational Initiatives

2014 Conference

The theme for the 2014 conference is “Patient Engagement”. The conference is scheduled from October 26 to 29, 2013 at the Hilton Quebec in Quebec City.

The conference has been organized by the Conference Planning Steering Committee led by Jeanne Robertson and Karyn Perry, the Local Planning Committee led by Lucie Tardif and Geneviève Lepage, the Scientific Planning Committee led by Karine Bilodeau and Virginia Lee.

The scientific program will include abstract presentations—oral, poster, workshops and lectureships. The Clinical Lectureship will be presented by Krista Wilkins for her abstract, “Unwanted Encore: The Lived Experience”. The Helene Hudson lectureship will be presented by Judith Strickland, RN, BN, MN, CON(C) for her abstract titled, “Having Multiple Cancer Diagnoses: Young Mothers’ Engagement with the Cancer Care System”.

The keynote presenters are:

Hugo Desrochers, Patient,
France Légaré, B.Sc. Arch, MD, PhD, CCFP, FCFP,
Dawn Stacey, RN, PhD, CON(C), and
Andréeanne Saucier, MScN, CON(C).

This year the social event will be at the Quebec Musée de la civilisation, on Tuesday October 28th, 2014. Also, this year a 5 KM run/walk will be organized.

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

2015 Conference

The CANO/ACIO Greater Toronto Chapter of Oncology Nurses (GTCON) will be co-hosting the CANO/ACIO Conference! The conference theme is People, Purpose, Passion. This theme best describes oncology nurses as we are purposeful, passionate people. We are a driving force in providing the best possible oncology care!

The CANO/ACIO 2015 Conference will help achieve the mission, vision, and values by:

- Creating a platform for oncology nurses from all areas of practice to network and discuss practice-related issues, share knowledge and best practices related to oncology care thereby establishing an oncology nursing community of practice.

- Supporting practitioners to collaborate and share knowledge related to innovations and evidence-informed best practices in oncology care.

- Inspiring oncology nurses, leaders, researchers, and educators to continue to pursue their passion and maintain excellence in practice, research, and education.

- Encouraging and challenging oncology nurses to be system thinkers: to collaborate and partner with various healthcare professionals, and individuals and families affected by cancer, in order to provide the best possible oncology care.

- Celebrating and recognizing the exemplary work of oncology nurses across Canada, as they continue to be a driving force in advancing excellence in oncology nursing practice, research, and education.

The conference is scheduled for October 4 to 7, 2015 at the Royal York Hotel.

Keynote Presenters

Paul Alofs  Meg Soper  Mary Ferguson-Paré  Annie Parker  Leslee Thompson  Dr. Messner
Webinars

CANO/ACIO produced a comprehensive webinar program in 2014. Please see a list of webinars presented below.

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Topic</th>
<th>Speaker</th>
<th>Province</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>22</td>
<td>The GI and GU Oncology Emergencies</td>
<td>Jennifer Stephens</td>
<td>BC</td>
</tr>
<tr>
<td>Feb</td>
<td>11</td>
<td>Person-Centred Perspective and Canada’s National Strategy for Cancer Control</td>
<td>Scott Secord</td>
<td>ON</td>
</tr>
<tr>
<td>Mar</td>
<td>19</td>
<td>Redefining Value - How Much is a Nurse Worth?</td>
<td>Cindy McLennan</td>
<td>ON</td>
</tr>
<tr>
<td>Apr</td>
<td>2</td>
<td>Breast Cancer 101: Understanding pathology and treatment, the basics</td>
<td>Krista Rawson</td>
<td>AB</td>
</tr>
<tr>
<td>May</td>
<td>14</td>
<td>Developing comprehensive supportive care resources to address the information and support needs of patients attending a rapid diagnostic centre for breast abnormalities</td>
<td>Aronela Benea and Christine Maheu</td>
<td>ON</td>
</tr>
<tr>
<td>June</td>
<td>11</td>
<td>Nursing Interventions in cardiovascular risk reduction among adult cancer survivors</td>
<td>Edith Pituskin</td>
<td>AB</td>
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<tr>
<td>July</td>
<td>9</td>
<td>Oncology and palliative care partnership: Whole person care inspiring an innovative treatment approach and a transformation in clinical practice</td>
<td>Carmel Collins &amp; Kathy Fitzgerald</td>
<td>NFLD</td>
</tr>
<tr>
<td>Aug</td>
<td>13</td>
<td>New CVAA guidelines 2013- Occlusion management for central venous access devices (CVADs)</td>
<td>Jocelyn Hill</td>
<td>BC</td>
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<tr>
<td>Sept</td>
<td>17</td>
<td>International Guidelines on Vaginal Dilation after Pelvic Radiotherapy: Implementation into Practice</td>
<td>Lynne Jolicoeur &amp; Heidi Thomas</td>
<td>ON</td>
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<tr>
<td>Oct</td>
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<td>APN SIG</td>
<td>Sarah Wall</td>
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<tr>
<td>Oct</td>
<td>15</td>
<td>Prostate 101</td>
<td>Leah Jamnicky</td>
<td>ON</td>
</tr>
<tr>
<td>Nov</td>
<td>12</td>
<td>Improving Innovative Care for the Transformation of Psychosocial Nursing for Young Adults with Cancer</td>
<td>Anne Katz</td>
<td>MB</td>
</tr>
<tr>
<td>Nov</td>
<td>26</td>
<td>OASIS program</td>
<td>Elisha Andrews</td>
<td>AB</td>
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</table>

