



women & children's
health research institute

2019/2020 annual report

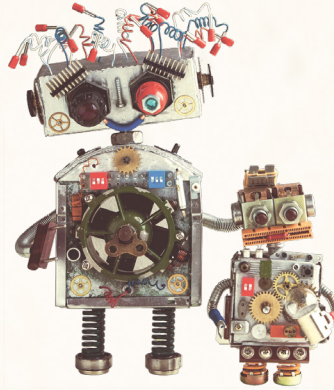
the
future
is
now

the future is now

Ideas that were once considered the stuff of science fiction are now being explored by WCHRI-supported research leaders who are transforming women and children's health.



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our vision

To harness the power of research innovation for a healthy future for children and women.

our mission

WCHRI will foster the brightest minds to discover, innovate and ultimately transform the health of children and women through supporting research excellence.

Women and Children's Health Research Institute

Now, more than ever, we see that our world is constantly evolving.

Every day, new ideas emerge that could shift the trajectory of our future and benefit health on a global scale.

At WCHRI, we strive to create an environment for these forward-thinking thoughts to thrive. What was once an inkling of an idea, a new concept that others may have not thought possible, could be transformative for generations of women and children.

The COVID-19 pandemic has been an unprecedented time for all of us. Many of our members are working with patients directly on the frontlines, tirelessly committing themselves to research within the lab and pressing forward to ensure a healthier world for us all. Thank you simply doesn't seem enough, but know that we are all behind you and you have our most sincere gratitude.

I invite you to read on for stories of our researchers whose work provides a glimmer of inspiration during this challenging period. From formulating a gene therapy to treat patients with Duchenne muscular dystrophy, growing a placenta in a dish to study pregnancy complications, to developing a 3-D ultrasound that will help prevent hip dysplasia in newborns—our researchers are on the cusp of incredible progress that will impact the future for us all.

This past year, we celebrated 10-years of REDCap supported by WCHRI at the University of Alberta, began to refresh our strategic plan, welcomed 530 attendees to our largest Research Day yet, helped launch Western Canada's hub for Solutions for Kids in Pain (SKIP) and continued to grow programming that furthers excellence in women and children's health research.

This report is a reflection of advances fueled by our esteemed funders and partners: the Stollery Children's Hospital Foundation, Royal Alexandra Hospital Foundation, Alberta Health Services and the University of Alberta. In November, we recognized our Foundations at the Association of Fundraising Professionals' National Philanthropy Day, where the Stollery Children's Hospital Foundation and Royal Alexandra Hospital Foundation were commended for their commitment to women and children's health research.

I'm incredibly proud of our WCHRI team and members and the work they continue to do each day. As we move forward to a recovery process after COVID-19, we remain committed to supporting our engaged research community towards improving health together.

Sandra Davidge, PhD

Executive Director

Women and Children's Health Research Institute



Stollery Children's Hospital Foundation

Investing in curiosity to advance kids' health



Curiosity and the pursuit of knowledge. These are major drivers behind the talented researchers at the University of Alberta who are standouts in the field of pediatric medical research.

As the primary funder of the Women and Children's Health Research Institute, we are proud to support the curiosity that exists within WCHRI members as it leads to ground-breaking advancements in children's mental and physical health.

Since 2006, we have contributed \$83 million for children's health research in northern Alberta, funding more than 99 pediatric mental health research projects, and investing \$5 million over five years to establish the Stollery Science Lab Distinguished Researchers program that funds award-winning pediatric researchers at WCHRI.

Most recently, we invested \$200,000 over four years toward the Solution for Kids in Pain initiative, or SKIP — allowing for the hiring of a knowledge mobilization specialist, and making Edmonton the only SKIP regional hub in Western Canada for kids' pain management.

Another program that is bridging the gap between the lab and clinical practice is Translating Emergency Knowledge for Kids. TREKK helps kids and youth learn about and talk about their medical condition through an app, and allows rural physicians to treat their patients right in their own backyard.

Our board recognizes the strength of our Foundation comes from our growing number of engaged community partners, volunteers and donors, and our strong partnerships with WCHRI, the University of Alberta and Alberta Health Services.

With your help, we're transforming children's health care in Western Canada by making sure kids and youth, no matter where they live, have access to some of the best physical and mental health care and research anywhere in the world.

Thank you – we are excited to see what amazing new discoveries await.

Mike House, MBA, ICD.D

President and CEO

Stollery Children's Hospital Foundation



Royal Alexandra Hospital Foundation

The last year saw women's health and women's health research remain a top funding priority of the Royal Alexandra Hospital Foundation. Donors to our foundation, through their continued support of the Women and Children's Health Research Institute, are shaping a more inclusive future for women's healthcare in Canada, and our work does not end here.

For many years, research into women's health has lagged far behind the healthcare curve. The vast majority of medical studies were performed on men, without the physiological differences of women taken into consideration. This lack of research meant that women's health care fell short.

The Lois Hole Hospital Women's Research Centre opened its doors nearly two years ago, and since, research happening here has been providing the track for the engine of clinical care to follow in the future.

Christy-Lynn Cooke and Radha Chari are further researching the risks of older age pregnancy while Dawn Kingston's team is determining the effectiveness of online screening for prenatal depression. Momoe Hyakutake is investigating the use of cannabinoids to treat chronic pelvic pain, and Sue Ross is advancing standards of care for mature women. Each one of these researchers funded in part by donors to the Royal Alexandra Hospital Foundation are closing a gap in women's health, and women from across Alberta and beyond will one day benefit because of their work.

On behalf of the Royal Alexandra Hospital Foundation and Chair Zaheer Lakhani, I wish to offer my heartfelt congratulations to the WCHRI research team on yet another phenomenal year of inquiry and investigation, and a sincere thank you to all of our donors who understand the criticality of making significant investments in women's health.

When women thrive, so do entire communities, and the future of women's health is most certainly now, thanks to all of you.

Andrew Otway, MBA, CFRE

President and CEO

Royal Alexandra Hospital Foundation



The Women and Children's Health Research Institute (WCHRI) has provided a leading model for the creation, growth and impact of a University of Alberta institute.

Within the set of more than 90 institutes and centres, WCHRI has engaged broadly with research across many disciplines and delivered positive impact both in research and clinical settings.

In addition, the WCHRI team has consistently responded to its major funders, the Stollery Children's Hospital Foundation and the Royal Alexandra Hospital Foundation, to create a stable and sustainable value proposition for researchers, clinicians and philanthropists. The University of Alberta could not wish for more.



Randy Goebel, PhD

Provost and Vice President (Academic)
Associate Vice President (Research and Innovation)
Professor of Computing Science
University of Alberta



The Faculty of Medicine & Dentistry is a proud partner of WCHRI. As dean, I'm inspired by the institute's commitment to recognizing the unique health needs of women and children and working tirelessly toward transforming their care. WCHRI is building a happier, healthier future for diverse communities in our city and around the world. This is truly research for the public good.

WCHRI is a success because of the value it places on innovative partnerships and the collaboration of world-class researchers. This level of interdisciplinary teamwork is the foundation for the institute's growing list of exciting, patient-focused projects.

Congratulations on another successful year from all of us here in the Faculty of Medicine & Dentistry.

Brenda Hemmelgarn, MD, PhD

Dean, Faculty of Medicine & Dentistry



The Women and Children’s Health Research Institute epitomizes the power of partnerships, as the institute has worked in collaboration with Alberta Health Services, the University of Alberta, the Stollery Children’s Hospital Foundation and the Royal Alexandra Hospital Foundation to improve the lives of many women and children.

