

YOU'RE CHANGING HOW WE PRACTICE MEDICINE

ANNUAL REPORT 2016-2017



FOUNDATION | FONDATION



PHILANTHROPY IS CHANGING THE PRACTICE OF MEDICINE

● Tim Kluke and Jim Harmon



Donors are agents of change. Through community philanthropy, phenomenal advancements in research have been made – discoveries that are changing the way medicine is practiced.

A decade ago, the generosity of Eric and Vizma Sprott created the Sprott Centre for Stem Cell Research. Since then fuelled by community support, researchers and clinicians at the centre have made many groundbreaking discoveries and launched world-first stem cell therapy trials in patients with heart attack, septic shock, multiple sclerosis and liver disease. And in the case of multiple sclerosis, myasthenia gravis and other autoimmune diseases, stem cells have not only halted the progression of, but even reversed the damage done by the disease.

The discoveries made at the Sprott Centre for Stem Cell Research have vaulted The Ottawa Hospital onto the world stage as a leader in stem cell research. This underscores the impact of donor support.

Thanks to your generosity in 2016–2017, we transferred \$20.1 million to The Ottawa Hospital for research and patient care. The Ottawa Hospital had 1.2 million patient visits this past

year. And because of research these patients were treated with innovative therapies, the latest technologies and world-class care. We are delighted to highlight six extraordinary patients whose care was inspired by practice-changing research. The innovative treatment they received at The Ottawa Hospital was possible in part because of people like you, members of our community of donors.

Thank you for your incredible support, which will continue to be a catalyst for change in the care The Ottawa Hospital delivers in the future. We will see more advancements in stem cell and cancer therapies, biomaterial transplants created with 3D printers, and innovative treatments we haven't even thought of yet. This future is possible with your generous support.

Gratefully,

Jim Harmon, Chair
The Ottawa Hospital
Foundation Board of Directors

Tim Kluke, President and CEO
The Ottawa Hospital
Foundation



● Dr. Jack Kitts, President and CEO, The Ottawa Hospital

Every day, we see advances in health care – new, innovative treatment and technology that I only dreamed of as a medical student. Thanks to these treatments and technology, patients can live full, comfortable lives with diseases that were once considered terminal. And they can go home days or even hours after procedures that would have required an extensive stay a decade ago.

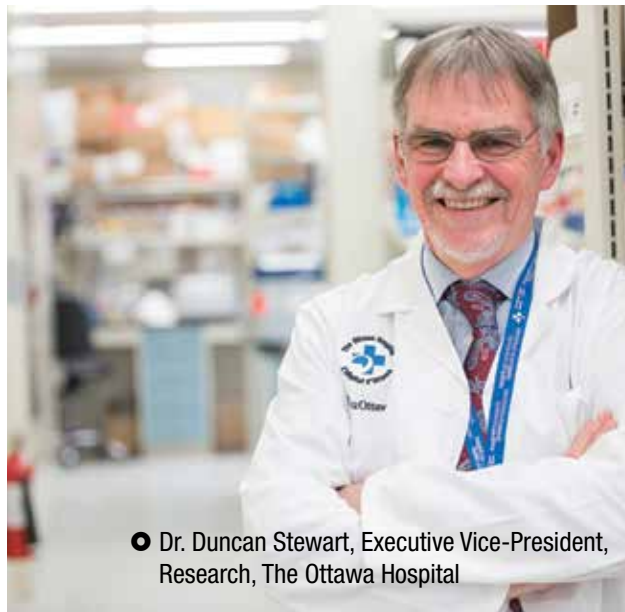
All these industry-leading advances in treatment and the patient experience are a direct result of research, which is why research is such a critical and integral part of care at The Ottawa Hospital. Research and improved treatment would not be possible without the generosity of people like you who support us.

This was a watershed year for The Ottawa Hospital with the selection of the location for our new state-of-the-art health and research centre, which will support patient and family-centred care and drive innovative, world-leading research for the next century. I hope you are as excited as I am at the prospect of what new discoveries we can achieve with this new facility.

