



WOMEN'S HEALTH  
RESEARCH INSTITUTE

**Annual Report**

April 2009-March 2010

## VISION

Leading research: better health for all women

## MISSION

Creating new knowledge and evidence based solutions that inform and transform the health care of all women

### VALUES

- To encourage excellence and innovative thinking in women-centred health research
- To be ethical and transparent in our actions and activities
- To be equitable and inclusive in all we do
- To respect diversity and promote a sustainable environment for women's health research

### MANDATE

- To act as the research arm of BC Women's Hospital & Health Centre
- To act as the face of women's health research for the Provincial Health Services Authority
- To support research activities designed to improve the health and health care of women throughout British Columbia



WOMEN'S HEALTH  
RESEARCH INSTITUTE

*Women's health, women's lives*

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# Why Women's Health Research?



Globally, the importance of women's health is finally being recognized as a critical factor in the fight against poverty and infant mortality. The health of women permits the strengthening of country development and contributes to international peace and security. Recently, the Canadian government announced that the 2010 G8 Summit would uphold maternal and child health as a major priority. In the words of Prime Minister Stephen Harper, "Canada will champion a major initiative to improve the health of women and children in the world's poorest regions."

The United Nations is echoing these commitments by launching a Joint Action Plan with partners and governments from around the world. UN Secretary-General Ban Ki-moon says the initiative will be instrumental in achieving the fifth Millennium Development goal, which promises to reduce maternal mortality rates by 75% by 2015.

Over the years, the need to recognize and improve the understanding of the unique health concerns of women has become increasingly apparent. Beyond the obvious need to focus on reproductive health and sex-specific diseases, such as ovarian and cervical cancer, there are many other diseases that are more prominent in women, or that affect women differently than men. For instance, women suffer higher rates of autoimmune diseases, such as rheumatoid arthritis, multiple sclerosis, and lupus. Moreover, the symptoms and treatments of diseases may also vary according to gender. For years, clinical trials used to determine the efficacy of drugs

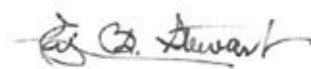
to treat diseases were only conducted on men, and this has had significant implications for the safety and effectiveness of the drugs on women.

Women also suffer higher rates of mental illness than men, owing to both biological and socioeconomic factors. Studies have shown that genetic and hormonal factors leave women more prone to depression and anxiety disorders. In Canada, women are more likely than men to experience poverty, which also puts women at an increased risk of mental health issues.

At the WHRI, part of our commitment to improving the lives of women means putting women specific health research in the forefront. We then make sure our findings translate from the basic science and clinical studies to the bedside. We invest in knowledge generation and knowledge translation programming to bring together researchers, policy makers, administrators and care providers to ensure our research findings benefit women through their application to women's health care, treatment, services, policies and programs. The WHRI is piloting a new future for women's health research and opening up new possibilities.



*Deborah Money*  
*WHRI Executive Director*



*Eileen Stewart*  
*WHRI Board Chair*





# Addressing Reproductive Health Concerns of HIV Positive Women





The WHRI welcomes Dr. Angela Kaida, who joined the institute in January as a post doctoral fellow. The recipient of a post-doctoral trainee award from the Michael Smith Foundation, Dr. Kaida is investigating the reproductive trends of women during BC's "HAART era" of 1996 to the present. Dr. Kaida will also examine the relationship between pregnancy, antiretroviral adherence, and HIV disease progression.

In British Columbia, as well as around the world, the number of HIV positive women of reproductive age continues to grow. Although the introduction of highly active antiretroviral therapy ("HAART") has significantly reduced the risk of mother to child transmission of HIV, little is known about the reproductive health concerns of people living with HIV.

She notes that there are significant areas of importance for HIV positive women that have yet to be explored, including the levels of adherence to antiretroviral (ARV) therapy in the postpartum period.

"During pregnancy, adherence to ARVs tends to be quite high, as pregnant women have a high motivation to continue treatment," says Dr. Kaida. "In the post-partum period, levels of ARV adherence tend to drop. It is important to determine why this is happening in order to improve health service delivery to better support HIV positive women post-partum."