WCHRI has many reasons to be proud. I deeply appreciate and value the persistent work to continually drive change through innovation and research in order for us to build a healthcare system that delivers the highest quality of care that improves medical outcomes for the patients and families we see.

Together, as solid partners, we can create a brighter, stronger, and healthier future for women and children, not only in our province but worldwide.

On behalf of Alberta Health Services and the Stollery Children’s Hospital, congratulations to everyone at WCHRI on another year of extraordinary research and discovery.

Christine Westerlund, RN, BScN, MSc

Senior Operating Officer
Stollery Children’s Hospital

With the global women’s health market estimated to be over \$50B billion by 2025, now is the time that we see investment into women’s health and wellbeing.

We are more prepared than ever to lead this work. Our commitment to women’s health is demonstrated through the success of the Lois Hole Hospital Women’s Research Centre. By partnering with the Women and Children’s Health Research Institute and the Royal Alexandra Hospital Foundation to create this shared space, we have enabled researchers and clinicians to advance evidence-based care in women’s health.

Together, we have strengthened high risk maternal care, developed understanding around the long term impact of preeclampsia, examined key diseases from a women’s health lens, and brought personalized health care solutions to women using emerging technologies in artificial intelligence and robotics.

Our partnership has become a catalyst for women’s health research, examining and forging new research that will improve the lives of women now and into the future. The stage is set for 2020 and the future is clear—if we can dream it, we can do it!



Tracee Pratt, RN

Executive Director, Women’s Health Program
Lois Hole Hospital for Women and Sturgeon Community Hospital
Alberta Perinatal Health Program & Zone Women’s Health Lead

governing bodies

(As of March 31, 2020)



the future is now



WCHRI was established in 2006,
with the vision to provide
better evidence-based care
for women and children.

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Gary Lopaschuk
Associate Chair, Research,
Faculty of Medicine & Dentistry, U of A

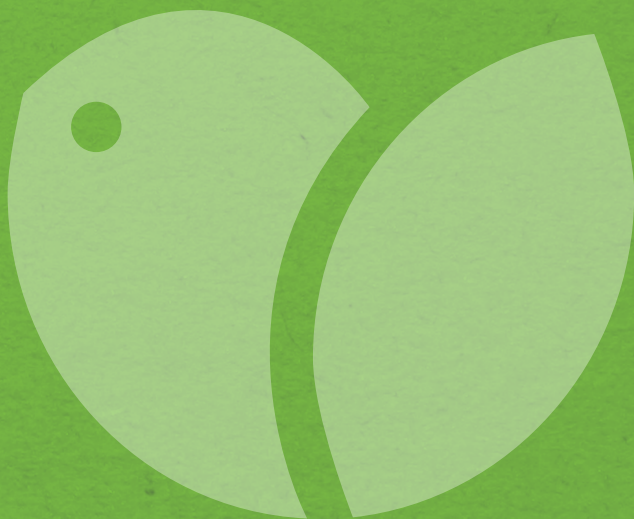
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Lawrence Richer
Associate Director, WCHRI
WCHRI Theme Lead for Children's Health
and Well-Being

Sue Ross
Cavarzan Chair in Women's Health Research
WCHRI Theme Lead for Lifelong Women's Health

Lonnie Zwaigenbaum
Stollery Children's Hospital Foundation's
Chair in Autism Research



A 'game-changer' for cystic fibrosis patients

WCHRI study management team coordinates Edmonton clinical trials of ground-breaking treatment

Clinical trials of a breakthrough treatment for cystic fibrosis are being carried out in Edmonton and the two pulmonologists leading the local team believe it could be life-altering for their patients.

Tamizan Kherani, a pediatric pulmonologist, and Winnie Leung, an adult pulmonologist, are the local principal investigators in an Edmonton clinical trial of a new triple-combination therapy to treat patients with the most common cystic fibrosis mutation. They relied on WCHRI's study management team to help them navigate the clinical trial process.

Cystic fibrosis is the most common fatal genetic disease affecting Canadian children and young adults. Persistent lung infections and loss of lung function used to mean that many children with cystic fibrosis died in infancy. But over the last 25 years, new treatments to improve symptoms have resulted in a much better prognosis for most patients. The median age of survival in Canada is now 52.1 years. About 600 Albertans suffer from the disease.



Study management support for this project is funded by the Stollery Children's Hospital Foundation.



“Because we have WCHRI to support us through these projects, we can be positive and say that as long as these wonderful opportunities come by for our patients, we will be involved in them. So there can be hope for the cystic fibrosis community.”

Winnie Leung

The turning point in the understanding of cystic fibrosis came in 1989, when scientists discovered the cystic fibrosis gene—the cystic fibrosis transmembrane conductance regulator or CFTR gene. Cystic fibrosis patients have a gene mutation that causes the proteins on the surface of the cells to work improperly, or not at all, resulting in a build-up of thick, sticky mucus in the airways and digestive system. This, in turn, leads to repeated respiratory infections and digestive problems.

The breakthrough has been the development of a new class of drugs called CFTR modulators, which improve how the proteins function. “Right from the beginning, with these trials of CFTR modulators, our entire cystic fibrosis community has felt that these were going to be game-changers for our patients,” says Leung.

The Edmonton clinical trials, which started in 2017, have involved a total of 10 patients so far, aged 12 and older. Since there are many different cystic fibrosis gene mutations, investigators are trying to help the pharmaceutical company find the right combination of drugs that works for the most patients. There is hope that 90 per cent of cystic fibrosis patients may benefit from the treatment, which means fewer infections and fewer hospital admissions.

Kherani and Leung say their patients involved in the trials are optimistic about the future. The advances mean people with cystic fibrosis may live longer, says Kherani, but more importantly, “many of these patients feel that the quality of their lives is better, they actually have better energy, they can be involved in the things they want to do and be more active. They don’t have as many things holding them back.”

It’s gratifying to Kherani and Leung to be able to give this hope to their patients and families. Because cystic fibrosis is a chronic disease, as doctors they get to know their patients very well over time. “And so when we see these individuals have such an improvement in the quality of their lives, their ability to get over colds and other infections, it’s that much more rewarding to us as physicians,” says Leung.

“We see their struggles, we see their challenges and with these CFTR drugs, we can celebrate their successes.” 🌱



Riddell is one of the newest perinatal researchers recruited to the University of Alberta by WCHRI, with funding from the Stollery Children's Hospital Foundation and supporters of the Lois Hole Hospital for Women.

Pursuing the perfect Petri dish placenta

Learning how this magical, mysterious organ develops could have an enormous impact on human health

Meghan Riddell's research path was determined during a third-year university class when the aspiring immunologist "got tricked into the placenta."

Captivated might be a better description.

"The placenta is, quite simply, the most important organ you no longer have," she wrote in her 2013 doctoral thesis. A mysterious building block of life, its unique cells appear days after the egg is fertilized, making it possible for the pregnancy to begin. For nine months, it cares for the growing fetus, providing oxygen and nourishment, removing waste, maintaining water balance and somehow preventing the mother's body from rejecting the fetus, defying basic laws of immunologic biology.



"It's so interesting and so little is known," Riddell says.

"It's this magical thing that sustains and allows for life, but compared to the heart or the brain or the kidney, we just don't understand properly what goes wrong."

Abnormal placenta development is the mystery that Riddell, WCHRI's newest recruit for perinatal health research, is determined to solve.