We are tracking the number of views for the webinar program; please see the chart above that measures viewership since 2011. In 2014 we had a drop in views from 2013; however, in 2013 we presented a survivorship webinar track. This series had a higher viewership than normal. If we compare 2014 viewership, with 2012’s viewership, where we organized webinars in a more ad-hoc basis, we see growth. We will continue to monitor this. As well we will continue to advertise our webinar program beyond the membership.
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.

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

Dr. Margaret Fitch took over the editor-in-chief position of the CONJ in August 2014. She is currently examining the publication. With CANO/ACIO’s director of communications she conducted a membership survey regarding views and suggestions for the journal. The goal is to understand the needs of the members and ensure that our journal meets their needs. As Dr. Fitch wrote in her Summer 2014 Editorial:

Overall the respondents indicated the following characteristics were strengths of the journal: it is Canadian, specific to oncology nursing, bilingual, credible, of quality and has a diversity of topics. Our peer review process was acknowledged as timely and helpful.

Overall the areas where respondents thought there could be improvements included the limited readership, it’s limited profile as a journal, the relevance of topics for some audiences, no impact factor (this is a rating given to journals that indicates the impact it has in the scientific or academic world), the look of the journal, and the accessibility to the articles in the journal. Essentially respondents thought the journal had a great deal to offer but it needed wider circulation and profile beyond our borders.

A few new features have already been added including: an Ask the Expert Column and A Nurse to Know Feature. Please keep an eye out on the journal as it continues to evolve over the next year.

CONJ articles are indexed through CINAHL and Pubmed and thus can be easily found by oncology researchers and the public 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/about-conj](http://www.cano-acio.ca/about-conj) or email cano@malachite-mgmt.com.
Benefits of Membership

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 to 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, hematology, 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. CANO/ACIO provides a limited number of travel grants and bursaries to support members to attend.

**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
- Vaginal Dialator Guidelines (in progress)

**Awards of Excellence, Educational Scholarships and Research Grants**
CANO/ACIO members can apply for awards of excellence such as the Clinical Lectureship and Hélenè 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.

**Other benefits of membership**
- CANO/ACIO members enjoy automatic membership to the Canadian Oncology Societies (COS) -www.cos.ca
- Reduced fees to the 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
- Access to Sosido
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. Please visit http://www.cano-acio.ca/canoacio_chapters for contact information.

Alberta—ONIGA North
President: Susan Horsman
Past President: Carole Szwarzkowsk
Treasurer: Romeo Felix
Secretary: Lori Thompson

Alberta—ONIGA South
President: Sydney Farkas
Education Coordinator: Elysa Meek
Secretary: Emily MacLeod
Treasurer: Jennifer Anderson
Past-President: Jennifer Anderson

BC Chapter
President: Brenda Ross
Vice President: Theresa Zapach
Secretary: Jagbir Kohli
Treasurer: Jennifer Anderson

Ontario—London
President: Adrienne Fulford

Ontario—North Eastern
President: Nicole Foy
Past President: Barbara Ballantyne
Secretary: Karen Hubert
Treasurer: Karen Mallet

