General Regulations under
The Cancer Control Act

_Repealed_
by Chapter C-1.1 Reg 1 (effective January 15, 2008).

_Formerly_
Saskatchewan Regulation 880/68 (effective August 1, 1951)
as amended by Saskatchewan Regulations 321/64, 16/66,
882/68, 885/68 and 887/68.

**NOTE:**
This consolidation is not official. Amendments have been
incorporated for convenience of reference and the original statutes
and regulations should be consulted for all purposes of interpretation
and application of the law. In order to preserve the integrity of the
original statutes and regulations, errors that may have appeared are
reproduced in this consolidation.
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Establishment of clinics
1 The Saskatchewan Cancer Commission may establish consultative diagnostic and treatment clinics in duly approved hospitals in the Province of Saskatchewan for:

(a) the diagnosis and treatment of cancer patients;

(b) accommodation and care of the patients in the said hospitals.

Staff
2 The Commission may appoint a staff for the diagnosis and treatment of cancer. The staff of each cancer clinic shall include at least one who has recognized training and experience in the uses and limitations of radiation in the treatment of cancerous and pre-cancerous conditions.

24 Aug 51 SR 880/68 s2.

Facilities
3 The hospital in which a clinic is established shall be equipped to do the pathological and general and special laboratory work of the clinic in a manner satisfactory to the Commission. The hospital facilities shall be so arranged that, if required by the surgeon, immediate pathological examination of material may be made at the time of operation.

24 Aug 51 SR 880/68 s3.

Diagnosis
4(1) Where a person has or is suspected by his attending physician of having cancer, the attending physician shall make application for the admission of the said person to the clinic for consultation. In making such application the attending physician shall state his diagnosis, or tentative diagnosis, upon a form duly approved by the Commission and shall present the findings upon which such a diagnosis is based.

(2) To be eligible for admission to a cancer clinic, persons must be referred by their attending physician as either having, or as suspected of having, cancer.


Previous treatment
5 Where a person has had previous treatment for cancer he may be admitted to a cancer clinic on the attending physician filing complete details on all procedure previously employed in the care and treatment of the said person.

24 Aug 51 SR 880/68 s5.
Referral and admission

6 Where a person is duly referred for consultation and in the opinion of the director of the clinic does not present sufficient signs, symptoms or findings to justify investigation in the clinic, the said person may be referred back to the referring physician for further investigation before admission to the clinic.

24 Aug 51 SR 880/68 s6.

Condition other than cancer

7 Where consultation reveals a condition other than cancer which requires treatment the staff shall report their findings and their recommendations to the attending physician.

24 Aug 51 SR 880/68 s7.

Follow-up examination

8 To ensure efficiency and safety in the services rendered, the attending physician and the patient shall co-operate with the Commission by returning for follow-up examination or furnishing a complete and detailed report on the patient’s condition when called upon by the consultative staff.

24 Aug 51 SR 880/68 s8.

Radiotherapeutic measures

9 In cases where radiotherapeutic measures are required before, during or following surgical treatment, the use and application of radiation treatment shall be under the direction and responsibility of those members of the clinic staff recognized as being qualified in their use.

24 Aug 51 SR 880/68 s9.

Use of radium salts, radon containers

10(1) Where needles and tubes containing radium salts are used on a patient admitted to the hospital as an in-patient, the said patient shall remain in the hospital, under supervision, until the radium containers are removed.

(2) Where radon containers are used, a patient may be allowed treatment as an out-patient and need not remain in the hospital unless there is a possibility that certain types of expensive filters may be lost, in which case the said patient shall remain in the hospital, under supervision, until the filters are removed.

24 Aug 51 SR 880/68 s10.

Surgery and report

11 In cases where surgery is performed the surgeon shall make a detailed report, on the form prescribed, of the surgical treatment employed. This report shall be attached to the case record for the information of the Commission and the consultative staff in connection with the follow-up service.

24 Aug 51 SR 880/68 s11.

Microscopic pathological examination

12 Microscopic pathological examination shall be made of every tumour or suspected tissue whenever possible.

24 Aug 51 SR 880/68 s12.
Payment for drugs during hospital care
13 Where a person has been admitted to a cancer clinic, and the director of the clinic states that hospital care is required for such person either for the purpose of diagnosis or for radiotherapeutic or surgical care or for any of such treatment in a hospital where a clinic is established, or section 14 applies to such person, the Commission may make payment for those drugs supplied by the hospital to such person for which payment may not be made for a beneficiary under The Saskatchewan Hospitalization Act, provided that on the date upon which the clinic staff has utilized diagnostic procedures and obtained adequate evidence that a person referred to it does not have cancer and the director has discharged such person from the clinic service, payment for further drugs by the Commission shall not be made.

1 Feb 63 SR 887/68 s1.

Payment for medical and nursing services
14 In cases where the patient has been admitted to a clinic and the director of the clinic decides and certifies that no further active treatment would help the patient, except for the palliation of the condition, the Commission may pay for medical services and may also pay for limited nursing services provided to out-patients on the approval of the director of the clinic.