Malfunctioning placentas are linked to complications like preeclampsia, threatening the health of the mother and baby, and intrauterine growth restriction, causing babies to be born much too small. By identifying the factors that cause abnormal development, doors could open for new diagnostic tools and medical interventions.



But first, Riddell needs access to a placenta as it develops from a few cells to a complete organ. "That's where our placenta-in-a-dish model comes in."

Breakthroughs in recent years have made it possible for a three-dimensional placenta to be grown outside of a mother's body. However, it grows inside-out, meaning the placenta's most powerful attribute—the single trophoblast cell that forms its entire surface—is stuck in the middle, says Riddell.

With funding from the Stollery Children's Hospital Foundation and supporters of the Lois Hole Hospital for Women, Riddell's work aims to grow a placenta that is properly oriented and represents the real thing.


The research, she says, is "innovative, cutting edge and important."

In future medical treatments, where targeted therapies are delivered directly to the placenta, that outside cell—which measures about 10-square-metres at term—will be one of the most important factors.



Nothing else in the human body is even comparable, she says. "The way that it functions has to be different because fundamentally, its structure is very, very different. ... It's one gigantic cell instead of millions working in co-operation."

It's an incredibly focused research project that Riddell says could potentially have an enormous impact.

"There's a huge amount of evidence that says if you come from a compromised pregnancy, you have increased risk of lifelong health problems," she says. "So if we can treat the placenta, we have the chance to improve the health of the entire population." 

Using artificial intelligence and 3-D ultrasound to help babies

Edmonton project screens for infant hip dysplasia to prevent painful problems in adults

If Jacob Jaremko has his way, every Alberta newborn will soon be screened for hip dysplasia, a common hip joint problem that is easily fixed if detected in the first three months of life.

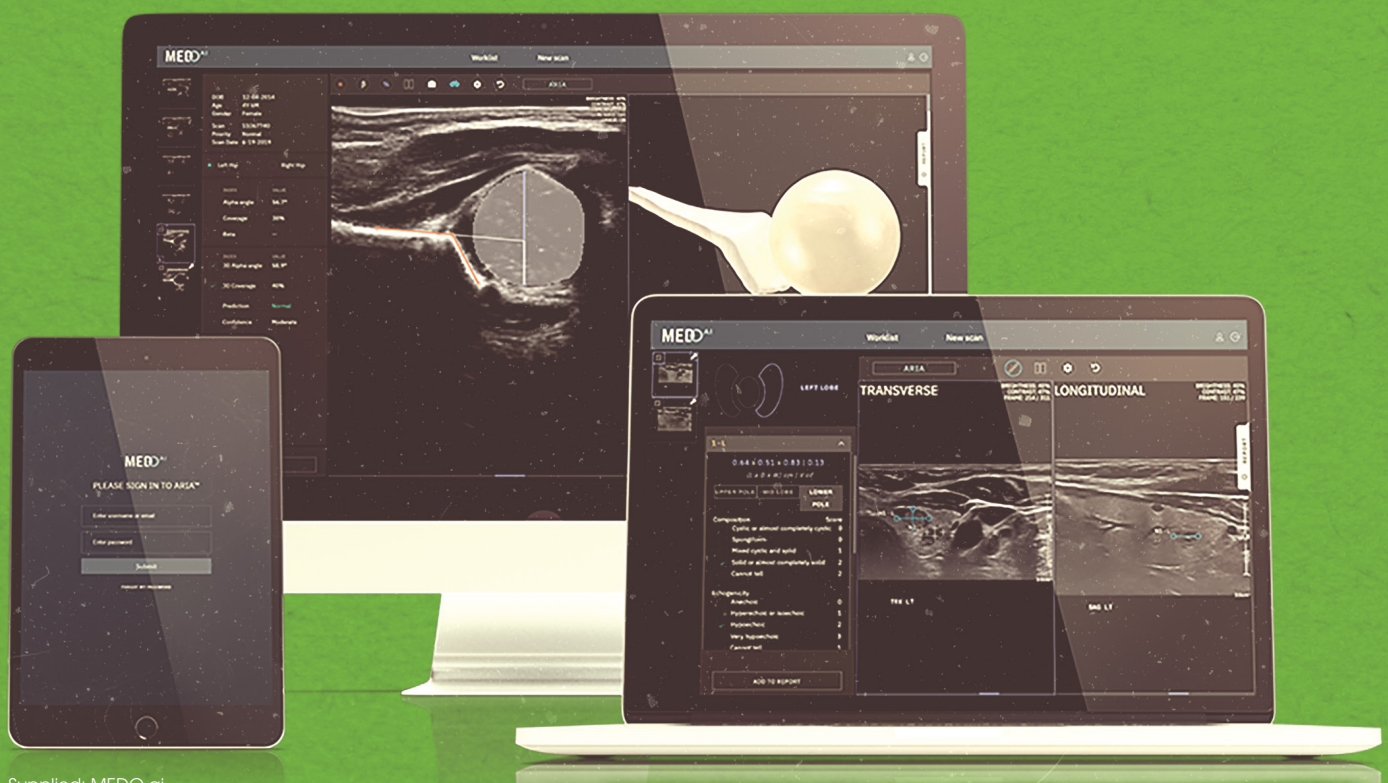
In Alberta, four babies are born with hip dysplasia every day, so it's surprising that widespread screening isn't already done. Of those born with hip dysplasia, 80 per cent are girls.

"On the face of it, it seems crazy that there was no regular screening before," says Jaremko, an Edmonton radiologist. But previous technology was not cost-effective or reliable, he says. With the arrival

of 3-D ultrasound and artificial intelligence, "the future is now for this to finally happen."

Jaremko calls hip dysplasia a "silent condition," where the baby's hip joint is poorly formed.

Some doctors check babies for the problem but unless it's a severe case, there are no symptoms until the patient is a teenager or a young adult, when she starts developing early arthritis. In adults, it not only causes pain and instability, but adds huge costs to the healthcare system for arthritis treatments and joint-replacement surgeries.



Supplied: MEDO.ai

All that could be prevented with early treatment. In the first three months of life, the cartilage in a baby's hips is soft and the problem can usually be reversed with a simple soft harness worn for six to 12 weeks. A few babies need to wear a spica (body) cast and occasionally, surgery is needed.

Jaremko is investigating using 3-D ultrasound to screen for infant hip dysplasia because 2-D pictures of the hip do not tell the whole story. Key to the project has been his team's development of an artificial intelligence system that can read and analyse the ultrasound findings, quickly and accurately.

