This is how we are redefining global thinking about health.

MESSAGE FROM THE CEO AND VP RESEARCH

By changing how we think about the way healthcare is studied and delivered, Women’s College Research Institute is improving health for all.

We not only focus on improving the health of women, delivering health system solutions and helping people manage their complex chronic conditions, but through our research we also change how scientists, healthcare professionals and policy-makers think about healthcare and health research. And we do it through the power of many.

Our scientists leverage international collaborations as well as leading community-engaged research. We leverage diverse and far-reaching collaborations, share our knowledge with those who need it most, and do rigorous scientific research in a uniquely supportive environment. By integrating our research within our outpatient clinics and beyond, we develop solutions that transform how patients are cared for and how care is delivered. The result is better health outcomes and higher patient satisfaction.

Together with our many collaborators, community partners and forward-thinking funders, we sustain our high productivity, strong underpinning of support, and powerful impact. Through the power of many, the work of our researchers has already changed thinking about numerous healthcare issues – about specific diseases and conditions, about how better healthcare can be delivered, and about how to cultivate today’s research teams and tomorrow’s academic leaders. For us, our achievements in health research are not an ending point, but a launching point for our next breakthroughs.

In WCRI’s 2012-13 Impact + Innovation report, we share just a few stories about the diverse ways we harness the power of many to deliver big change, in Canada and around the world. This is how we are changing thinking. This is the future of healthcare.

Marilyn Emery, President & CEO
Women’s College Hospital

Dr. Paula Rochon,
Vice-President, Research
Women’s College Hospital
## OUR IMPACT ON THE FUTURE OF HEALTHCARE

<table>
<thead>
<tr>
<th>SCIENTIST</th>
<th>IMPACT</th>
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<tbody>
<tr>
<td>Dr. Steven Narod</td>
<td>has made many discoveries about BRCA mutations and breast/ovarian cancer, about the prevalence of mutations in different ethnicities, and about the effectiveness of preventive therapies. His vision is to prevent cancer before it happens in high-risk women by improving access to genetic testing and advancing more tailored interventions.</td>
</tr>
<tr>
<td>Dr. An-Wen Chan</td>
<td>has launched a program to improve the rigour of research, to ensure that the drug data that health providers see is an accurate reflection of how safe and effective the drugs really are. His aim is to improve the quality and transparency of clinical trials, to reduce adverse events, enhance safety and efficacy, and improve health outcomes.</td>
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<tr>
<td>Dr. Gillian Hawker</td>
<td>has shown that people with arthritis are often undertreated for their pain, because many are older and have competing chronic conditions. She envisions a health system that recognizes that conditions that impact quality of life – like arthritis – also have a major impact on health outcomes.</td>
</tr>
<tr>
<td>Dr. Lorraine Lipscombe</td>
<td>has examined the complex relationship between Type 2 diabetes and factors like culture, socio-economic status, nutrition and illnesses such as breast cancer. She wants to see her findings translated into innovations that make healthy lifestyle choices and healthcare services accessible to all.</td>
</tr>
<tr>
<td>Dr. Ophira Ginsburg</td>
<td>designs grassroots community healthcare models tailored to women living in rural Bangladesh as well as immigrant South Asian women living in Toronto. She wants South Asian women to understand the importance of breast health and actively engage in pursuing healthcare, whether they live in Bangladesh or Toronto.</td>
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<tr>
<td>Dr. Paula Rochon</td>
<td>has committed her career to improving providers’ understanding of how to prescribe drugs to older people, particularly women, whose age, medical conditions and multiple medications make them vulnerable to adverse events. She envisions a system where providers have the information they need to prescribe the safest and most appropriate therapies so that older people have the best health outcomes.</td>
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<tr>
<td>Dr. Mona Loutfy</td>
<td>leads a community-engaged program of research that analyzes how well health services target and serve women with HIV. Her work is breaking down the stigma that women living with HIV face within the healthcare system, to improve their equitable access to health services.</td>
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<td>Dr. Cindy-Lee Dennis</td>
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Dr. Steven Narod

THE STORY OF BRCA

In the early 1990s, Dr. Steven Narod was embarking on his career. At the time, researchers were convinced that a mutant gene was greatly increasing the risk of breast cancer in some families.