British Columbia provides a unique and practical environment to conduct HIV and HAART-related research, with strong population data and a wide-range of accessible HIV services. No other jurisdiction in the world has had such an opportunity to publish population-level findings on this topic.

Dr. Kaida will also help build our Global health program as she has established international research programs in sub-Saharan Africa, where women of reproductive age account for approximately 61 percent of the 22 million adults living with HIV. In collaboration with researchers and clinicians from the WHRI, the Centre for Excellence in HIV/AIDS, Harvard University researchers in Uganda, and researchers at the Perinatal HIV Research Unit in Soweto, South Africa, she is investigating the impact of expanding access to HAART on sexual and reproductive decision-making, behaviours, and outcomes of women of reproductive age in high HIV prevalence settings.

The results from Dr. Kaida's research have the potential to make a significant impact by providing evidence to inform health service delivery for HIV positive women both locally and internationally.

"Globally, HIV and pregnancy are the leading causes of death for young women around the world," she says. "There is a great deal of overlap between maternal mortality and HIV, and we have great resources here to contribute locally and to a global understanding [of these critical issues]."



A close-up, profile view of a woman with blonde hair, wearing a white lab coat, looking through the eyepiece of a large, professional-grade microscope. The microscope is black and silver, with various adjustment knobs and lenses visible. The background is slightly blurred, showing a laboratory environment with other equipment. The text "Responsive Research: H1N1 influenza pandemic" is overlaid on the image in a blue, sans-serif font, enclosed in a dotted rectangular box.

## Responsive Research: H1N1 influenza pandemic



The novel H1N1 influenza pandemic in 2009 was an enormous challenge for all involved in health care. At its peak, the influenza pandemic was responsible for an unprecedented number of physician visits, hospitalizations and intensive care unit admissions for influenza in Canada that year. British Columbia was particularly hard hit, with more than 1050 severe cases and 57 deaths reported since the initial outbreak began in April 2009 (CDC). In a novel pandemic such as this, the main resource that health care workers, public health and governments need is accurate data upon which to make decisions. The WHRI participated in the rapid response from researchers around the world to try to understand the unique features of this pandemic: One which seemed to hit young persons and pregnant women particularly aggressively. The WHRI, with many partners, rapidly launched a series of several targeted, innovative research projects designed to generate high impact results. These initiatives include:

- **The Outcomes of Pandemic Influenza in Pregnancy (OPIP) Study:** The WHRI is the only site in BC participating in a Canadian Institutes for Health Research (CIHR) and Public Health Agency of Canada (PHAC) funded national study that is following pregnant women to see who was most at risk of acquiring H1N1 influenza infection during the 2009-10 flu season.
- **Provincial Case Series of Pregnant Women Hospitalized with H1N1:** The WHRI launched a case series study of pregnant women hospitalized with influenza-like illness at participating hospitals and health centres across the province. The data collected in this study was designed to rapidly compile critical information such as who is most at risk for experiencing severe H1N1 illness and risk factors associated with negative perinatal outcomes.

- **H1N1 Perinatal Outcomes Surveillance Tool:** The WHRI partnered with the BC Perinatal Health Program (BCPHP) and PHAC to develop a reporting tool to capture how many women experienced an influenza-like illness during pregnancy, as well as collect data regarding screening, vaccination, and treatment uptake at a provincial level. This data can be compared to non-pandemic years to determine overall impact of H1N1 in pregnancy.
- **Understanding H1N1 Influenza Immunization Knowledge, Attitudes and Behaviour in Pregnant Women in British Columbia.** Dr. Julie Bettinger and Dr. Deborah Money are launching a CIHR funded study to discern the knowledge, attitudes and beliefs regarding seasonal and H1N1 infection and its prevention by immunization in pregnant women in each trimester of pregnancy.