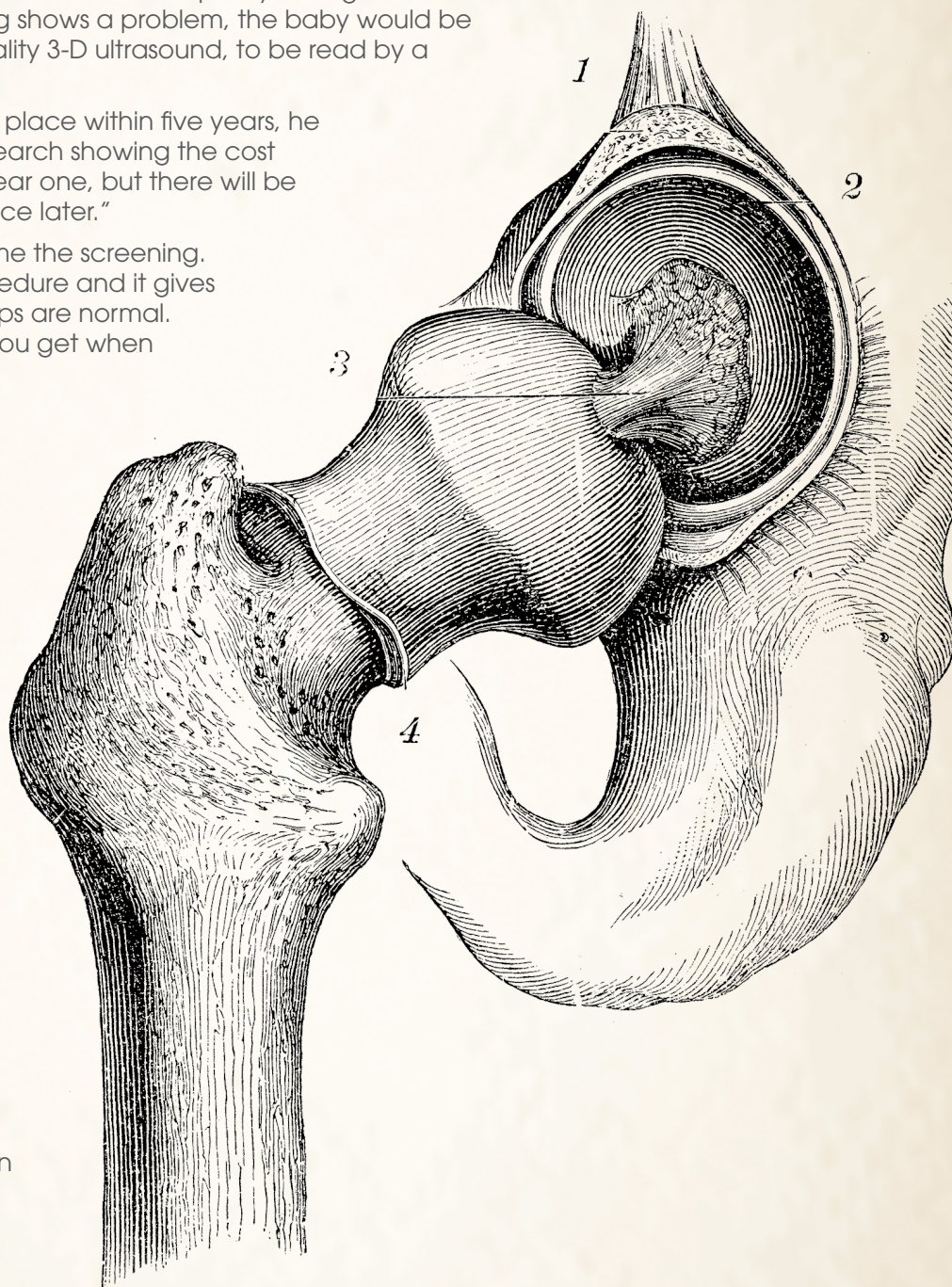
An Innovation grant from WCHRI is allowing Jaremko and an orthopedic surgeon at the Stollery Children's Hospital's pediatric orthopedic clinic to test the accuracy of the automated analysis. He hopes to involve 200 babies in the pilot project, which began last fall.

The next stage will be even more exciting. Jaremko and his team are applying for an Alberta Innovates grant to allow them to screen infants visiting well-baby clinics in Edmonton for their regular vaccinations and weight checks. The screening would be done with a portable 2-D ultrasound unit, which saves a video and simulates a 3-D model.

The advantage is that the scan would be done by a nurse, who can be easily trained on the unit, and the analysis would be done quickly through artificial intelligence. If the simplified screening shows a problem, the baby would be referred to the hospital for a high-quality 3-D ultrasound, to be read by a radiologist.

Screening across Alberta could be in place within five years, he believes, but it will depend on his research showing the cost benefits. "It's going to cost more in year one, but there will be substantial cost savings for the province later."

Jaremko believes parents will welcome the screening. "It's a simple, harmless, painless procedure and it gives them confidence that their baby's hips are normal. That's a pretty nice bit of news that you get when you leave your well-baby visit." 🍀



Jaremko was supported by the Stollery Children's Hospital Foundation through WCHRI.

the future is now

Hip dysplasia was described at least as early as the 300s BC by Hippocrates and is about four times more common in girls than boys.

Seeking a cure for muscular dystrophy

Edmonton team closing in on effective treatment for two devastating genetic diseases

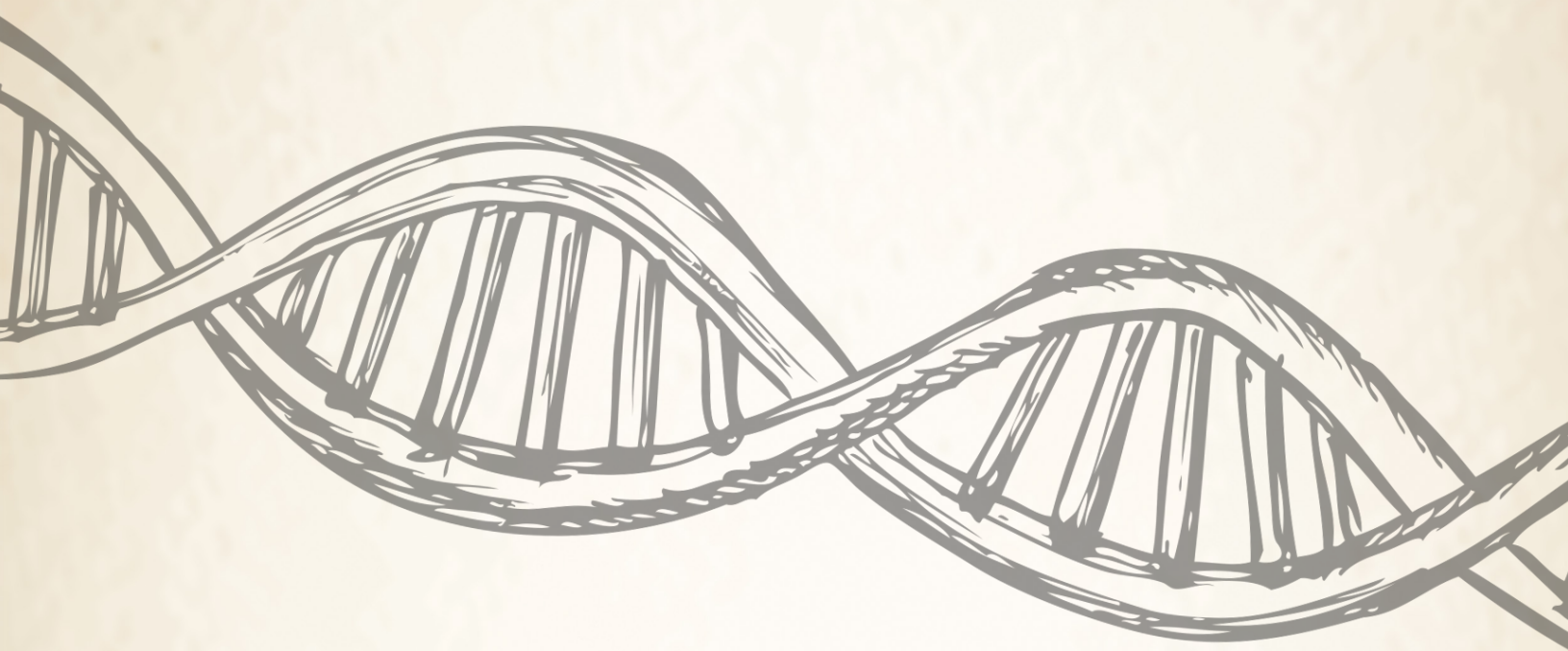
Exon skipping. DNA stitches. DNA-like cocktails. Molecular Band-aids.