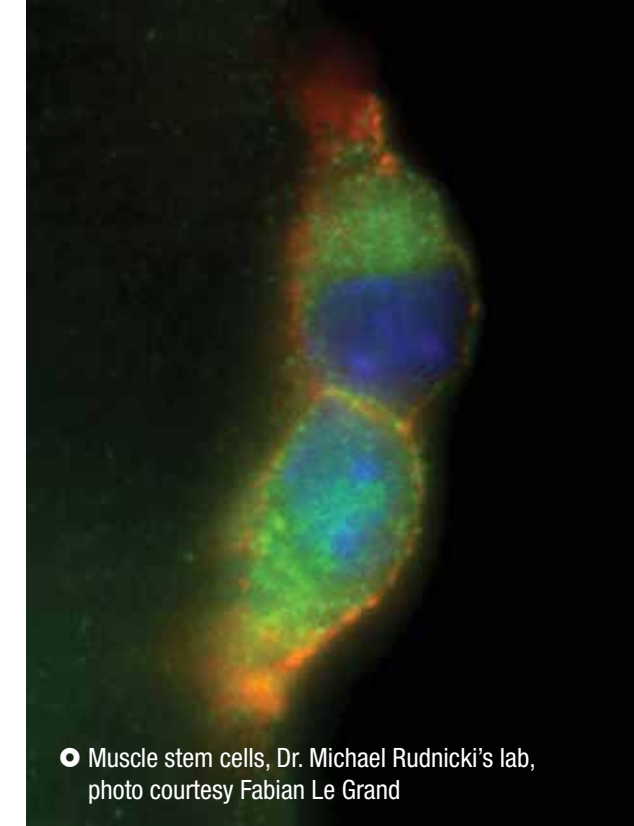
Thank you for your generous support.

Community support allows us to conduct world-class research at The Ottawa Hospital and provide the best possible care for our patients. For example, generous donations from the Sprott and Sinclair families have allowed us to build outstanding facilities for stem cell research and regenerative medicine. These facilities support more than 250 researchers and have enabled five world-first clinical trials.

Community support has also helped us launch several new patient-focused clinical trials for breast cancer. The goal is to simplify treatment and reduce side effects, while also aggressively targeting cancer. So far, this revolutionary program has enrolled more breast cancer patients into clinical trials than the rest of the country combined, and we're poised to expand to other diseases as well.



● Dr. Duncan Stewart, Executive Vice-President, Research, The Ottawa Hospital



● Muscle stem cells, Dr. Michael Rudnicki's lab, photo courtesy Fabian Le Grand

SPROTT CENTRE CELEBRATES 10 YEARS

Since opening a decade ago in November 2006, researchers at the Sprott Centre for Stem Cell Research have made crucial scientific discoveries about the fundamental mechanisms that govern stem cell function, which stimulate the body to repair itself, and made exciting progress in developing new therapies for heart disease, lung disease, muscle disease, multiple sclerosis, vision loss, diabetes, stroke, septic shock, and brain and spinal cord injury.



REBOOTING THE IMMUNE SYSTEM

Anne Scott had one wish: to live long enough to see her daughter get married in September 2001. Her odds didn't look good. She had been on life support nine times in the past year.

"If I caught a cold or any respiratory infection, it could send me into a crisis," said Anne.

“Successful research requires a big team and that team includes the patients, their families, physicians and nursing staff, but also the people – donors – who support the hospital.
– Dr. Harold Atkins, Senior Scientist, Blood and Marrow Transplant Program, The Ottawa Hospital

The former nurse has an autoimmune condition called myasthenia gravis. This rare disorder interrupts the communication between her muscles and nerves, making breathing or swallowing difficult.

Usually this condition is quite treatable. But five years after she was first diagnosed, the standard methods had stopped working. So Anne’s neurologist, Dr. Elizabeth Pringle, referred her to Dr. Harold Atkins. Dr. Atkins and Neurologist Dr. Mark Freedman had been using stem cells to restart the immune systems of patients with multiple sclerosis (MS). The results had been astonishing, as the patient’s MS appeared to be eliminated completely. Dr. Atkins was encouraged to try this treatment for other autoimmune diseases, such as Anne’s myasthenia gravis.