Narod was on the team that discovered the BRCA1 gene in 1994, followed by the BRCA2 gene in 1995. With these discoveries, the medical community had new opportunities to advance the care of hereditary breast cancer. And women with strong family histories could finally be screened for a gene mutation that would greatly increase their risk of breast and ovarian cancer.

Since then, Narod’s research has proven that a number of therapies are effective at preventing cancer in susceptible women. In collaboration with WCRI adjunct scientist Dr. Kelly Metcalfe, he has shown that women who are aware of their mutations usually wish to pursue one or more of these therapies. Narod has also become known for offering free genetic testing to women with a strong family history who did not qualify for Ontario’s provincially funded screening services.

“The goal of genetic testing has always been to identify high-risk women and to reduce their risk of cancer by offering them proven preventive options,” says Narod, who has led international collaborations in the study of mutations in Ashkenazi Jewish, French-Canadian, Polish, Pakistani, Filipino, Latin American and Bahamian populations.

When Angelina Jolie chose to have a double mastectomy to prevent cancer resulting from her BRCA1 mutation, some people applauded her while others questioned her decision to elect for surgery before being diagnosed with cancer.

“I strongly believe that a woman should have the right to learn about her mutation, and to take steps that we’ve proven are extremely effective to prevent cancer,” Narod says.

Narod was there when the BRCA genes were discovered. Since that time he has become the first to show that the BRCA gene mutations are linked to ovarian cancer, he has published diverse findings in more than 550 peer-reviewed articles, and he has been named the world’s most-cited researcher in the field of breast cancer.

THE POWER OF MANY

Steven Narod leads one of the world’s most prominent programs of research into hereditary breast and ovarian cancer. His database of nearly 13,000 women from 30 countries supports numerous international collaborations in countries around the world, advancing cancer genetics in North America, Asia, Europe, the Caribbean and Latin America.

- In 2009, Dr. Narod and his team became the first in the world to offer and evaluate genetic testing of all Ashkenazi women independent of family history. With Dr. Kelly Metcalfe, an associate professor in the Lawrence S. Bloomberg Faculty of Nursing at the University of Toronto, he discovered that fewer than one-half of Ontario’s Jewish women carrying mutations are eligible for provincially funded genetic testing. This led to a re-evaluation of public policy regarding genetic testing services. The work also revealed that few of the eligible women were actually referred for genetic screening by their family doctors, in spite of the availability and efficacy of prophylactic therapies.

- In 2012, Narod’s collaborative work in Poland led to the discovery that North American women with BRCA1 mutations have nearly double the risk of developing breast cancer than Polish women with the same mutation. Narod’s team is now examining lifestyle factors that may decrease risk in Polish women.

- Narod is supported by the Canadian Institutes of Health Research (CIHR), the Canadian Cancer Society research initiative and the Canadian Breast Cancer Foundation.
Osteoarthritis (OA) affects one in 10 adults. Many of these people are older, and OA poses a serious barrier to their ability to remain active and independent, and to look after themselves and others, such as an aging spouse.

“Because of their age, most people with OA have other chronic conditions, and most people with other chronic conditions have OA,” says Dr. Gillian Hawker.

Hawker adds that in spite of this, OA is generally underdiagnosed and undertreated, because health issues ranging from heart disease, diabetes and depression tend to dominate the attention of a family physician.

Yet Hawker’s research suggests that not adequately managing a patient’s arthritis may lead to worse outcomes for those other conditions. People with OA tend to avoid physical activities like walking that exacerbate their pain.

Gillian Hawker is the F.M. Hill Chair in Academic Women’s Medicine, a professor in the Department of Medicine and the Institute of Health Policy, Management and Evaluation at the University of Toronto, Physician-in-Chief of the Department of Medicine at Women’s College Hospital (where she directs the Canadian Osteoarthritis Research Program) and a senior scientist at Women’s College Research Institute at Women’s College Hospital.