You might think you're in Sickbay on the Starship Enterprise when you hear these terms. But they are the novel therapies Toshifumi Yokota and his team are researching in an Edmonton laboratory as they work toward a treatment and hopefully a cure someday for two of the most devastating genetic diseases affecting children.

Yokota, who was recruited to the University of Alberta in 2011 for a new Friends of Garrett Cumming Muscular Dystrophy Research Chair, believes he and his team are close to optimizing a promising new therapy for Duchenne muscular dystrophy, the most common and lethal genetic disorder in childhood. One in every 3,500 to 5,000 boys is born with Duchenne muscular dystrophy. They rarely live beyond their 20s or 30s.

The team is doing similar research into a treatment for another genetic disease called spinal muscular atrophy (SMA), a neurogenic disorder that is the most common cause of infant death worldwide.

"We are working on a new concept that people could not even have imagined 10 or 20 years ago," says Yokota.

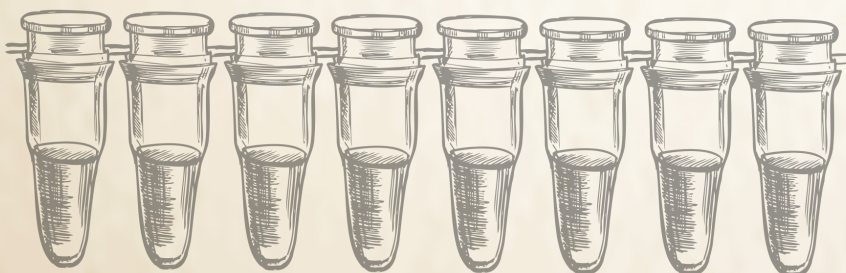
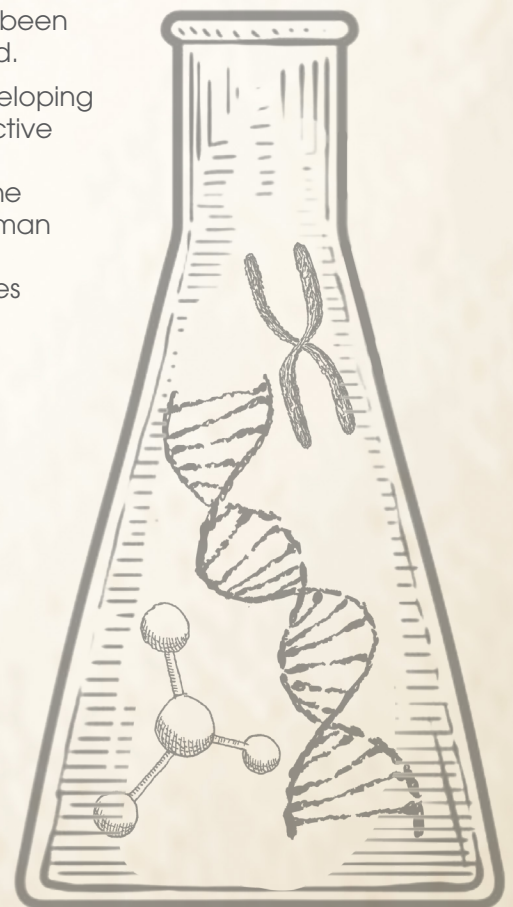


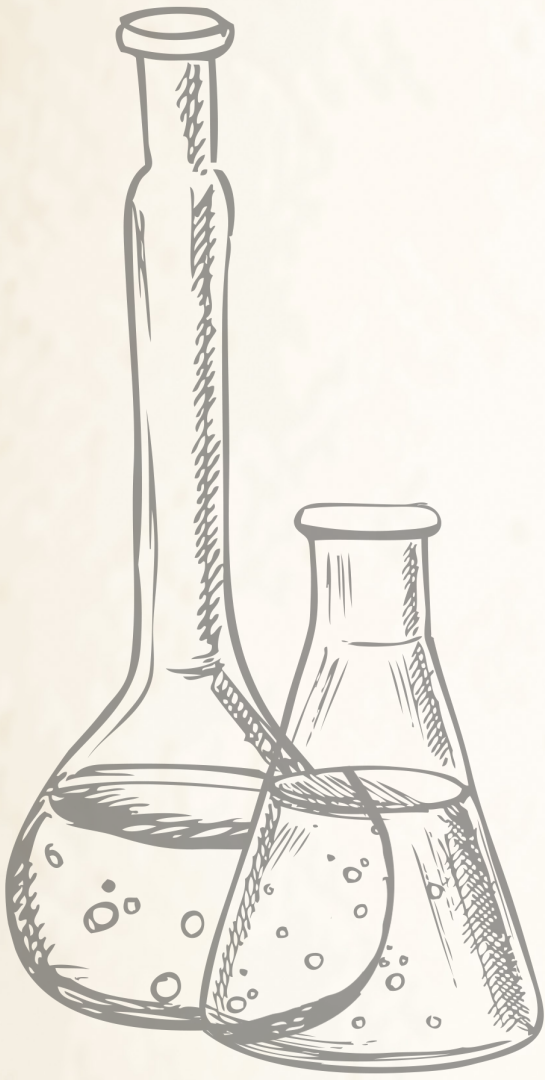
Duchenne muscular dystrophy is an inherited disorder caused by a gene mutation that interferes with the production of proteins called dystrophin, which are needed to form healthy muscles. Signs of muscle weakness are usually seen when the boys are between three and five. Most need a wheelchair by age 12.

In recent years, Duchenne muscular dystrophy researchers have developed a promising molecular treatment called exon skipping, in which synthetic chemicals known as DNA-like molecules are used to improve how cells produce and restore proteins. Yokota's previous studies led to the development of one such molecule called viltolarsen, which was approved in Japan in 2020 and is currently under review for FDA approval. A few of these DNA-like molecules have been approved by the U.S. Food and Drug Administration and there have been some clinical trials, but the results have not been as positive as hoped.

That's where Yokota and his team come in. They are working on developing better combinations of these DNA-like molecules that are more effective and with fewer side effects. They are also developing new ways of improving the delivery of these molecules to the muscles of Duchenne muscular dystrophy patients. In laboratory studies on mice and in human cells, they have already demonstrated that their cocktail of DNA-like molecules has effectively restored protein production to keep muscles healthy.


"We are getting closer," says Yokota. His team of 10 researchers, graduate and undergraduate students has filed several patents and they are working with a U.S. company to move their research forward toward clinical trials. Yokota hopes those will happen within several years.





His research at the University of Alberta could not have happened without the financial help of WCHRI and the Stollery Children's Hospital Foundation. They have supported the team with innovation grants, student funding and graduate scholarships totalling almost \$300,000. "WCHRI is very important to us, especially because it's currently very difficult to get federal funding," says Yokota.

He is hopeful that his research will lead to a treatment and eventually a cure for Duchenne muscular dystrophy. "We want both," he stresses. "We are looking for a cure but I don't think it's very likely in the short term.