In June 2001, Anne’s diseased immune system was wiped out with strong chemotherapy, followed by a transplant of her own stem cells to kick-start her immune system. She made it to her daughter’s wedding, even though she was back in hospital a week later.

However, Anne started to notice a positive change six months after the transplant. Today, her myasthenia gravis is in remission.

“I’m one of the lucky ones,” she said. “I just hope that stem cells can go on to help others with incurable diseases.”

Anne is the first person in the world to undergo this stem cell treatment for severe myasthenia gravis. Six other myasthenia gravis patients have since received the treatment and no longer have symptoms.



● Dr. Mark Freedman and Dr. Harold Atkins

BANISHING AUTOIMMUNE DISEASE WITH STEM CELLS

Neurologist Dr. Mark Freedman and Senior Scientist Dr. Harold Atkins have used their groundbreaking stem cell treatment to successfully treat 90 patients with autoimmune diseases.

“Dr. Atkins’ work really is remarkable. The funding that the March for Myeloma raised has fed into his multiple myeloma research and that research has not only benefited multiple myeloma patients directly, but has informed one way or another his broader research.”

– Robin Sully, patient, multiple myeloma

In September, the Ottawa-Gatineau Multiple Myeloma March raised \$60,000; half was directed to myeloma research at The Ottawa Hospital.



PRINTING BETTER SURGERY TECHNIQUES

“We are thrilled that support from donors helped us to establish the Medical 3D Printing Program at The Ottawa Hospital. The first of its kind in Canada, our program is enabling genuinely patient-centered care in Ottawa and promoting the well-being of the citizens in eastern Ontario.”



David Chassé, patient, amputee

“I saw a story about the hospital’s new 3D printing program in the Ottawa Citizen. I happened to have some money, so decided to give something to help purchase the printer. I was getting a knee operation myself. I knew it wouldn’t help me, but I thought it would help other people in the future.”
– Anne Marie Lucas, donor

PRINTING A HELPING HAND

David Chassé lost his left hand in a motorcycle accident in 2015. On February 3, 2017, he picked up a water bottle with a moveable hand created by a 3D printer.

“3D printing is revolutionizing the way we do medicine at The Ottawa Hospital,” said Dr. Adnan Sheikh, Medical Director of the hospital’s 3D printing program.

Revolutionizing medicine is no exaggeration. A 3D printer uses an ‘additive process’ successively laying thin layers of material on top of each other to create a three-dimensional, solid object. Its medical uses are unlimited.

Thanks to Anne Marie Lucas’ generosity, The Ottawa Hospital acquired a medical 3D printer that uses acrylics and plastics. David’s left hand was printed for the program launch to demonstrate the 3D printer’s capabilities. It was designed so that David can open and close his fingers to grasp items by moving his wrist. Printing a hand like David’s is easier, faster and cheaper than a traditional prosthetic hand.

The Ottawa Hospital is the first hospital in Canada to have an integrated medical 3D printing program for presurgical planning, and education. It also will open up new avenues for research. The 3D medical printer will have general uses for cancer patients, fracture patients, orthopaedic and vascular patients, as well as for skull-based tumours. 3D printing offers incredible innovation that will help patients today and into the future. Within the next few years, the hospital will expand its program to include 3D printers capable of printing human tissue, bones and organs to implant into patients.

PERSONALIZING SURGERY WITH 3D PRINTING

Dr. Adnan Sheikh, Medical Director of the Medical 3D Printing Program at The Ottawa Hospital, shows Karyne Larose a replica of a patient’s hip with a cancerous tumour created with the program’s 3D printer.





TAKING RESEARCH TO PATIENTS WITH CLINICAL TRIALS

Up until two years ago, Alex Neron had never spent a night in hospital. But that changed in June 2015, when doctors discovered through a colonoscopy there was cancer in his bowel. Scans determined he was dealing with stage four colorectal cancer.