Ontario—Champlain
Past Co-Chair: Patricia McCarthy
Secretary: Amber Killam

Ontario—Simcoe County
President: Sandy Calvano

Ontario—Toronto
President: Philiz Goh
Past President: Simonne Simon
Treasurer: Charisa Cordon

Waterloo—Wellington
President: Donna Holmes

Quebec
President: Maryse Carignan
Quebec Chapter Liaison: Marika Swidzinski
Vice President: Linda Hershon
Treasurer: Jacinthe Brodeur
Secretary: Nicole Tremblay

Nova Scotia
President: Kara Henman
Vice President: Michele Rogez
Past President: Jo-Anne Edwards
Treasurer: Heather Brander
Secretary: Shannon Greek

Brunswick—Moncton
Presidents: Carolyn DeVito
Treasurer: Hilary McDonough-Smith
Secretary: Tanya Arseneault

Newfoundland & Labrador
President: Kathy Fitzgerald
Treasurer: Bernadine O’Leary
Secretary: Carmel Collins

Prince Edward Island
President: Lori Ferguson-Brown
Past President: Katherine Grant-Smith
Treasurer: Elaine Smith
Secretary: Donna Clark

Ontario—Horseshoe
Co-President: Heidi Thomas
Co-President: Kathy Coskey

Ontario—Horseshoe
Co-President: Heidi Thomas
Co-President: Kathy Coskey
Special Interest Groups

CANO/ACIO supports special interest groups. We thank each of the chairs for taking a leadership position within their area of specialty. For contact information, please see the SIG pages on the CANO/ACIO website.

**Advanced Practice Nursing SIG**
- **Co-Chair:** Grace Bradish
- **Co-Chair:** Edith Pituskin

**Complementary Medicine SIG**
- **Co-Chair:** Tracy Truant
- **Co-Chair:** Lynda Balneaves

**Gynecologic Oncology SIG**
- **Chair:** Lynne Jolicoeur

**Hematology/BMT SIG**
- **Chair:** Cherie Severson

**Leadership SIG**
- **Co-Chair:** Janice Chobanuk
- **Co-Chair:** Karen Janes

**Palliative Care SIG**
- **Chair:** Vicki Lejambe

**Radiation SIG**
- **Co-Chair:** Arlene Court
- **Co-Chair:** Laurie Ann Holmes

**Surgical Oncology Nursing SIG**
- **Chair:** Shari Moura
2013 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 at the 2013 CANO/ACIO Annual Conference in Vancouver, BC.

**CANO/ACIO Merck Lectureship**
Nancy (Surya) A. Absolon, BC

**Helene Hudson Memorial Lectureship Award (Amgen Oncology)**
Carolyn M. Tayler, BC

**Award of Excellence in Kidney Cancer Nursing**
Joan Basiuk, ON

**CANO/ACIO Education Scholarship Award**
Komal Patel, ON; Carmel Collins, NL

**CANO/ACIO-Amgen Award for Innovation in Oncology Patient and Family Education**
Annie Jean, Annie Bombardier, and Melanie Leonard, QC

**Pfizer Award of Excellence in Nursing Clinical Practice**
Erin Streu, MB

**Pfizer Award of Excellence in Nursing Education**
Bernadine O’Leary, NL

**Pfizer Award of Excellence in Nursing Research**
Savitri Singh-Carlson, USA

**Pfizer Award of Excellence in Nursing Leadership**
Linda Watson, AB

**CANO/Ovarian Cancer Canada Award for Excellence in Gynecology-Oncology Nursing**
Ivy Henry, ON; Joanne Power, QC; Margaret Fitch, ON

**Manitoba Chapter Poster Award**
Sabrina Bennett, ON; Michelle Rogez, NS; Sarah N. Proulx, ON; Tomoko Uemoto, ON

**Student Travel Grants**
Jordan Rennie

**Travel Grants**
Nicole Allard, Quebec; Krista Rawson, Alberta; Krista Wilkins, New Brunswick; Bernadine O’Leary, Newfoundland

**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 2013 awards were presented to:

Edith Pituskin, BSN, MN, PhD, Department of Oncology, Faculty of Medicine and Dentistry, University of Alberta.