"Exon skipping drugs approved last few years can only slow down the symptoms. Hopefully, we can develop more optimized ones which can improve symptoms in Duchenne muscular dystrophy patients within five or 10 years." 



Yokota was supported by the Stollery Children's Hospital Foundation through WCHRI.

the future is now

The average life expectancy of those with Duchenne muscular dystrophy in the 1960s was 14.4 years. Today, the average life expectancy is 26; however, with excellent care, some may live into their 30s or 40s.

The heart of a healthy pregnancy

Research team believes risky complications could be prevented with an Rx for exercise

In 2018, Margie Davenport helped prove that exercise has the power to prevent high-risk complications in pregnancy.

Now her team, including fellow kinesiologists Craig Steinback and postdoctoral fellow Victoria Meah, hopes to learn what causes complications to develop and whether specific activities, like yoga, cardio or resistance training, could prevent them altogether.

It's important research given that gestational diabetes, high blood pressure or preeclampsia affect about 20 per cent of all pregnancies, leaving these moms with an increased risk of developing cardiovascular disease in just a few decades.

"A lot of them end up being quite surprised when they have their first heart attack," says Davenport. "These are young, healthy women. If we can prevent them from developing these pregnancy complications, we might be able to prevent them from having cardiovascular disease at such an early age."

Their current research studies healthy and high-risk pregnancies alike, using facilities on campus and at the Lois Hole Hospital Women's Research Centre.

Davenport and Steinback were among the centre's first occupants when it opened in June 2018, just months before the publication of Davenport's study on exercise and pregnancy. That research, which became the *2019 Canadian Guideline for Physical Activity throughout Pregnancy*, proved that pregnant women who exercise are 40 per cent less likely to develop complications—and baby is healthier, too.



“So we know exercise works,” says Davenport, “but we don’t know why it works. And if you can’t understand the ‘why,’ then you can’t tailor exercise to different women.”

Steinback believes pregnancy complications are linked to the body’s “fight or flight” response when physiological stress causes the nervous system to take control of heart rate and blood flow.

“When a woman develops high blood pressure during pregnancy, we think this part of the nervous system plays a central role,” he says. “Something is wrong with the nervous system and its communication with the blood vessels.”

The research includes working with healthy pregnant women at the Program for Pregnancy and Postpartum Health at the University of Alberta. They’re monitored while exercising in the private fitness centre and while relaxing in what Steinback calls the lab’s “science spa.”

But those findings require comparisons against similar data from high-risk pregnancies—and that’s where the Lois Hole Hospital Women’s Research Centre has been a game-changer.

Thanks to the centre, the team is one of two in the world able to study high-risk pregnancies during the brief window between diagnosis and the baby’s birth. The lab’s equipment is permanently on-site at the hospital, allowing newly diagnosed women to be referred to the study and tested on the same day.



LOIS HOLE
HOSPITAL
FOR WOMEN


Davenport, Steinback and Meah are funded by supporters of the Lois Hole Hospital for Women through WCHRI.



Meanwhile, Meah is researching stress tests—such as submerging hands in cold water—that could predict whether a healthy expectant mom is likely to develop those complications. Meah is a 2019 WCHRI postdoctoral fellowship recipient, working under Steinback and Davenport’s supervision.

“I’m over the moon that I’m being supported to do research in women by a women’s research institute,” she says.

The ultimate goal, says Davenport, is to use Meah’s tests to identify pregnancies that could develop complications and then prescribe an activity program to keep trouble at bay.

“If we can understand how their physiology is different,” she says, “we might be able to use different types of exercise to actually improve their outcomes.” 