During these uncertain times, original, hypothesis-driven research is imperative to generate results that will have real impact. The information obtained from these studies will significantly contribute to improved clinical care by allowing us to better understand how H1N1 and other types of influenza illness affect pregnant women, and how to best prevent negative outcomes for women and their families.

Responsive research in this vein will ultimately lead to the development of effective strategies to understand the recent H1N1 outbreak among vulnerable populations, contribute to future pandemic planning in BC, and translate into improved care for British Columbians.

We are confident that WHRI research will generate valuable information in line with our mission to create new knowledge and evidence-based solutions to inform and transform the health and health care of all women.

# Better Contraceptive Choices for Marginalized Women





Women who seek abortion later in pregnancy are increasingly women who live marginalized and vulnerable lives, and are at high risk for future unintended pregnancy. Dr. Wendy Norman's Comprehensive Abortion Research Team (CART) is working to address these disparities through an innovative project examining the use of intrauterine devices (IUD) or systems (IUS) immediately following abortion.

Entitled "Better Contraceptive Choices for Marginalized Women: Immediate vs. Delayed Insertion of Intrauterine Contraception after Abortion," the project will determine whether the use of an IUDs or IUS immediately following an abortion will prevent more pregnancies than by scheduling device placement later, or choosing an alternate method of contraception.

As the recipient of a 2009 WHRI team infrastructure grant, the CART team continues to make significant progress. In February 2010, the team was granted a \$100,000 CIHR Primary Care Bridge award, and plans to submit a grant application for an additional \$792,527. The team has also acquired seven additional grants ranging in value from \$3,000 to \$142,250. Beyond their funding success, the team also hosted a major Knowledge Translation meeting in October 2009, which brought together researchers and front line workers from both the medical and non-profit sectors.

The multidisciplinary CART team is composed of physician researchers, nurses, and counselors, all of whom work at study clinics providing service for British Columbian women seeking abortions.

Dr. Wendy Norman, the project's Principal Investigator, believes the project will significantly impact the quality of care provided during the abortion process. "The knowledge gained will contribute to improved practices among both professionals working with women and within women's networks."

"Most importantly, we believe the knowledge gained will bring women and girls a greater chance of improved personal circumstances and, ultimately, decrease the number of women with unwanted pregnancies."

This research will greatly inform options for women globally who are seeking to avoid unwanted pregnancy responsibly and safely.





## WHRI Develops Women-Centred Clinical Trials Capacity



Though physiologically different, women and men are typically prescribed the same drugs to fight their illnesses. However, clinically significant pharmacodynamic differences in drug-induced responses exist between men and women.

Although impressive advances in policies have been made to promote the participation of women as subjects in research, gaps in knowledge remain regarding the behaviour of drugs in women. In order to remove these gaps and increase the base of biomedical knowledge about specific conditions and diseases, sufficient numbers of women from diverse ethnic backgrounds and age groups, and with a variety of underlying conditions, are needed to participate in clinical trials.

A major ethical consideration of this research is the inclusion of women of childbearing age in clinical trials. Although pregnant women have largely been excluded from clinical trials studies in the past, they do use drugs during pregnancy, with many potential adverse affects of such drugs still unknown. Involving pregnant women in clinical trials could be done safely by using small, well-designed trials with enhanced safety monitoring, and would ultimately result in reliable, evidence-based data to ensure safe treatment options.

It is also essential to conduct studies that include and describe the different phases of a woman's life, and to classify women by their reproductive stage, instead of by age alone. Research designs and study instruments should be developed that describe the menstrual cycle longitudinally and assess hormonal differences across menstrual cycles.

To address the knowledge gaps surrounding women-centered clinical studies, the WHRI is developing enhanced capacity to fill this void.

Our increasing capacity will enable us to provide more and better service to our clients, provide greater safety for our clinical trial subjects, and also make them more comfortable when they participate in these important clinical research efforts.