“Our approach uses cancer-fighting viruses to create a kind of personalized vaccine for each patient, which we hope will help the patient’s own immune system attack their cancer.”

– Dr. Rebecca Auer, Surgical Oncologist and Researcher, The Ottawa Hospital

Dr. Rebecca Auer is studying the impact of surgery on the immune system and subsequent cancer recurrence.

One month later, Alex began chemotherapy treatment at The Ottawa Hospital, followed by two surgeries before going back on chemotherapy. During the second round of chemo, doctors didn’t see the response they had hoped for. Alex’s body was resisting the chemotherapy. In need of treatment to save his life, his oncologist, Dr. Rachel Goodwin, introduced an immunotherapy trial for colorectal cancer patients. In the New Year, he started on a second clinical trial – a combination of stem cell inhibitors and a pill form of chemo – which he hoped would slow the growth of the cancer.

When the 40-year-old owner of the tattoo studio and art gallery, Railbender Studio, thinks about having the options of these clinical trials here at The Ottawa Hospital, one word comes to mind – hope.

“Hope that everyone is heading in the right direction for cancer treatment. Whether it’s immunotherapy, or whatever the researchers are working on, it’s nice to see they’re working on something that could make a difference,” said Alex.

Alex is grateful to his oncologist and the care he’s received in the chemotherapy unit, saying it was quite simply “phenomenal!”

A CT scan in March 2017 showed that Alex’s disease is stable for the first time since his first chemo treatment. It is an example of the benefit of having access to clinical trials here in Ottawa.

RETHINKING CLINICAL TRIALS

Dr. Dean Fergusson, Senior Scientist, and Dr. Mark Clemons, Medical Oncologist and Associate Scientist, are conducting research to streamline the process for cancer patients to participate in clinical trials. In just over 18 months, their Rethinking Clinical Trials (REaCT) program recruited 600 patients into nine randomized trials.



● Dr. Mark Clemons and Dr. Dean Fergusson

“This is a chance for us to thank and give back to The Ottawa Hospital staff for the amazing care they gave my dad. It was good to hear doctors talk about the glioblastoma brain cancer research being done. It may help future patients, who get the same diagnosis as my father, have a different outcome.”

– Lori Blais, marathoner, Run for a Reason participant

HELPING OUR MOST FRAGILE PATIENTS THRIVE

Charlie was born too soon. At 25 weeks and five days, she weighed 550 grams – little more than a pound of butter.

FACT: The neonatal intensive care units at The Ottawa Hospital care for our region's tiniest babies born as early as 22 weeks gestation. Each year, about 1,300 babies from the south eastern Ontario region, West Quebec, northern Ontario, and Nunavut receive care in the NICU.

● Charlie Crotteau-Dicks, patient, neonatal



“Donors are crucial to allow us to go the extra-mile and make a dream come true of developing a revolutionary treatment in the lab and bringing it all the way to patients.”

– Dr. Bernard Thébaud, Neonatologist, Senior Scientist, Regenerative Medicine Program, The Ottawa Hospital

Charlie’s mom, Paula Crotteau suffered from high blood pressure prior to and during the pregnancy, but when it got out of control at 25 weeks, she was flown from Timmins to The Ottawa Hospital.

“At birth, she was already a fighter, wanting to breathe on her own,” said Charlie’s father, Jaret Dicks.

Charlie was immediately admitted to the neonatal intensive care unit (NICU) at The Ottawa Hospital. Because her lungs were not fully developed, Charlie was intubated for 72 hours, and then put on continuous positive airway pressure therapy (CPAP) for more than a month. Within the first six weeks, she developed a number of infections, including a lung infection that resulted in one of her little lungs collapsing, which turned into chronic lung disease. In addition to the CPAP, the tiny baby endured three lumbar punctures, three blood transfusions, several X-rays, and ultrasounds to help her survive.