In 2012, Hawker received the Queen’s Diamond Jubilee Medal for her record of creating positive change in healthcare delivery. In 2013, she received the Jeff Shiroky Award at the Laurentian Conference of Rheumatology, and was presented with the Robert Hyland Award for Excellence in Mentorship by the University of Toronto’s Department of Medicine. The University of Toronto has featured Hawker in its Boundless Campaign.

“The inactivity that results from untreated pain appears to increase people’s risk of dying from other health issues,” says Hawker. “It’s time for physicians to stop assuming that arthritis pain is just a normal part of aging, because this attitude puts patients’ health at risk.”

That’s why Hawker advocates for a new, more comprehensive approach to delivering care, one that treats patients as whole people instead of a cluster of diseases with varying degrees of importance.

“It’s time for physicians to stop assuming that arthritis pain is just a normal part of aging, because this attitude puts patients’ health at risk.” — Dr. Gillian Hawker

In addition to a remarkable body of research and a legacy of medical leadership as Women’s College Hospital’s Department of Medicine physician-in-chief, Gillian Hawker has made her mark by building research into the clinical fabric of Women’s College Hospital. She has also mentored many young researchers and collaborated with numerous clinician-scientists, including:

• Dr. Cory Borkhoff, who built on Hawker’s early research by training standardized, undercover ‘mystery’ patients, a man and a woman with identical symptoms, and showed that orthopedic surgeons were half as likely to recommend joint replacement surgery to the woman patient.

• Dr. Paula Harvey, who examines women’s unique cardiac health needs and collaborates with Hawker to understand the link between heart health and poorly managed arthritis pain.

• Bheeshma Ravi, who is completing his PhD in clinical epidemiology at the University of Toronto, supported by a CIHR Doctoral Award, has been focusing on understanding the risks and benefits of joint replacement of the hip and knee in people with rheumatoid arthritis, the most common inflammatory arthritis, compared with osteoarthritis.
More than nine million Canadians have diabetes or prediabetes, and the Canadian Diabetes Association estimates that by 2020, diabetes will cost the Canadian healthcare system $16.9 billion a year.

“The vast majority of people with diabetes have Type 2, which can be prevented or delayed with healthy lifestyle modifications,” says Dr. Lorraine Lipscombe.

“And yet even though we have the power to reduce the impact of Type 2 diabetes, the average Canadian adult with Type 2 diabetes is about one-and-a-half times more likely to die prematurely, compared to people without diabetes.”

As a scientist, Lipscombe has already clarified many of the factors that contribute and relate to diabetes, including socio-economic status, breast cancer, obesity, vitamin D levels, ethnicity and pregnancy. As an endocrinologist and the head of the Centre for Integrated Diabetes Care at Women’s College Hospital, she’s creating a program of cohesive patient care that puts these pieces together to help empower individuals with diabetes to improve their outcomes.

“We know what people need to do to reduce their risk of Type 2 diabetes, and to manage the illness, but our system as a whole isn’t doing a good job of helping people take charge. The Centre for Integrated Diabetes Care is mobilizing our knowledge in a multi-disciplinary setting that’s far more accessible to patients than the traditional model that sends patients from specialist to specialist.”

Lorraine Lipscombe reaches out to a diverse range of stakeholders to explore complex issues linked to diabetes:

• With Dr. Gillian Hawker, Lipscombe is pursuing an enhanced understanding of the complex relationship between diabetes and arthritis pain.

• Lipscombe has mentored Dr. Iliana Lega, an endocrinologist and research fellow. In 2012, Lega successfully defended her MSc thesis on “The Association Between Metformin Therapy and Mortality Following Breast Cancer: A Population-Based Study.”