## OUR TEAM IS EQUIPPED WITH EXPERIENCE AND EXPERTISE IN THE FOLLOWING AREAS:

- Experience with Electronic CRFs
- Compiling regulatory documentation
- FDA trials
- Transportation of Dangerous Goods certification
- SOP development
- Audit
- Quality Assurance
- Budget development
- Project management
- Case report form development
- SAE tracking and reporting
- GCP training
- Physical assessment
- Gender-specific recruitment techniques

## WOMEN'S HEALTH RESEARCHER, DR. PATTI JANSSEN WINS TWO MAJOR AWARDS

Dr. Patricia Janssen, a co-member of the WHRI and the Child and Family Research Institute (CFRI), is the Director of the Masters of Public Health program, at the new School of Population and Public Health at UBC. She has won a UBC Killam Teaching Prize for 2009/2010. The prizes are awarded annually from the Killam Endowment Fund to faculty nominated by students, colleagues, and alumni in recognition of excellence in teaching.

In the past five years, Dr. Janssen's teaching contributions have included the revision of a required course in epidemiology, the development of a new course in perinatal epidemiology, and the development, including curriculum, of the new Masters of Public Health degree.

Dr. Janssen is one of four Killam prize winners within the Faculty of Medicine. She received the award at a ceremony on March 31, 2010.

Dr. Janssen was also the recipient of the 2009 President's Award for Public Education through Media. Dr. Janssen was nominated for the coverage generated nationally and internationally for the study, "Outcomes of planned home birth with registered midwife versus planned hospital birth with midwife or physician", published in the Canadian Medical Association Journal.

In this study, Dr. Janssen examined perinatal outcomes in planned home births attended by midwives and planned hospital births attended by midwives or physicians in British Columbia.

Outcomes were comparable in the two groups: There was a very low and comparable rate of perinatal death in each group. Planned home births were associated with reduced rates of obstetric interventions and other adverse perinatal outcomes compared with planned hospital birth.



## THE DR. SUSAN HARRIS FAMILY PRACTICE RESEARCH AWARDS

The WHRI is proud to be the host organization for the Dr. Susan Harris Family Practice Research Awards. This annual award will support research that contributes to women's health within the discipline of family practice.

The funding is intended to support family practice residents and/or practitioners to carry out pilot research projects.

The fund honors the life and values of Dr Sue Harris, a highly regarded family doctor and former Head of the Department of Family Practice at BC Women's Hospital. Criteria for the grant reflect her values, which included:

- a commitment to full-spectrum family practice primary care
- a woman-centered focus
- collaborative care
- a holistic approach
- respect for innovation
- and a commitment to supporting improvements in practice

The amount of funding and the number of grants awarded will vary from year to year. In 2010, grants will be awarded in amounts up to \$2,500 for a FP resident and up to \$5,000 for a FP practitioner.

The funding period is 12 months.

Recipients will be announced at Family Practice Research Day in June each year.

### Upcoming funding opportunities:

**Winter 2010:** Dr. Susan Harris, Family Practice Research Awards request for applications.

**January 2011:** WHRI is pleased to host the Dr. Nelly Auersperg Award in Women's Health Research.



## HPV RESEARCH GROUP: VISITING SPEAKERS IN 2009-2010

The WHRI is leading the way in the fight against cervical cancer by hosting some of the most significant research work to occur around the HPV vaccine. The internationally-renowned BC HPV Research Group welcomed the following visiting speakers in 2009:

**FARREL JOEL BUCHINSKY, MD, FACS**, Assistant Professor, Medicine, Drexel University

### Research Interests

Millions of people in the world are infected with one or more types of human papillomavirus (HPV). To date, more than 100 HPV types have been identified, most of which affect the reproductive organs and fall into two general classes: those causing cervical neoplasia; and those causing condylomata (genital warts). In children who acquire the condylomatous viral types via mother-to-child transmission, the infection produces the most commonly diagnosed benign neoplasm of the larynx, recurrent respiratory papillomatosis (RRP). RRP causes voice disturbance, which itself is associated with significant morbidity and degrades quality of life, however, of greater concern is that uncontrolled disease may lead to death through airway occlusion. Surgery is used to manage and remove the papillomas from the airway, however, lesions recur repeatedly and there is no known cure. Dr. Buchinsky's research is aimed at exploring genetic susceptibility to RRP, which will ultimately enable rational therapy development.