“It was quite emotional to see our little Charlie go through so many invasive tests. However, we understood the importance and necessity of all that was being done for her. As a parent, it’s just so difficult to see your child suffer,” said Paula.

But then little Charlie’s condition turned around thanks to the treatments she received. She began to thrive without oxygen, and at 40 weeks and five days she was sent home to Timmins to grow up.



○ Dr. Bernard Thébaud

HEALING TINY LUNGS

Neonatologist and Senior Scientist Dr. Bernard Thébaud’s laboratory is discovering new treatments for babies with breathing problems at birth, one of the most common reasons why babies need to be admitted to the NICU. Stem cell therapies represent a potential game changer for treating incurable lung diseases in babies.

“Our family is deeply grateful for the critical care that was provided to our grandsons, and to so many tiny patients in need every year. We hope that our support will help provide the facilities, equipment, resources and compassion that every premature baby needs and deserves.”

– Mark Shabinsky, grandfather of Joseph and Isaac who were born at 30 weeks



RALLYING SUPPORT TO FIGHT LEUKEMIA

In February 2016, 'Stuntman' Stu Schwartz posted a video announcement from his hospital room on Facebook. He had leukemia.

Within hours, the Majic 100 radio host and Ottawa Senators PA announcer had received hundreds of messages from fans.

"I wanted to take everyone with me. I thought I could create awareness of the disease and raise a bit of money at the same time for stem cell research," said Stu.

He immediately began treatment, and almost as quickly began fundraising for leukemia and stem cell research at The Ottawa Hospital. His initial goal was \$25,000. The #StuStrong movement was launched with the slogan, “Pain is temporary.” Meaning, “It’s not long-term; it’s short-term,” said Stu.

The well-known radio personality was public with every stage of his illness and treatment. He shared daily video blogs via Facebook and Twitter about his disease and treatment, and what he was going through. He needed stem cells from another donor to replace his diseased bone marrow. A match was found from the 23 million donors in the registry of 70 countries.

In May 2016, Stu underwent chemo, radiation, and a stem cell bone marrow transplant to reboot his system.

Stu blogged candidly about how tough the diagnosis, transplant, treatment and recuperation were, but with an unstoppable, positive “pain is temporary” attitude. His openness and honesty inspired many patients battling their own cancer. It also inspired the entire Ottawa community to give.

Surrounded by support from the Ottawa Senators, the Sens Army, radio listeners, and Ottawans at large, the #StuStrong movement raised \$315,000 for leukemia and stem cell research.

“The next generation of treatments to cure acute leukemia will use genetically modified tumour-killing immune cells called CAR-T cells. These immune cells appear to be exceedingly effective in the kind of acute leukemia that Stu Schwartz has. Ottawa is leading a Canadian research initiative, which will ultimately lead to the creation of immunotherapy treatments for cancer patients. Thanks to donor support we are able to make these advancements in research.”

– Dr. Lothar Huebsch, Clinical Hematologist, The Ottawa Hospital

“Everybody I dealt with inspired confidence. It was not just the doctors; it was all kinds of staff and equipment. You trust them. You believe what they say about which treatment is the right one. That’s why I wanted to give back to the hospital – part of the reason I volunteered for the Foundation’s Governance Committee.”

– Owen Snider, patient, non-Hodgkins lymphoma, stem cell recipient



ADVANCED STEM CELL THERAPIES

The Ottawa Hospital is the only hospital in Ontario that does out-patient stem cell bone marrow transplants to treat blood disorders and certain cancers, such as leukemia. All the assessments and treatments, including radiation, chemotherapy, and the transplant itself are carried out at the hospital during the day, which means the patient can sleep at home at night.



INNOVATION MEANS EXTRAORDINARY TREATMENT

Shelby Hayter ran the Boston Marathon in 2005. A month before, she was diagnosed with early onset Parkinson's disease. Within a few years, she could no longer run.

Walking became difficult, as her left foot began dragging. Tremors in her hands made zipping up her coat, and holding a glass without spilling difficult. She'd be seized with rigidity and stiffness. At times, her left hand would become a claw. The disease was slowly taking away her mobility and quality of life.