“Dimensions of Care in Radiation Therapy: Perspectives of Radiation Therapists and Radiation Therapy Patients”

Prisco Salvador, RN, MScN, PhD Student, Mississauga, Ontario.

“The Effect of Oral Cryotherapy plus Mouth Rinsing on Oral Mucositis Severity in Breast Cancer Patients Undergoing Chemotherapy”

Nicole Tremblay, inf., MSc, CSIO(C), ICSP(C), Montreal, Quebec.

“L’étude portant sur le dépistage systématique de la détresse auprès de personnes atteintes de cancers hématologiques et de cancer du sein”
Sponsors

Our corporate sponsors are

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Annual Sponsors 2014

The 26th CANO/ACIO Annual Conference is made possible by the generous support of the following organizations:

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- Roche
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- Oncology

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- Celgene
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- Novartis
- Roche

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- Takeda
- gsk

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- Advanced Innovations Inc.
- Bio Oil
- Alberta Health Services
- Amgen
- Astellas
- Bayer
- Becton Dickinson (BD) Canada
- Bristol-Myers Squibb (BMS)
- Boehringer Ingelheim
- CANO/ACIO
- Canadian Breast Cancer
- Canadian Nurses Association
- Cancer and Careers
- Carefusion
- Celgene
- Cold Comfort Canada Inc.
- Eisai Limited
- Fondation Sur la pointe des pieds
- Fresenius Kabi Canada
- GlaxoSmithKline (GSK)
- ICU Medical Inc.
- Innovation OncoSolutions Inc.
- Janssen Inc.
- Kidney Cancer Canada
- Look Good Feel Better and FacingCancer.ca
- Lundbeck
- Lymphoma Canada
- Merck
- Oncology Nursing Society
- Pfizer Injectables
- Pfizer Oncology
- Roche
- Shoppers Drug Mart Specialty Health Network
- Sphynx Médical Inc.
- Takeda
- The Leukemia & Lymphoma Society of Canada
- Trudell Medical Marketing Limited

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PANEL DE DISCUSSION / FOCUS GROUP
Boehringer Ingelheim

SPONSORS DES RÉCOMPENSES / AWARD SPONSORS
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INDEPENDENT AUDITOR'S REPORT

To the Members of the Canadian Association of Nurses in Oncology:

We have audited the accompanying financial statements of Canadian Association of Nurses in Oncology, which comprise the statement of financial position as at December 31, 2013, and the statement of operations, statement of changes in members' equity and statement of cash flows for the year then ended, 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 audit. We conducted our audit 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 the Canadian Association of Nurses in Oncology as at December 31, 2013, and its financial performance and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Wolrige Mahon LLP