**LAURA KOUTSKY, PHD, MSPH**, Professor, Epidemiology, University of Washington

### Research Interests

It is known that genital HPV infections are commonly acquired within a year of first intercourse, and that most women remain asymptomatic, mount an effective immune response within 12 months, and about the same time, clear mo-

lecular evidence of infection. Unfortunately, infection with one HPV type does not appear to provide cross-protection from infection by another. Dr. Koutsky's research concerns the acquisition and natural history of genital human papillomavirus (HPV) infections and the prevention of HPV-related genital tract neoplasms. Ongoing projects led by Dr. Koutsky are designed to (1) determine the efficacy, safety and tolerability of multivalent prophylactic HPV vaccines, (2) identify risk factors for the transmission of HPV and development of persistent infection, (3) define the immunologic responses to initial and persisting genital HPV infections, (4) assess knowledge, attitudes and behaviors concerning HPV, and (5) evaluate the effectiveness and cost-effectiveness of new technologies for cervical cancer prevention.

**JOEL PALEFSKY, MD, CM, FRCP(C)**, Professor, Medicine, University of California San Francisco

### Research Interests

Dr. Palefsky's expertise includes the treatment of anal dysplasia, a pre-cancerous condition that may lead to anal cancer caused by the human papillomavirus (HPV). Dr. Palefsky's research focus is to understand the role of host factors in the biology of infection. His research group has found that two proteins are highly unregulated in HPV-infected epithelial tissues, MRP-8 and MRP-14. These proteins appear to affect ingress and egress of immune cells, including monocytes, and likely influence the immune response to HPV-associated lesions through their chemotactic properties. Dr. Palefsky is also studying genetic changes in HPV-infected tissues to identify pathways of progression to invasive cancer and to identify molecular markers of progression, which will inform radical new gene therapy approaches to treating HPV-related cancers.

## WHRI CLINICAL RESEARCH FACILITATION

Research focused on patients and other users of health services is the cornerstone of evidence-based health care, a modern construct of clinical care largely pioneered in Canada\*. Clinical research, particularly in the hospital setting, allows investigators to make rigorous comparisons among new and current diagnostic, therapeutic, and preventative approaches, ultimately providing evidence as to “best practice” to better inform evidence based medicine.

More than any other branch of research, research in the clinical setting is where the most immediate and profound effects on human health and well-being are realized. On a global scale, the impact of clinical research has been integral to the development of life-saving vaccines, the discovery of effective disease treat-

ments, and the evolution of health care from its most basic rudiments to the complex system that exists today.

The WHRI has enhanced the research environment and infrastructure at BC Women’s Hospital & Health Centre through the provision of mentorship, methodology consultation, assistance with ethics applications, study management, research coordination, grants facilitation and the award of catalyst funding. With such support, a number of research projects have been facilitated in the following areas:

*\* Evidence-Based Medicine Working Group. Evidence-Based Medicine: A New Approach to Teaching the Practice of Medicine. JAMA. 1992; 268(17): 2420-2425.*





## WHRI CLINICAL RESEARCH FACILITATION

### BC Women's Hospital & Health Centre Program Examples of WHRI Research\*

\* The WHRI research described here is only that which directly involves BC Women's Hospital and Health Centre Programs

#### Aurora Centre Program

*Developing a Protocol for Respectful Health Research involving Substance-Using Women*

PI: A. Salmon Funding: CIHR

#### CARE Program

*Better Contraceptive Choices for Marginalized Women: Immediate vs. Interval Insertion of Intrauterine Contraception after Second Trimester Abortion*

PI: W. Norman Funding: CIHR, Bayer, WHRI Team Infrastructure grant

*Does Social Support impact a woman's experience of and recovery from a pregnancy termination?*

PI: Z. Hodgson Funding: Vancouver Foundation

*A Review of Physician Anaesthesia Prescribing Practices in an Abortion Clinic in British Columbia*