“Instead of wearing a red, sparkly dress, I would wear beige, so I wouldn’t attract attention. Before Parkinson’s disease, I was always at the centre of a party,” said Shelby.

For 11 years, the standard Parkinson’s medication helped control the tremors and lessened the symptoms. But when the treatments became less effective, neurologist Dr. David Grimes suggested deep brain stimulation surgery where electrodes would be implanted in her brain, providing regular electrical pulses to help control the disease’s tremors and other motor problems.

“I felt at the end of the line, it was a last desperate attempt,” Shelby said.

Shelby was assessed by Neurologist Dr. Tiago Mestre and considered a candidate for deep brain stimulation surgery. On October 18, 2016, during an eight-hour surgery, Dr. Adam Sachs implanted micro-electrodes in Shelby’s brain. She was awake for 90 percent of the operation. Three weeks later, she had a long involved second part of the procedure when the neurostimulator in her upper right chest was turned on, and the doctors started to determine the optimum balance between the stimulator voltage and her Parkinson’s medication.

Six months later, Shelby is doing well. Her tremors are under control, the stiffness reduced, and she looks and feels younger. She might even wear a red, sparkly dress again.

“HOPE – it’s the one word that describes my motivation for raising funds for research projects aimed at identifying causes and improving treatments, and one day potentially finding a cure for Parkinson’s. The more I learn about the wonderful work being done at The Ottawa Hospital, the more motivated I am.”

– Elaine Goetz, member of Partners Investing in Parkinson Research (PIPR)

“Patients inspire our work. Philanthropic support through donors and our community allows us to pursue scientific goals that would not be funded by traditional sources. Discoveries would not happen without them.”

– Dr. Michael Schlossmacher, Director, Neuroscience Program, Bhargava Research Chair in Neurodegeneration, The Ottawa Hospital



● Dr. Tiago Mestre, Jennifer Conway, RN, and Dr. Adam Sachs

STIMULATING THE BRAIN TO STOP TREMORS

The deep brain stimulation team of Neurosurgeon Dr. Adam Sachs, Neurologist Dr. Tiago Mestre, and Registered Nurse Jennifer Conway, are using an innovative treatment to improve the quality of life for Parkinson’s patients who have no other treatment options.



● Dr. David Grimes and daughter Cassidy, Run for a Reason participants

YOUR EVENTS



RUN FOR A REASON

624 Runners/walkers | 29 Teams

“In the six years that I’ve been doing THE RIDE, they’ve made a lot of progress in cancer research. It’s the way to go, to get that money into the research.”

– Marcel Neron, THE RIDE participant



THE RIDE

474 Riders | 948 Wheels

Hundreds of cyclists, including 37 cancer survivors, did THE RIDE last year in support of cancer research at The Ottawa Hospital. Riders chose either the 50 km closed route or a longer 108 km route. They contributed an impressive \$1.31 million for cancer research, bringing the total raised in seven years to \$11 million. This significant amount is helping revolutionize cancer research, improving treatment, and bringing us closer to finding a cure.

“Over the years, we were encouraged by the community’s desire to have a world-class hospital to support a wide variety of projects, such as cancer, spinal cord and brain research, and acquiring new and better equipment. We are passionate about how important the hospital is to our community and that has been the reason we run and raise funds.”

– Jackie and Ellyn Holzman, Run for a Reason participants since 1998



THE OTTAWA HOSPITAL GALA

48 sponsored tables | 550 guests

Presented by Nordion



77 COMMUNITY EVENTS



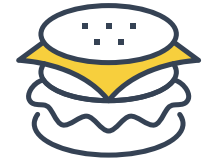
4,130 PEOPLE PARTICIPATED
in community events



20 GOLF TOURNAMENTS



16 BAKE SALES



18 BBQS



President's Breakfast:
May 17, 2016 : **513** GUESTS
September 13, 2016: **514** GUESTS