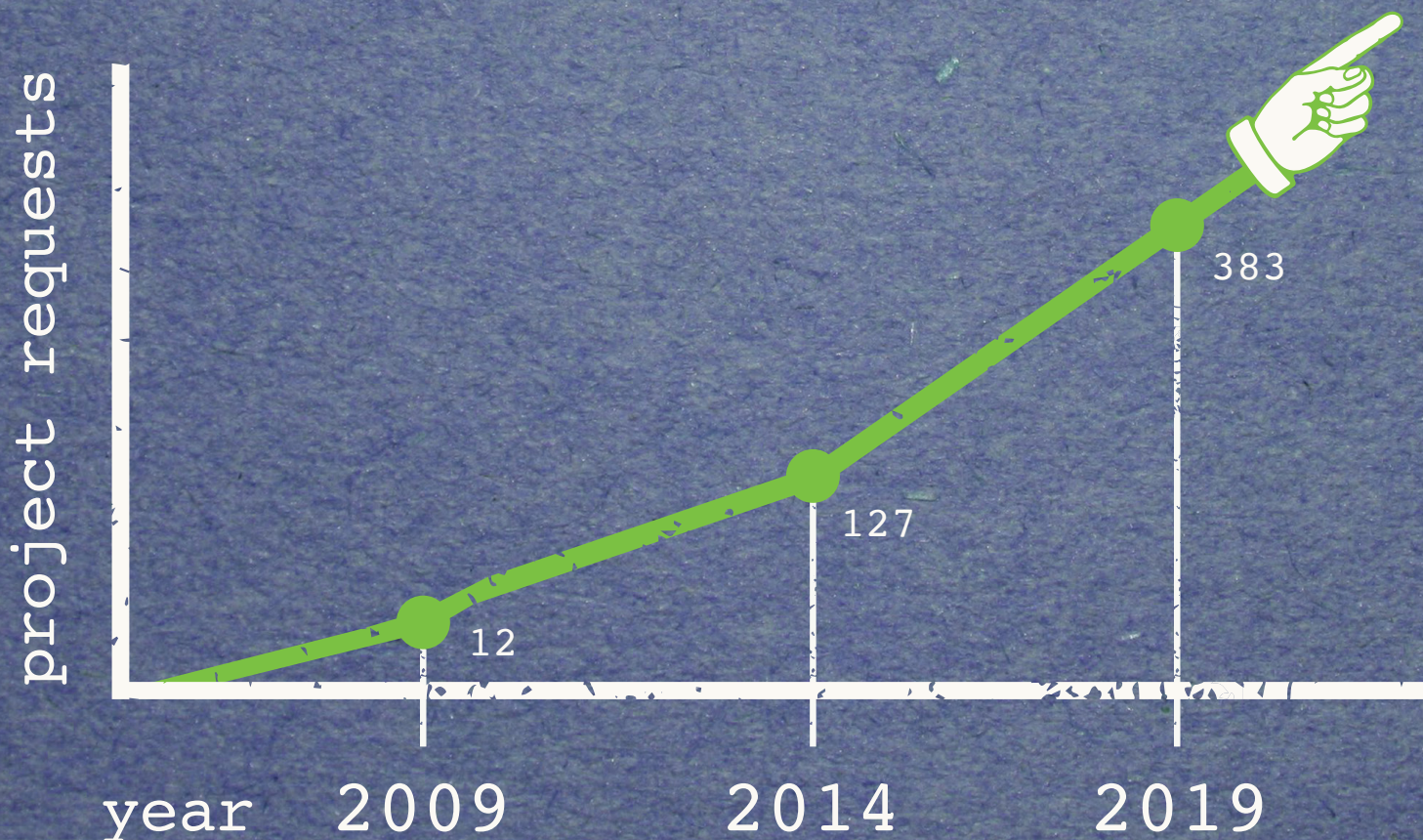
the future is now



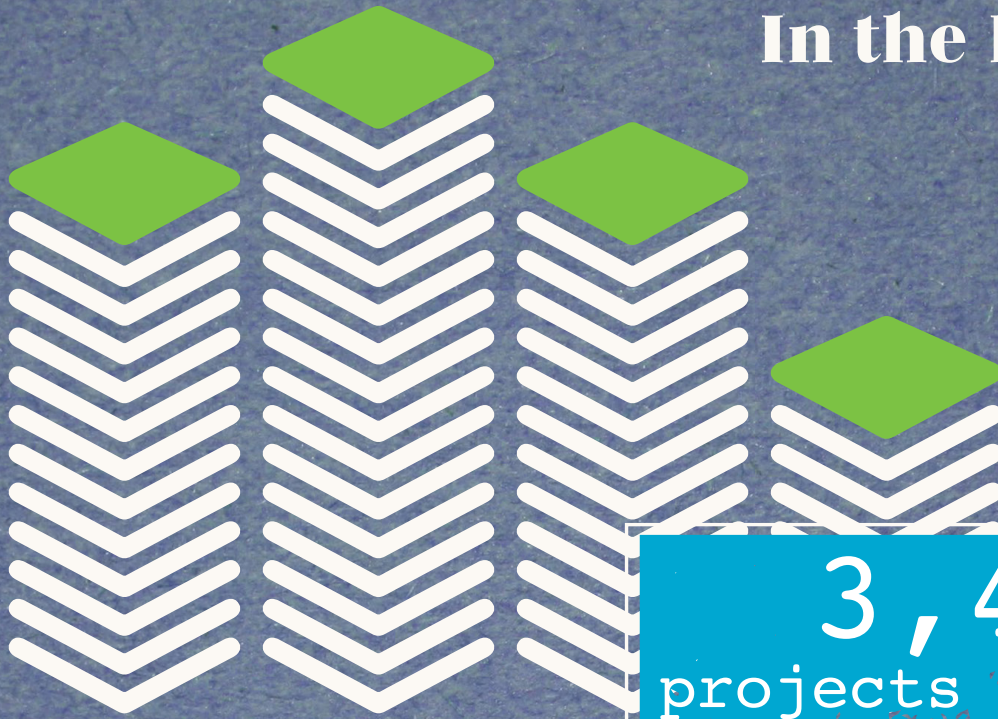
7,500+ babies are delivered every year at the Lois Hole Hospital for Women.

Celebrating a decade of REDCap

In October 2009, Research Electronic Data Capture (REDCap), a web-based software application that supports research data collection, launched at WCHRI. Within two months, the Data Coordinating Centre was supporting a dozen projects in REDCap—the same as the total number supported throughout the whole of 2008. Since then, the requests for projects and support have skyrocketed.



In the last decade



3,400
projects supported



5,800 users



85,000 study participants

1,837

U of A members attended REDCap training sessions

Statement of operations

for the year ended March 31st, 2020

Revenue

Stollery Children's Hospital Foundation *	5,228,860
Royal Alexandra Hospital Foundation *	1,559,590
Faculty of Medicine & Dentistry, U of A and Other	385,550
Cost Recovery	881,074
Total Revenue	8,055,074