PI: B. Fitzsimmons Funding: WHRI-supported summer student project

#### Oak Tree Program

*Mechanism of Aging Following Exposure to Antiretroviral Drugs/ Emerging Team Grant in HIV Therapy and Aging*

PI: H. Cote Funding: CIHR

*A Study of the Immunobiology of an HPV VLP Vaccine in a Cohort of HIV Positive Girls and Women*

PI: D. Money Funding: CIHR

*If Hepatitis C Virus (HCV) is an Opportunist Infection, Why has HAART not lead to Dramatic Improvements in Liver Disease?*

PI: M. Klein; Site PI: N. Pick Funding: CIHR

#### UBC Centre for Reproductive Health

*Noninvasive assessment of embryo quality in human in vitro fertilization: metabolomic profiling of embryo culture media with Raman spectroscopy*

PI: A. Cheung Funding: WHRI Catalyst Grant

#### Birth / Acute Perinatal / Postpartum Program

*The Childbearing Health and Related Service Needs of Newcomers to Canada*

PI: B. Palmer Funding: CIHR

*Defining the role of vaginal microbial ecology in preterm birth*

PI: D. Money Funding: March of Dimes Prematurity Research

#### Fir Square Combined Maternity Care Unit

*An Evaluation of Rooming-in among Substance-exposed Newborns in British Columbia*

PI: R. Abrahams Funding: BC Children's Telethon

*Healing Ourselves: Mothers Recovering from Grief and Loss in Vancouver's Downtown Eastside*

PI: A. Salmon Funding: Victoria Foundation

*A Minority Group? Examining the nature, sustainability and treatment practices of BC's MMT prescriber workforce*

PI: A. Salmon Funding: BC Mental Health and Addictions

#### Diagnostic Ambulatory Program

**Diagnostic ultrasound, fetal assessment and treatment, and prenatal procedures**

*Assessment of variability in Ultrasound Measurements of BPD, HC, AC and FL*

PI: A. Gagnon Funding: Supported in kind by the WHRI

#### Anaesthesia consultation

*TAPAS – abdominal tap block as an alternate form of pain relief post c-section for morphine sensitive individuals*

PI: R. Preston Funding: Supported by WHRI Ismaili funds

*SWEET – measures CSF glucose in patients with planned c-sections receiving spinal anaesthesia*

PI: J. Douglas Funding: Supported by WHRI Ismaili funds

*"How fast are we?" – General anaesthesia vs. spinal anaesthesia for emergent c-section deliveries: a simulation based study*

PI: V. Gunka

#### Medical Genetics Program

*An Estimation of the Prevalence of Gastroschisis in British Columbia*

PI: L. Dahlgren Funding: WHRI-supported summer student project

*Impact of genetic counselling for women who have a family history of a major mental illness*

PI: J. Austin Funding: BC Women's Auxiliary

#### Newborn Care

*Detection of Congenital CMV Infection in Children at the Highest Risk of Developing Late Onset Hearing Loss*

PI: E. Castillo Funding: Children's Telethon

#### Women's Health Centre

##### Asian Women's Health Clinic

*Mammography Uptake Study in Asian Canadians*

PI: J. Kwong Funding: BC Cancer Agency

##### Heart Program for Women

*After Gestational Diabetes: A Type II Diabetes Prevention program*

PI: N. Prodan-Bhalla, R. Sanghera

##### Osteoporosis Program

*Phosphorus Intakes and Calcium Supplementation Practices of Elderly Chinese Women Eating a Traditional Diet*

PI: D. Reid Funding: Nutritional services at C&W

## ISMAILI WALK FOR WOMEN



*Dr. Deborah Money and Eileen Stewart pictured with Ismaili Walk fundraisers Rehman and Aly Lalji. Rehman was the top individual fundraiser for the Ismaili Walk 2009.*



*Staff members of the Women's Health Research Institute warm up before the 2009 Ismaili Walk.*

From 2008 through to 2010, the Ismaili community of BC has partnered with BC Women's Hospital & Health Centre Foundation to raise funds for research into women's health. All proceeds from this three year fundraising partnership will go directly to women's health research supported by the WHRI.