• Ananya Banerjee, a kinesiologist in the Women’s Cardiovascular Health Initiative program at Women’s College Hospital, is studying the barriers that dissuade South Asian women from engaging in healthier lifestyle choices to prevent Type 2 diabetes.

• Lipscombe is supported by the CIHR, the Canadian Diabetes Association, the Ontario Institute for Cancer Research and the Lawson Foundation.
“We have an increasingly aging population, and the majority of older people are women,” says Dr. Paula Rochon.

“Safe prescribing of medications is key to their health and quality of life.”

However, many drugs have been trialed primarily on healthy younger people, though their use may be greatest among vulnerable older women – the group that uses the most drug therapies. In contrast, Rochon is focusing her research on specifically examining how drug therapies impact older women.

“As physicians, when we understand how drugs uniquely affect older women, we can make more informed prescribing decisions for our patients,” says Rochon.

Leading a team of researchers from Canada and the United States, Rochon set out to examine the use of antipsychotics in women.

“We began this study comparing women and men expecting to find that antipsychotics had more negative effects in older women,” says Rochon.

Rochon learned that older men with dementia are more likely to experience a serious event than women in the same age group. However, she also discovered that, overall, more women than men experienced a serious event because older women outnumber older men in the population.

“Even though our findings surprised us, we gained some important insights into both women’s and men’s health,” says Rochon.

Through this work, and through many other peer-reviewed publications and knowledge translation efforts, Rochon’s team is helping healthcare professionals around the world understand the unique needs of vulnerable older women and men.

“My aim is to identify ways to improve safe and effective prescribing for all older people,” says Rochon.

Paula Rochon is a professor in the Department of Medicine and Institute of Health Policy, Management and Evaluation at the University of Toronto, Vice-President Research at Women’s College Hospital and a senior scientist at Women’s College Research Institute at Women’s College Hospital.

In 2013 Rochon was elected as a fellow to the Canadian Academy of Health Sciences.

“Even though our findings surprised us, we gained some important insights into both women’s and men’s health.” – Dr. Paula Rochon

THE POWER OF MANY

Paula Rochon is trained as a geriatrician, and her program of research is informed by her clinical experience caring for vulnerable older adults with multiple chronic conditions.

In the Toronto academic community and beyond, Rochon works with a diverse team of scientists with a range of clinical and methodological expertise that enhances the perspective of their research. She is a committed mentor, and many of her trainees have advanced their careers to become independent investigators.

At Women’s College Research Institute, former trainee Dr. Andrea Gruneir is an epidemiologist who worked with Rochon as a post-doctoral fellow. Today, Gruneir has an independent program of research that examines how transitions of care can impact vulnerable older adults. Her findings are helping policy-makers rein in high healthcare costs by advancing systems that support older people with chronic conditions. Gruneir has recently been awarded a highly competitive CIHR New Investigator Award in support of her research.

Rochon is supported by the CIHR as well as provincial funding sources.
Research has shown that untreated postpartum depression can have serious consequences for mothers and their families. But for women in rural or remote areas, face-to-face therapy can be extremely difficult to access.

To help these women, Dr. Cindy-Lee Dennis, Shirley Brown Chair in Women's Mental Health Research at Women's College Hospital, is rethinking how to offer therapy.

“We know that psychotherapy is a very effective treatment for postpartum depression yet women in remote areas often do not have access to it. So we decided to challenge the assumption that therapy has to be provided in a face-to-face setting.” – Dr. Cindy-Lee Dennis

Dennis is leading a randomized controlled trial to evaluate the effect of telephone-based interpersonal psychotherapy (IPT) to treat postpartum depression. The impact could be profound – Dennis’s related research has already shown that for many mothers, postpartum depression can last past the first year postpartum.

“By making telephone-based therapies easily available to mothers with depression, we can address a serious barrier to health services and have a significant impact on the mental health of whole families,” says Dennis.

Cindy-Lee Dennis is the Shirley Brown Chair in Women’s Mental Health Research, a professor in the Lawrence S. Bloomberg Faculty of Nursing and the Faculty of Medicine’s Department of Psychiatry at the University of Toronto, and a senior scientist at Women’s College Research Institute at Women’s College Hospital.