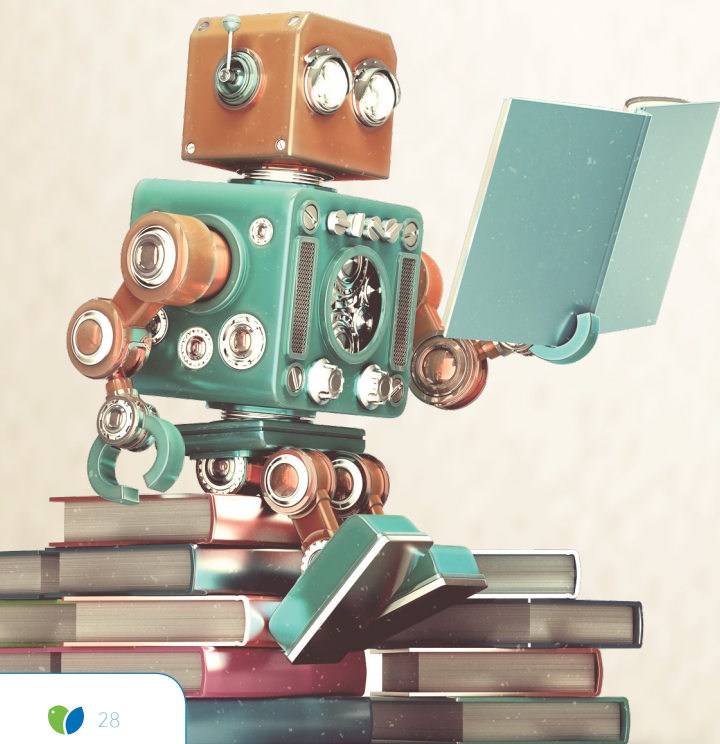
Expenditures

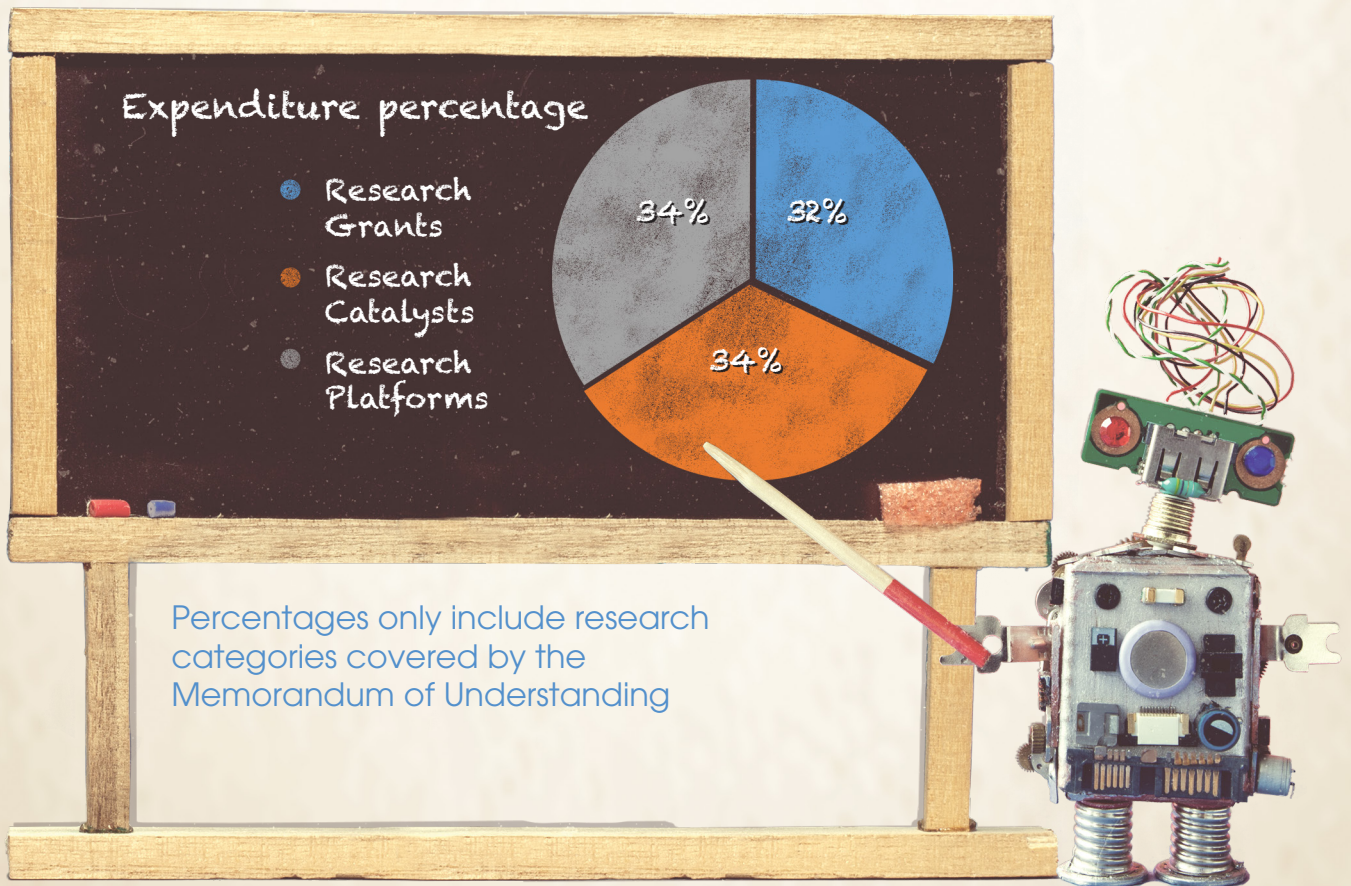
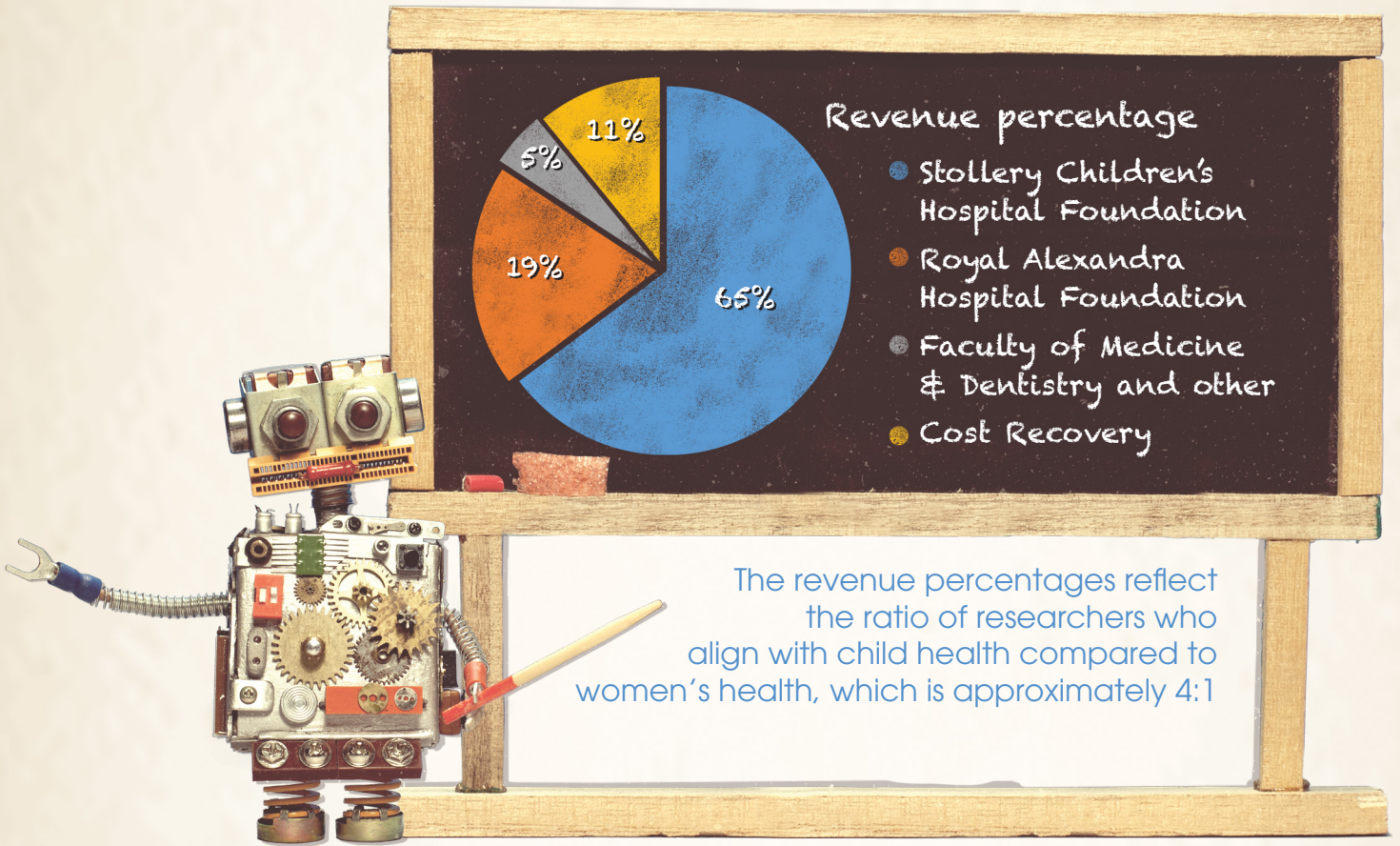
Research Grants	1,844,956
Research Catalysts	1,938,737
Research Platforms	1,956,943
Donor Designated Initiatives	1,763,451
Administrative Support	762,082
Total Expenditure	8,266,168

Spent Not Invoiced (carry-forward to next fiscal year**) (211,094)

* Includes transfers from closed projects and other donations

** Invoiced in fiscal 2020-2021





Highlights 2019-2020



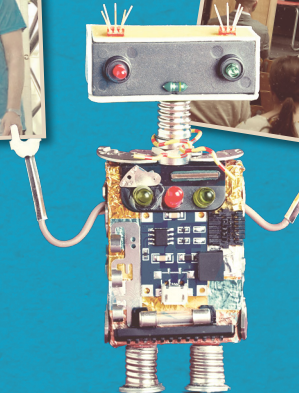
May

WCHRI participates in the Shoppers Drug Mart LOVE. YOU Run for Women



May

Launch of Solutions for Kids In Pain



May

Edmonton Eskimos Women's Dinner



Summer

29 undergraduate students and their projects were supported through the Summer Studentship Program



September

Royal Alexandra Hospital Foundation Harvest Celebration



October
The Data Coordinating Centre celebrates 10 years of REDCap



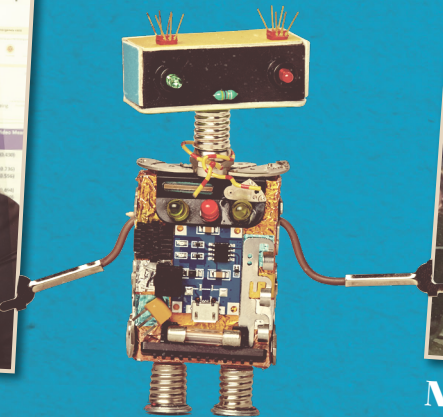
November
WCHRI hosts a public lecture on children's pain



October
WCHRI trick-or-treat stop at the Stollery Children's Hospital



November
530+ researchers, students and stakeholders attended our annual Research Day



November
WCHRI was proud to honour our esteemed Foundations at National Philanthropy Day



December
Stollery Children's Hospital Foundation Snowflake Gala



January
WCHRI volunteers at the Stollery Children's Hospital Foundation Radiothon



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University of Alberta
5-083 Edmonton Clinic Health Academy (ECHA)
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The Power of Partnership