CHARTERED ACCOUNTANTS

May 27, 2014

Vancouver, B.C.
# Financial Statements

## CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

### STATEMENT OF OPERATIONS

For the year ended December 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual conference</td>
<td>615,656</td>
<td>581,528</td>
</tr>
<tr>
<td>Oncology nursing day</td>
<td>26,518</td>
<td>26,358</td>
</tr>
<tr>
<td>Oncology nursing journal</td>
<td>82,613</td>
<td>66,192</td>
</tr>
<tr>
<td>Sosido network project</td>
<td>32,500</td>
<td>-</td>
</tr>
<tr>
<td>Webinar</td>
<td>70</td>
<td>12,449</td>
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<tr>
<td><strong>Total program revenues</strong></td>
<td>757,357</td>
<td>686,527</td>
</tr>
<tr>
<td>Memberships - corporate</td>
<td>10,000</td>
<td>20,000</td>
</tr>
<tr>
<td>Memberships - individual</td>
<td>68,625</td>
<td>68,036</td>
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<tr>
<td>Endorsement and royalties</td>
<td>5,300</td>
<td>5,300</td>
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<tr>
<td>Job posting</td>
<td>16,500</td>
<td>16,500</td>
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<tr>
<td>Merchandise sales</td>
<td>2,972</td>
<td>8,663</td>
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<tr>
<td>Interest</td>
<td>7,225</td>
<td>8,000</td>
</tr>
<tr>
<td>Miscellaneous income</td>
<td>32,513</td>
<td>54</td>
</tr>
<tr>
<td><strong>Total operational revenues</strong></td>
<td>142,935</td>
<td>126,553</td>
</tr>
<tr>
<td>Expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual conference</td>
<td>554,265</td>
<td>524,497</td>
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<tr>
<td>Oncology nursing day</td>
<td>28,904</td>
<td>25,473</td>
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<tr>
<td>Oncology nursing journal</td>
<td>97,179</td>
<td>83,020</td>
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<tr>
<td>Sosido network project</td>
<td>32,500</td>
<td>-</td>
</tr>
<tr>
<td>Webinar</td>
<td>10,229</td>
<td>3,591</td>
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<tr>
<td><strong>Total program expenditures</strong></td>
<td>703,077</td>
<td>636,581</td>
</tr>
<tr>
<td>Accounting and legal</td>
<td>8,515</td>
<td>4,515</td>
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<tr>
<td>Bad debts</td>
<td>10,332</td>
<td>6,035</td>
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<tr>
<td>Bank and credit card fees</td>
<td>4,386</td>
<td>4,840</td>
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<tr>
<td>Board, committee and strategic initiatives</td>
<td>92,804</td>
<td>87,169</td>
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<tr>
<td>Foreign exchange loss</td>
<td>115</td>
<td>66</td>
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<tr>
<td>Management fees</td>
<td>34,977</td>
<td>44,680</td>
</tr>
<tr>
<td>Grants and awards</td>
<td>17,268</td>
<td>19,000</td>
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<tr>
<td>Insurance</td>
<td>4,222</td>
<td>4,192</td>
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<tr>
<td>Office</td>
<td>12,411</td>
<td>11,484</td>
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<tr>
<td>Promotions and publications</td>
<td>6,493</td>
<td>5,840</td>
</tr>
<tr>
<td>Website and database</td>
<td>34,426</td>
<td>9,488</td>
</tr>
<tr>
<td><strong>Total general and administrative expenditures</strong></td>
<td>225,949</td>
<td>197,309</td>
</tr>
<tr>
<td></td>
<td>929,026</td>
<td>833,890</td>
</tr>
</tbody>
</table>
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY
STATEMENT OF CHANGES IN MEMBERS' EQUITY
For the year ended December 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Members' equity, beginning</td>
<td>804,254</td>
<td>825,064</td>
</tr>
<tr>
<td>Deficiency of revenue over expenditures</td>
<td>(28,734)</td>
<td>(20,810)</td>
</tr>
<tr>
<td>Members' equity, ending</td>
<td>775,520</td>
<td>804,254</td>
</tr>
</tbody>
</table>
# Financial Statements

**CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY**

**STATEMENT OF FINANCIAL POSITION**

For the year ended December 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>41,710</td>
<td>101,642</td>
</tr>
<tr>
<td>Temporary investments</td>
<td>727,066</td>
<td>719,842</td>
</tr>
<tr>
<td>Receivables (Note 3)</td>
<td>148,901</td>
<td>104,982</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>18,326</td>
<td>34,644</td>
</tr>
<tr>
<td></td>
<td>936,003</td>
<td>961,110</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>5,000</td>
<td>-</td>
</tr>
<tr>
<td>Property and equipment (Note 4)</td>
<td>-</td>
<td>51</td>
</tr>
<tr>
<td></td>
<td>941,003</td>
<td>961,161</td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables and accruals</td>
<td>34,867</td>
<td>37,271</td>
</tr>
<tr>
<td>Deferred revenue (Note 5)</td>
<td>68,402</td>
<td>25,456</td>
</tr>
<tr>
<td></td>
<td>103,269</td>
<td>62,727</td>
</tr>
<tr>
<td>Deferred contributions (Note 6)</td>
<td>62,214</td>
<td>94,180</td>
</tr>
<tr>
<td></td>
<td>165,483</td>
<td>156,907</td>
</tr>
<tr>
<td><strong>Members' Equity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>775,520</td>
<td>804,254</td>
</tr>
<tr>
<td></td>
<td>941,003</td>
<td>961,161</td>
</tr>
</tbody>
</table>