In 2012, Dennis was awarded the Hope Inspiration Award from the Mood Disorders Association of Ontario.

THE POWER OF MANY

Cindy-Lee Dennis works with diverse collaborators to create interventions that improve access to mental healthcare. At Women’s College Hospital, she works closely with psychiatrist Dr. Simone Vigod, who is also a scientist at Women’s College Research Institute.

• Vigod’s research is answering important questions about whether women with serious mental illness should remain on their medication during their pregnancies. Her most recent work has shown that postpartum depression is more prevalent in women living in urban areas.

• Vigod was selected to receive the 2012 NCDEU New Investigator Award, sponsored by the American Society of Clinical Psychopharmacology. She was also awarded the inaugural Clinician-Scientist Award through the Shirley Brown Chair in Women’s Mental Health Research and the Ontario Mental Health Foundation New Investigator Award (2013-2016).
Breast cancer. Most of us who think about it imagine mammograms, surgery, chemotherapy and hospitals. But in rural parts of Asia and South Asia, such interventions are a rarity. In fact, breast cancer is hardly discussed at all.

In the fall of 2010, Dr. Ophira Ginsburg co-founded Amader Gram (Our Village) Breast Care in rural Bangladesh, to provide care for all women regardless of ability to pay. She also helped to develop clinical practice guidelines for breast cancer, with the aim of helping Bangladeshi doctors provide high quality, evidence-based care. But Ginsburg quickly realized, if women won't seek out care, her efforts would be wasted.

Ophira Ginsburg is an assistant professor in the Department of Medicine and the Dalla Lana School of Public Health at the University of Toronto, a scientist at Women's College Research Institute and head of the Cancer Prevention and Screening Program, and director of Familial Oncology at the Central East Regional Cancer Program at the RS McLaughlin Durham Regional Cancer Centre.

In 2012, Ginsburg received the YWCA Women of Distinction Award in the category of health, for her work to improve breast cancer care for underserved South Asian women. The University of Toronto has featured Ginsburg in its Boundless Campaign.

“We used a peer-based model by training rural Bangladeshi women as community health workers,” she explains. “These women tell others what early breast changes to watch for, and tell them that breast cancer can be treated for free at Amader Gram.”

Ginsburg’s model links community-based research with technology, by using mobile phones to track women and gather data. Her “global to local” work is also making a tangible difference in Toronto, where newcomers are often vulnerable to undiagnosed breast disease. Ginsburg’s research in collaboration with local agencies in Bangladesh has already helped hundreds of rural women in South Asia. Now, her collaborative work in Toronto will lead to innovative targeted programs that help thousands of South Asian immigrant women to seek breast care.

THE POWER OF MANY

Ophira Ginsburg works in Bangladesh to implement practical, homegrown solutions that improve breast health for women in South Asia and Toronto.

• Ginsburg began her career as a genetic counsellor, working under Dr. Steven Narod’s mentorship.
• For seven years she volunteered as Deputy Scientific Director with the International Breast Cancer Research Foundation in Madison, Wisconsin.
• In Bangladesh, Ginsburg collaborates with a local non-governmental organization called Amader Gram, which means “Our Village.”
• In October 2012 she was a panelist for the Breast Health Global Initiative (BHGI), hosted by the International Atomic Energy Agency in Vienna; she co-authored the first BHGI guidelines for supportive care and quality of life for breast cancer in developing countries, to be published in the fall of 2013. In Toronto, Ginsburg works collaboratively with Dr. Farah Ahmad of York University and Toronto’s Thorncliffe Neighbourhood Office (Crescent Town Club).
• Her work has been supported by a Rising Stars in Global Health award from Grand Challenges Canada.
RETHINKING RESEARCH

Randomized clinical trials guide how your doctor practises medicine. But in recent years it has become increasingly clear that biased and poorly designed trials are an endemic problem, and their results can’t be trusted.