1 LEMONADE STAND



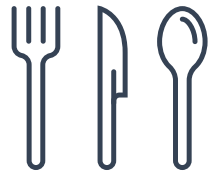
2 POKER EVENTS



APRIL: month with
the most events



30 CORPORATIONS
with charitable
giving campaigns



President's Dinner:
June 2, 2016: **221** GUESTS
November 15, 2016: **226** GUESTS



Perfect Payday Lottery:
10,000 TICKETS SOLD to
4,040 TOH STAFF
AVERAGE PRIZE **\$14,160** per payday draw



Ways people fundraised:
biking, swimming, triathlons, aqua fit, golf,
dancing, pizza, cookies, art show pop up event,
Amazing Race style race, fashion show

THANK YOU ALL!

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS

TO THE MEMBERS OF THE OTTAWA HOSPITAL FOUNDATION

The accompanying summary financial statements of The Ottawa Hospital Foundation, which comprise the summary statement of financial position as at March 31, 2017 and the summary statement of operations for the year then ended, are derived from the audited financial statements prepared in accordance with Canadian accounting standards for not-for-profit organizations, of The Ottawa Hospital Foundation (the "Foundation") as at and for the year then ended. We expressed an unmodified audit opinion on those financial statements in our report dated May 23, 2017.

The summary financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of the Foundation. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Foundation.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of a summary of the audited financial statements. The summary statement of financial position and summary statement of operations are derived from the complete set of financial statements of the Foundation. They meet the recognition and measurement principles of Canadian accounting standards for not-for-profit organizations.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard 810, "Engagements to Report on Summary Financial Statements."

Opinion

In our opinion, the summary statement of financial position and summary statement of operations derived from the audited financial statements of the Foundation for the year ended March 31, 2017 are a fair summary of those financial statements, in accordance with the established criteria stipulating that the summary financial statements are derived from the complete set of financial statements of the Foundation and that they meet the recognition and measurement principles of Canadian accounting standards for not-for-profit organizations



Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 23, 2017

THE OTTAWA HOSPITAL FOUNDATION

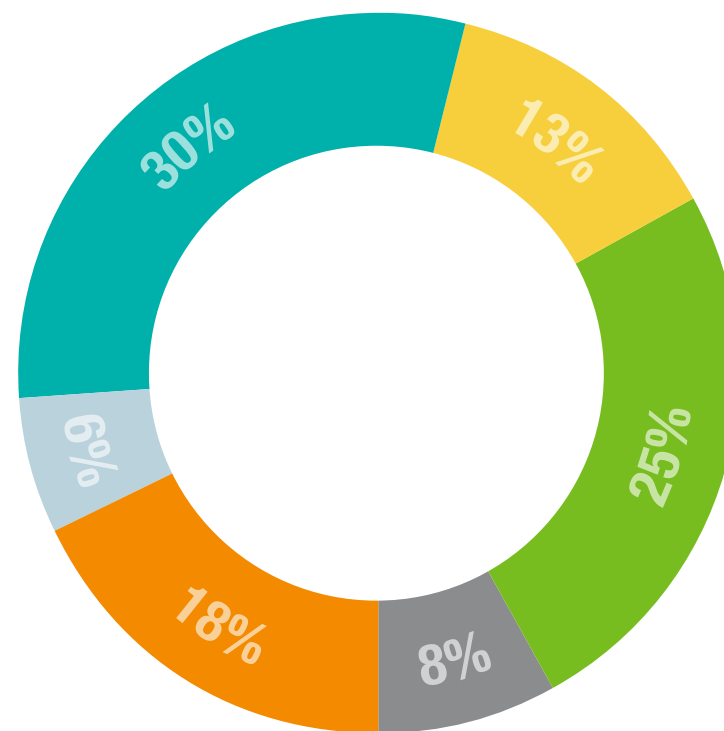
Summary statement of financial position
as at March 31, 2017