Now in its 19th year, the Ismaili Walk continues to be a huge success. In 2008 and 2009, with the generous support of our sponsors, donors and fundraisers, the walk raised almost \$600,000. The goal during the three year partnership is to raise a total of \$1,000,000 to further the work of the WHRI.

The Ismaili Walk was founded in 1992 by the Ismaili Muslim Community of BC. It takes place in Vancouver near the end of the summer and benefits a local non-profit organization. The Walk raises funds to further the mandate of partner non-profit organizations that have included local hospitals, the Vancouver Public Library, Simon Fraser University, the Food Bank, Habitat for Humanity, the Crisis Center of Greater Vancouver and the United Way.

To date, the Walk has raised over \$2.5M for local community organizations. From 2003-2007, the Ismaili Walk for Kids supported the United Way Success by 6 programs and services dedicated to giving children age 0 to 6 the foundation they need to get a good start in life.

Please join us for the 2010 Ismaili Walk for Women which takes place on Sunday 26th September at Lumberman's Arch in Stanley Park.

### Presenting Sponsor:

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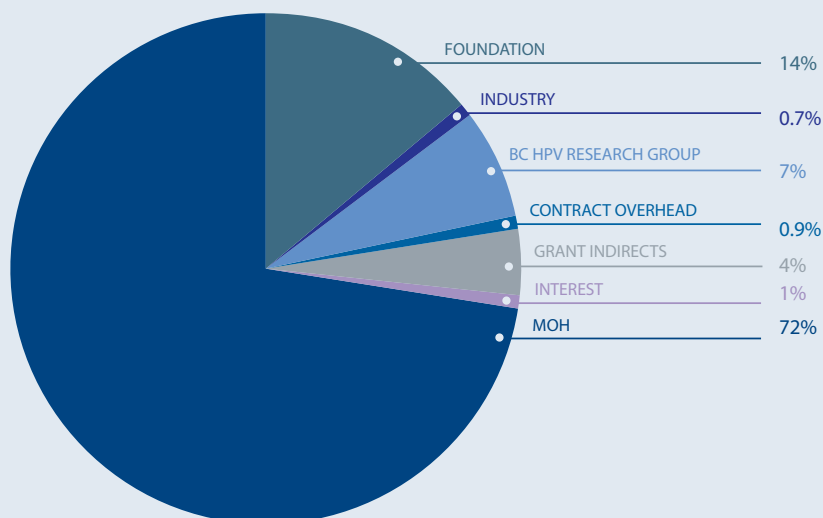
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## WHRI FUNDING