“Trial protocols and existing protocol guidelines vary enormously in content and quality,” explains Dr. An-Wen Chan. “Some protocols are shockingly brief and provide very little solid information about the trial.”

Yet protocols are the building blocks of the entire study, guiding its planning, conduct, reporting and appraisal.

“It’s a dangerous situation that puts patients at risk and wastes healthcare dollars,” says Chan.

To improve trials, Chan has developed an evidence-based checklist to guide scientists as they plan their trial, and to help them keep the study on-track and accountable to produce defensible results. In January 2013 it was published in two high-impact journals – the Annals of Internal Medicine and BMJ. Chan’s commentary appeared in the Lancet.

An-Wen Chan is an assistant professor in the Department of Medicine and the Institute of Health Policy, Management and Evaluation at the University of Toronto, a dermatologist and Mohs surgeon at Women’s College Hospital, and a Phelan scientist at Women’s College Research Institute at Women’s College Hospital. Chan recently received the Breathe New Life award from the Ontario Lung Association.

“The checklist will lead to higher quality research results that better support physician decision making – and patients’ health and safety. It provides 33 recommendations for the minimum key content that should be detailed in a clinical trial protocol. It will not only guide scientists, but will also be useful for ethics committees, funders and journal review panels.”

Dr. An-Wen Chan

“Trial protocols and existing protocol guidelines vary enormously in content and quality. Some protocols are shockingly brief and provide very little solid information about the trial.” – Dr. An-Wen Chan

THE POWER OF MANY

An-Wen Chan is harnessing the power of many by building strong ties throughout our international community to collectively promote transparency in research.

• Chan chairs the SPIRIT (Standard Protocol Items: Recommendations for Interventional Trials) group, an international panel of experts from Canada, the U.S., the U.K. and Europe, which is funded by the CIHR, the National Cancer Institute of Canada and the Canadian Agency for Drugs and Technologies in Health.

• The SPIRIT group recently published the SPIRIT 2013 Statement in Annals of Internal Medicine, providing a systematically developed 33-item checklist of minimum key items that should be detailed in a trial protocol. It has also published the SPIRIT 2013 Explanation and Elaboration in BMJ, to detail the rationale and provide supporting evidence for each checklist recommendation, and SPIRIT: New Guidance for Content of Clinical Trial Protocols in the Lancet, to discuss the impact of evidence-based guidance on trial quality and efficiency.

• The SPIRIT guidance has been widely endorsed internationally by research groups, institutions, medical journals, industry, patient groups and academic institutions.
Loutfy has also published the first stand-alone and widely reviewed and approved preconception guidelines for people with HIV – the Canadian HIV Pregnancy Planning Guidelines – that consider same-sex couples and single individuals wishing to start families. “We do rigorous science, and we do it in a way that’s deeply respectful of and relevant to affected communities, with consideration for their unique needs and cultural traditions,” says Loutfy.

Loutfy’s guidelines are just one part of her multidimensional research program, which leads research studies that engage diverse communities, to prevent new infections and improve healthcare services for people living with HIV.

The power of many
Loutfy is committed to advancing care for people living with HIV by engaging affected communities.

• Postdoctoral fellow Dr. Anita C. Benoit is a trainee of Loutfy’s whose research improves HIV services, so that they better target and support underserved Aboriginal women. Benoit has been awarded a CIHR postdoctoral fellowship and a planning grant to support this work.

• Loutfy partners with Women’s Health in Women’s Hands to carry out research important to African Caribbean Black women living with HIV in Ontario. In partnership with Ms. Wangari Tharao, Loutfy has completed a CIHR-funded community-based research initiative to advance studies on stigma-reducing interventions within this population.

“People with well-managed HIV have been turned away and told they have no options, despite ample evidence that they can safely have babies.” – Dr. Mona Loutfy

Loutfy has also published the first stand-alone and widely reviewed and approved preconception guidelines for people with HIV – the Canadian HIV Pregnancy Planning Guidelines – that consider same-sex couples and single individuals wishing to start families.