1 Feb 63 SR 887/68 s2.

No payment for private nursing or accommodation
15 The services provided by the Saskatchewan Cancer Commission shall not include the services of private duty nurses or charges for private or semi-private ward accommodation.

1 Feb 63 SR 887/68 s3; 15 May 64 SR 321/64 s1.

Discharge
16 The director of the clinic, on consultation with the attending physician, shall determine the time of discharge of each patient from hospital.

24 Aug 51 SR 880/68 s16.

Same
17 After the clinic staff has utilized diagnostic procedures and obtained adequate evidence that a person referred to it does not have cancer, the director of the clinic shall discharge such person from the clinic service.

1 Feb 63 SR 887/68 s4.

General
18(a) Subject to subsections (b), (c), (d) and (e), the Commission shall have no responsibility for a person prior to his admission to the clinic.
(b) A patient shall be considered as having been admitted to a clinic when he has undergone an operation and a cancerous condition, although not suspected by the attending surgeon, has been found, or when, although suffering from a cancerous condition, his attending physician considers that there is a clinical emergency requiring immediate operative interference and that removal to a hospital in which a clinic is located would be detrimental to the patient. The director shall, on the advice of the attending physician, arrange for the transfer of the patient to the clinic hospital as soon as the condition of the patient warrants such action. Furthermore, when the attending physician has excised a non-metastasizing skin cancer and has histologic confirmation of complete excision, such a patient may, under special circumstances, be considered as having been admitted to a clinic without actual attendance. This does not include pigmented lesions (e.g. malignant melanomas). In each circumstance the clinic is to be informed within seven days and complete clinical data, including pathological reports, must be forwarded to the nearest cancer clinic director within fourteen days with a request for authorization.

(c) A patient shall be considered as having been admitted to a cancer clinic when his attending physician considers such patient to be a far advanced case of cancer whose condition does not permit removal to a cancer clinic hospital. In each case proof of the presence of cancer satisfactory to the director of the nearest cancer clinic must be submitted before authorization will be granted.

(d) Payments may be authorized for the following diagnostic procedures carried out before admission to a cancer clinic where the findings are positive and the patient is admitted to the clinic within fourteen days:

- Dilatation and curettage;
- Simple biopsy of cervix;
- Cystoscopy;
- Ventriculography, encephalography and myelography;
- Biopsy of skin, including lip but excluding pigmented lesion;
- Sigmoidoscopy;
- Endoscopies (esophagoscopy, bronchoscopy, gastroscopy);
- Prostatic biopsy;
- Lymph node biopsy;
- Angiogram;
- Aortogram.

(N.B. Breast biopsy is excluded);

(e) A person shall be considered as having been admitted to a clinic where he received treatment services for cancer outside Saskatchewan and where:

(i) the attending physician was a qualified specialist;

(ii) the appropriate cancer clinic receives complete clinical data from the attending physician; and

(iii) the person attends the cancer clinic for follow-up care immediately upon his return to Saskatchewan unless the director of the clinic otherwise decides;

in such case payment to the patient for the treatment services so received would be made at the same rates and would be subject to the same conditions as if the services were provided in Saskatchewan.
Terms and conditions for care and treatment
19 The Commission may provide medical and surgical care and treatment for clinic patients, under such conditions and in such manner as may be deemed advisable, and may pay fees, salaries or honoraria for services rendered to such patients, upon such terms and conditions as may be determined as fair, just and equitable, provided such procedures are authorized by the director of the clinic.

24 Aug 51 SR 880/68 s19.

Extended care to patients who are the responsibility of the Government of Canada
20 The free services provided by the Commission shall not extend to persons for whom the Government of Canada is responsible. Provided that the Commission may enter into agreements with the Government of Canada to furnish the services of the clinics to patients who are the responsibility of the Government of Canada upon such terms and conditions as may be deemed expedient.

24 Aug 51 SR 880/68 s20.

Referral back to attending physician upon completion of treatment
21 On completion of treatment, the director of the clinic shall refer the patient back to the attending physician.


Services to non-residents
22 A clinic may render service to persons not qualified by residence in Saskatchewan provided such persons give assurance in advance that all costs of diagnosis and treatment will be met. Fees for such service shall be set by the Chairman of the Commission in consultation with the directors of the clinics.

24 Aug 51 SR 880/68 s22.

23 Repealed. 1 Feb 63 SR 887/68 s5.

Radiation therapy
23a The Commission may provide diagnostic services and treatment by the use of radiation therapy and radioactive substances to persons not afflicted with cancer, under such terms and conditions as may be deemed advisable and upon the payment of such fees as may be prescribed from time to time by the Commission.

19 Sep 58 SR 885/68.

24 Repealed. 1 Feb 63 SR 887/68 s6.

Post mortem
24a A post mortem examination or autopsy on the body of a deceased patient may be procured on the direction of the Director of Cancer Services, the law being otherwise complied with.

29 Aug 52 SR 882/68.

Repeal
25 All previous regulations with reference to the control and treatment of cancer are hereby revealed.

24 Aug 51 SR 880/68 s25.