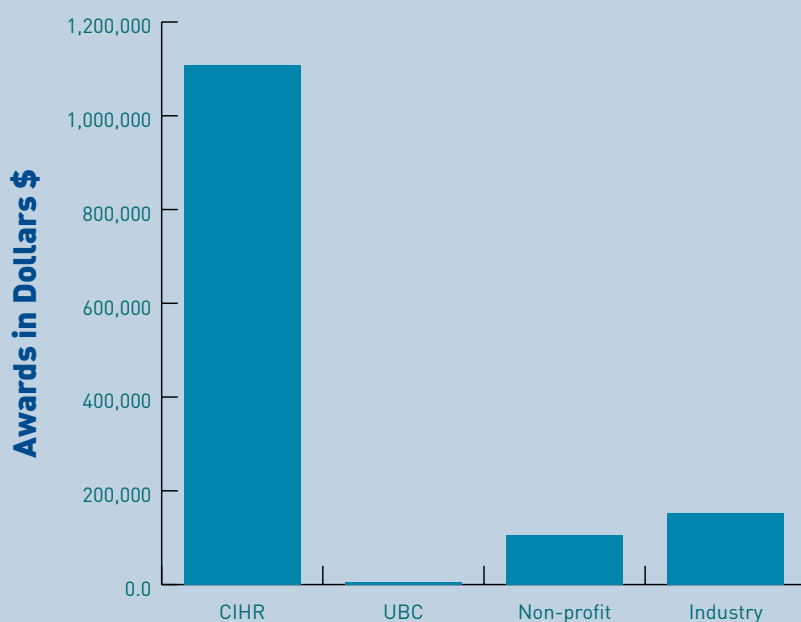
### Foundations & Granting Agencies

- BC Cancer Agency
- BC Medical Services Foundation
- BC Mental Health and Addictions Research Network
- BC Transplant Research Foundation
- BC Women's Hospital & Health Centre Foundation
- Canadian Institute of Health Research
- Merck
- Michael Smith Foundation for Health Research
- National Network of Aboriginal Mental Health Research
- University of British Columbia
- Provincial Health Services Authority

### Operational Funding 2009/10: Total = \$1,339,395



### \*Research Funding 2009/10: Total = \$1,608,319



\*To Investigators that are primary members of WHRI and WHRI is directly involved.



## OUR PEOPLE

The success and phenomenal growth of the Women's Health Research Institute has been made possible by the support of our Board of Directors and contributions of our talented investigators, trainees and staff. It is their commitment to a better future for women across British Columbia and around the world that makes the WHRI an emerging leader in women's health research.

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Ms. Elisa Hoyd-Smith

Dr. Douglas Matsell

Dr. Kaita Mohindra

Dr. Mary Stephenson

Dr. Valencia Remple

### Trainees

Alexandra Bond

Dr. Nadia Branco

Tessa Chaworth-Musters

Caroline Diekema

Lisa Draht

Dianne Fang

Georgia Geller

Carla Gemeinhardt

Rosie Hsu

Dr. Angela Kaida

Kiran Kalkat

Evelyn Kwok

Vivian Ma

Emilie Stevens

Fang Xie

## OUR PARTNERS

### BC Women's Hospital Foundation

BC Women's Hospital Foundation is committed to raising funds to support the vital research being conducted at the Women's Health Research Institute. The WHRI depends on funding from the Foundation and the community of philanthropists who support BC Women's Hospital Foundation. Every dollar the Foundation invests in research is returned four times over by the WHRI's gifted investigators in terms of its benefits to women.

To support the investigative work that will ultimately translate into better health and better health care for women, the Foundation raises funds for infrastructure, training, technology, research units, health programs and research chairs. Our goal is to enhance WHRI's ability to develop its critical research areas. We think of this as an investment in the future of all women, not just in British Columbia, but around the world.

To learn more about supporting women's health research, call 604-875-2270 or visit our website: [www.bcwomensfoundation.org](http://www.bcwomensfoundation.org)



### Provincial Health Services Authority

The first authority of its kind in Canada, the Provincial Health Services Authority (PHSA) plans, manages and evaluates selected speciality and province-wide health care services across B.C., working with the five geographic health authorities to deliver province-wide solutions that improve the health of British Columbians. With more than 11,000 employees and an annual budget of over \$1.5 billion, the PHSA operates provincial agencies like BC Women's Hospital, plans and delivers a variety of specialized programs and services throughout the province. PHSA is one of the largest academic health organizations in Canada, with about 2,000 people involved in research activities supported by \$150 million in research funding each year.



### University of British Columbia

The University of British Columbia (UBC) is one of Canada's largest and most prestigious public research and teaching institution and consistently ranks among the top 40 universities in the world. It offers a range of innovative undergraduate, graduate and professional programs in the arts, sciences, medicine, law, commerce and other faculties. UBC has particular strengths in biotechnology, ranks in the top 10 universities in North America and number one in Canada for commercializing research and for its patent activity in the life sciences.



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UNIVERSITY OF  
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COLUMBIA





**Women's Health Research  
Institute**

Room B325B - 4500 Oak Street,  
Box 42, Vancouver, BC V6H 3N1  
Phone: 604-875-3459  
Fax: 604-875-3895

[whri@cw.bc.ca](mailto:whri@cw.bc.ca)  
[www.whri.org](http://www.whri.org)



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