“We do rigorous science, and we do it in a way that’s deeply respectful of and relevant to affected communities, with consideration for their unique needs and cultural traditions,” says Loutfy.

Loutfy’s guidelines are just one part of her multidimensional research program, which leads research studies that engage diverse communities, to prevent new infections and improve healthcare services for people living with HIV.
It’s important that scientists and research institutes engage diverse stakeholders and communities, to ensure their needs are addressed and met by the research being done.

“With Women’s Xchange, Women’s College Hospital will build on our commitment to extend our reach to communities of women,” says Heather McPherson, Vice-President, Patient Care and Ambulatory Innovation. “It will enable us to pinpoint where gaps in care exist across the province, and to develop strategies to address those gaps.”

Delivering personalized, outpatient-based care, Women’s College Hospital houses expertise in co-occurring health issues that uniquely affect women. Women’s Xchange aims to facilitate the development of this expertise, to ensure it affects women throughout Ontario.

“Women’s Xchange will grow Ontario’s momentum in women’s health research, and this increased capacity will advance health and health systems for all Ontarians,” says Rochon.

“Our goal is to improve the health and well-being of all women in Ontario and beyond by promoting the development of women’s health research across the province.”

— Dr. Paula Rochon
In fiscal year 2012-13, WCRI continued to maintain the strong fiscal growth we achieved in fiscal year 2011-12. The value of our tri-council funding available to spend has grown steadily over the past five years. Other external funders continue to be an important source of revenue and are essential partners in our research endeavours. WCRI is grateful for the consistent support from Women’s College Hospital Foundation.

In 2012-13, WCRI scientists and their clinical colleagues at Women’s College Hospital continued to grow our high productivity by publishing 272 peer-reviewed articles, nearly 40 more than the previous year. Not only do we continue to publish a wide range of clinically relevant findings in the most influential medical journals, we also prioritize the translation of our research results into clinically relevant knowledge that supports enhanced healthcare.

Over the past five years, total external funding and publication numbers have doubled at Women’s College Research Institute (WCRI).

** METRICS **

**TRI-COUNCIL AND OTHER EXTERNAL FUNDING**

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**PEER-REVIEWED PUBLICATIONS**

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Not only do we continue to publish a wide range of clinically relevant findings in the most influential medical journals, we also prioritize the translation of our research results into clinically relevant knowledge that supports enhanced healthcare.

**PRESENTATIONS**

Local .................... 163
National ................. 77
International ........ 100
Total .................... 340

Last year, WCRI’s 24 core faculty members delivered a total of 340 presentations. More than half of our presentations were delivered to national or international audiences, with about half of these taking place outside of Canada (in Australia, England, France, Germany, Hungary, Mexico, Spain, Sweden and the United States).
Dr. An-Wen Chan
• The Breathe New Life Award (Ontario Lung Association)

Dr. Cindy-Lee Dennis
• Hope Inspiration Award (Mood Disorders Association of Ontario)

Dr. Janice Du Mont
• Vision Award (International Association of Forensic Nurses)

Dr. Ophira Ginsburg
• YWCA Women of Distinction Award

Dr. Andrea Grunier
• CIHR New Investigator Award

Dr. Gillian Hawker
• Queen's Diamond Jubilee Medal
• The Jeff Shiroky Award (Laurentian Conference of Rheumatology)
• The Robert Hyland Award for Excellence in Mentorship (University of Toronto Department of Medicine)

Dr. Sophie Jamal
• Young Investigator Award (Canadian Society of Endocrinology and Metabolism)

Dr. Joanne Kotsopoulos
• The Champion of Genetics Rising Star Award (Canadian Gene Cure Foundation)

Dr. Steven Narod
• Fellow of the Royal Society of Canada
• Queen's Diamond Jubilee Medal
• O. Harold Warwick Prize (Canadian Cancer Society)
• Champion of Genetics Award (Canadian Gene Cure Foundation)
• FORCE Spirit of Empowerment Award (Facing Our Risk of Cancer Empowered)