*Commitments (Note 10)*

Approved by Directors:
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

STATEMENT OF CASH FLOWS

For the year ended December 31, 2013

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Cash flows related to operating activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficiency of revenue over expenditures</td>
<td>(28,734)</td>
<td>(20,810)</td>
</tr>
<tr>
<td>Adjustments for items not affecting cash:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amortization</td>
<td>52</td>
<td>23</td>
</tr>
<tr>
<td>Capitalized interest</td>
<td>(7,224)</td>
<td>(8,000)</td>
</tr>
<tr>
<td></td>
<td>(35,906)</td>
<td>(28,787)</td>
</tr>
<tr>
<td><strong>Changes in non-cash working capital:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>(43,919)</td>
<td>(21,565)</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>11,318</td>
<td>(10,378)</td>
</tr>
<tr>
<td>Payables and accruals</td>
<td>(2,405)</td>
<td>22,396</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>42,946</td>
<td>10,045</td>
</tr>
<tr>
<td>Deferred contributions</td>
<td>(31,966)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>(59,932)</td>
<td>(28,289)</td>
</tr>
<tr>
<td><strong>Net decrease in cash</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash, beginning</td>
<td>101,642</td>
<td>129,931</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash, ending</td>
<td>41,710</td>
<td>101,642</td>
</tr>
</tbody>
</table>
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the year ended December 31, 2013

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:

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 if the carrying amount of a long-lived asset is not recoverable and exceeds its fair value.

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. Journal sales, royalties, merchandise sales, Nurses Day 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.

Contributed Services and Materials

A number of volunteers contribute a significant amount of their time and services to the Society each year. Because of the difficulty in determining fair value, these contributed services are not
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the year ended December 31, 2013

Note 1 Significant Accounting Policies (continued)

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.

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. If 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.

Use of Estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-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 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.
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES
For the year ended December 31, 2013

Note 3 Receivables

Receivables consist of the following:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>147,853</td>
<td>77,532</td>
</tr>
<tr>
<td>GST / HST receivable</td>
<td>7,138</td>
<td>33,485</td>
</tr>
<tr>
<td>Allowance for doubtful accounts</td>
<td>(6,090)</td>
<td>(6,035)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>148,901</strong></td>
<td><strong>104,982</strong></td>
</tr>
</tbody>
</table>

As at December 31, 2013, the carrying amount of impaired receivables totalled $Nil (2012: $Nil), which is net of the allowance for doubtful accounts of $6,090 (2012: $6,035).

Note 4 Property and Equipment

<table>
<thead>
<tr>
<th></th>
<th>Cost $</th>
<th>Accumulated Amortization $</th>
<th>2013 Net $</th>
<th>2012 Net $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Computer hardware</td>
<td>3,361</td>
<td>3,361</td>
<td>-</td>
<td>51</td>
</tr>
</tbody>
</table>

Note 5 Deferred Revenue

Deferred revenue consists of the following amounts:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership</td>
<td>22,535</td>
<td>17,407</td>
</tr>
<tr>
<td>Conference - sponsorship</td>
<td>15,725</td>
<td>-</td>
</tr>
<tr>
<td>Journal</td>
<td>5,142</td>
<td>8,049</td>
</tr>
<tr>
<td>Sosido network grant</td>
<td>25,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total deferred revenue</strong></td>
<td><strong>68,402</strong></td>
<td><strong>25,456</strong></td>
</tr>
</tbody>
</table>
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the year ended December 31, 2013

Note 6  Deferred Contributions

<table>
<thead>
<tr>
<th></th>
<th>Fatigue Initiative Grant $</th>
<th>Pain Management Grant $</th>
<th>Oncology Education Project $</th>
<th>Total $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance, beginning</td>
<td>32,577</td>
<td>31,966</td>
<td>29,637</td>
<td>94,180</td>
</tr>
<tr>
<td>Recognized during the period</td>
<td>-</td>
<td>(31,966)</td>
<td>-</td>
<td>(31,966)</td>
</tr>
<tr>
<td>December 31, 2013</td>
<td>32,577</td>
<td>-</td>
<td>29,637</td>
<td>62,214</td>
</tr>
</tbody>
</table>

Deferred contributions represent unspent resources externally restricted as follows:

The Fatigue Initiative Grant, received in 2009, 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 in 2005 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 in 2008 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 7  Board, Committee and Strategic Initiatives

Board, committee and strategic initiatives are comprised primarily of:

<table>
<thead>
<tr>
<th>Initiative</th>
<th>2013 $</th>
<th>2012 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual general meeting</td>
<td>322</td>
<td>-</td>
</tr>
<tr>
<td>Committee expenses</td>
<td>1,482</td>
<td>398</td>
</tr>
<tr>
<td>Council of Chapters</td>
<td>5,100</td>
<td>16,147</td>
</tr>
<tr>
<td>Director-at-large - internal</td>
<td>-</td>
<td>102</td>
</tr>
<tr>
<td>Endorsement stipend</td>
<td>-</td>
<td>1,000</td>
</tr>
<tr>
<td>Governance operational expenses</td>
<td>48,149</td>
<td>32,940</td>
</tr>
<tr>
<td>Project leader stipend</td>
<td>-</td>
<td>5,880</td>
</tr>
<tr>
<td>Strategic planning</td>
<td>19,775</td>
<td>13,020</td>
</tr>
</tbody>
</table>
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES

For the year ended December 31, 2013

Note 8  Award and Grant Initiatives

Awards and grants are offered throughout the year as part of the Association's many initiatives. These awards and grants are comprised primarily of:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference travel grants</td>
<td>15,995</td>
<td>16,837</td>
</tr>
<tr>
<td>Excellence awards</td>
<td>-</td>
<td>186</td>
</tr>
<tr>
<td>Nurses' Day award</td>
<td>5,260</td>
<td>5,000</td>
</tr>
<tr>
<td>Research grants</td>
<td>9,124</td>
<td>10,000</td>
</tr>
<tr>
<td>SIG travel grants</td>
<td>3,144</td>
<td>4,000</td>
</tr>
<tr>
<td>Scholarship</td>
<td>5,000</td>
<td>5,000</td>
</tr>
</tbody>
</table>

Note 9  Financial Instruments

Items that meet the definition of a financial instrument include cash, temporary investments, receivables and payables and accruals.

The following is a summary of the significant financial instrument risks:

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 arising primarily from 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 connection with its receivables. The Association provides credit to its clients in the normal course of its operations.

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. It is management's opinion that the association is not exposed to significant currency risk or other price risk.

Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. Fixed-interest and non-interest bearing financial instruments are subject to changes in fair value, while floating rate financial instruments are subject to fluctuations in cash flows. The Association is exposed to interest rate risk with respect of its temporary investments, which are floating rate and is subject to fluctuations in cash flows.
Financial Statements

CANADIAN ASSOCIATION OF NURSES IN ONCOLOGY

NOTES
For the year ended December 31, 2013

Note 10  Commitments

The Association renewed its management services contract with a third party effective January 1, 2013. Management fees will increase from 31.5% of gross revenues during the first year of the contract to 33% during the third year. Gross revenues exclude journal advertising revenue, which are included in oncology nursing journal revenue. The contract expires on December 31, 2015. Management fees corresponding to the annual conference, the journal and annual Nurses' Day are included in the expenditures for each program, respectively.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Cancellation fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>Hilton Quebec</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From 730 days to 541 days prior to arrival</td>
<td>48,078</td>
</tr>
<tr>
<td></td>
<td>From 540 days to 366 days prior to arrival</td>
<td>96,155</td>
</tr>
<tr>
<td></td>
<td>From 365 days to 210 days prior to arrival</td>
<td>144,233</td>
</tr>
<tr>
<td></td>
<td>From 209 days to 91 days prior to arrival</td>
<td>223,560</td>
</tr>
<tr>
<td></td>
<td>From 90 days to 31 days prior to arrival</td>
<td>254,810</td>
</tr>
<tr>
<td></td>
<td>From 30 days or less prior to arrival</td>
<td>317,310</td>
</tr>
<tr>
<td>2015</td>
<td>Fairmont Royal York</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From 366 days or greater prior to arrival</td>
<td>190,277</td>
</tr>
<tr>
<td></td>
<td>From 365 days to 181 days prior to arrival</td>
<td>285,415</td>
</tr>
<tr>
<td></td>
<td>From 180 days to 91 days prior to arrival</td>
<td>304,442</td>
</tr>
<tr>
<td></td>
<td>From 90 days or less prior to arrival</td>
<td>380,533</td>
</tr>
</tbody>
</table>

Note 11  Comparative Figures

Certain 2012 comparative figures have been reclassified to conform with the financial statement presentation adopted for 2013.