Dr. Paula Rochon
• Fellow of the Canadian Academy of Health Sciences

Dr. Valerie Taylor
• TOPS Research Award (Canadian Obesity Network)
• Fellow of the SCOPE International Fellowship (International Association for the Study of Obesity)

Dr. Simone Vigod
• Ontario Mental Health New Investigator Award

CORE FACULTY: 2012-13

Scientists
Mohammad Akbari, MD, PhD
Ani-Wen Chan, MD, DPhil, FRCP
Phelan Scientist
Catherine Classen, PhD
Heather Carnahan, PhD
Cindy-Lee Dennis, PhD
Shirley Brown Chair in Women's Mental Health Research
Janice Du Mont, EdD
Shannon Dunn, PhD
Sheila Dunn, MD, MSc, FCFP
Ophira Ginsburg, MD, MSc, FRCP
Andrea Grunier, PhD
Paula Harvey, BMBS, PhD, FRACP
Gillian Hawker, MD, MSc, FRCP
FM Hill Chair in Women's Academic Medicine
Sophie Jamal, MD, PhD
Avia John-Baptiste, PhD
Joanne Kotsopoulos, PhD
Cancer Care Ontario Chair in Population Studies
Lorraine Lipscombe, MD, MSc, FRCP
Monia Loudy, MD, FRCP, MPH
Robin Mason, PhD
Sutapa Mukherjee, MBBS, FRACP, PhD
Steven Narod, MD, FRCP, FRSC
Canada Research Chair in Breast Cancer
Paula Rochon, MD, MPH, FRCP
VP Research, Women's College Hospital
John Semple, MD, FRCS, MSc
Canadian Breast Cancer Foundation
Ontario Chair in Surgical Breast Cancer Research
Valerie Taylor, MD, PhD, FRCP
Simone Vigod, MD, MSc, FRCP
Shirley Brown Clinician-Scientist

Trainees
Anthony Antoniou, PharmD (post-doctoral fellow)
Ananya Banerjee, MSc, PhD (post-doctoral fellow)
Tarin Becker, MD, MSc, FRCP (research fellow)
Anita Benoit, PhD (post-doctoral fellow)
Amy Finch, MSc, CGC, PhD (post-doctoral fellow)
Troy Grennan, MD, FRCP (graduate student - MSc)
Celeste Hamilton (graduate student -PhD)
Noah Ivers, MD, CCFP (graduate student - PhD)
Iliana Lega, MD (graduate student - MSc)
Sutapa Mukherjee, MBBS, FRACP (graduate student - MSc)
Rachael Petapiece-Phillips (graduate student - MSc)
Bheeshma Ravi, MD (research fellow)
Dallas Setz (graduate student - Ph.D)
Jacob Udell, MD, MPH, FRCP (research fellow)
Adriana Valenti (graduate student - MSc)
Sarah West, MSc, PhD (post-doctoral fellow)
Once in a lifetime, a great vision brings people together to make a transformative difference. At Women’s College Hospital we’re united by this vision to deliver the future of healthcare, today.

Since the reconstitution of Women’s College Hospital Foundation in 2006, we have provided $7.1 million to Women’s College Research Institute including:

- $5.8 million ($1.3 million in this year) supported the academic work and research of our various endowed chairs including the Shirley Brown Chair in Mental Health Research, CBCF Chair in Breast Cancer Research, Atkinson Chair in Women’s Health and the Phelan Scientist in Dermatology
- $750,000 funded student academic awards
- $600,000 supported Steven Narod’s world-renowned research in breast and ovarian cancer genetics

In addition, we have established two $3-million endowed chairs with the University of Toronto: the Frigon Blau Chair in Family Medicine Research and the F.M. Hill Chair in Health System Solutions. Thanks to the generosity of our donors, a third endowed chair will be created in the near future.

The exceptional research and academic work of Women’s College Research Institute excites and inspires people to invest in the future of healthcare.