| | 2017 | 2016 |
|--|---------------------|--------------|
| ASSETS | | |
| Current assets | | |
| Cash | \$ 6,714,866 | \$ 9,475,296 |
| Accounts receivable | 926,327 | 848,643 |
| Prepaid expenses | 148,276 | 34,637 |
| | 7,789,469 | 10,358,576 |
| Investments | 86,233,129 | 76,638,216 |
| Capital assets | 175,209 | 231,023 |
| TOTAL | 94,197,807 | 87,227,815 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities | 1,446,009 | 1,500,208 |
| Grants payable to The Ottawa Hospital | 4,185,872 | 3,498,993 |
| Grants payable to The Ottawa Hospital Research Institute | 5,515,921 | 5,323,426 |
| TOTAL LIABILITIES | 11,147,802 | 10,322,627 |
| FUND BALANCES | | |
| Unrestricted fund | 2,447,420 | 789,194 |
| Invested in capital assets | 175,209 | 231,023 |
| Restricted fund | 10,773,818 | 10,387,726 |
| Endowment fund | 69,653,558 | 65,497,245 |
| Total fund balance | 83,050,005 | 76,905,188 |
| TOTAL | \$94,197,807 | \$87,227,815 |

THE OTTAWA HOSPITAL FOUNDATION

Summary statement of operations
year ended March 31, 2017

| | 2017 | 2016 |
|--|---------------------|--------------|
| REVENUE | | |
| Donations | \$23,932,957 | \$24,408,395 |
| Lottery | 768,909 | 667,077 |
| Investment income | 7,850,648 | (557,999) |
| TOTAL REVENUE | 32,552,514 | 24,517,473 |
| EXPENDITURES | | |
| Direct fundraising | 1,331,654 | 1,409,329 |
| Other fundraising | 3,027,555 | 3,020,850 |
| Lottery | 359,258 | 362,244 |
| Administrative | 1,361,491 | 1,101,236 |
| TOTAL EXPENDITURES | 6,079,958 | 5,893,659 |
| Excess of revenue over expenditures, before grants | 26,472,556 | 18,623,814 |
| Grants | 20,327,739 | 17,911,526 |
| EXCESS OF REVENUE OVER EXPENDITURES | \$ 6,144,817 | \$ 712,288 |



DONOR FUNDED PROJECTS

| | |
|-----|------------------------------------|
| 30% | Practice-Changing Research |
| 13% | Breast Health Centre/Molecular Lab |
| 25% | Hospital Priority Projects |
| 8% | Hospital Departments/Equipment |
| 18% | Cancer Research/Care |
| 6% | Regenerative Medicine |

The complete audited financial statements of The Ottawa Hospital Foundation are available on request by contacting the Foundation.

THE OTTAWA HOSPITAL FOUNDATION BOARD OF DIRECTORS, 2016–2017



**James Harmon
(Chair)**
Managing Partner,
Boydén Canada



**Subhas
Bhargava**
Community
Volunteer



**Susan M.W.
Cartwright**
Commissioner,
Public Service
Commission of
Canada



Bryce Conrad
President and
Chief Executive
Officer, Hydro
Ottawa



Whitney Fox
Community
Volunteer



George Gaty
Director, Andridge
Capital Corporation



Sandra Goldberg
Community
Volunteer



Gregory Kane, Q.C.
Counsel, Dentons
Canada LLP



**Dr. Pradeep
Merchant**
Chief, Division of
Neonatology,
Civic Campus,
The Ottawa Hospital



**Ross
Rowan-Legg**
First Vice-
President, Senior
Portfolio Manager,
Investment Advisor,
CIBC Wood Gundy



Michael Runia
Managing Partner,
Ontario, Deloitte
LLP



Tina Sarellas
Regional President,
Ontario North &
East Region, RBC
Royal Bank



Sheila Vokey
Chief Financial
Officer, Payments
Canada



**Steven West
(Past Chair)**
President,
Westmax Group



Bruce Wolfgram
Vice President, Tenant
Representation,
Primecorp
Commercial Realty
Inc.

COMMITTEES

BOARD COMMITTEE COMMUNITY VOLUNTEERS

| | |
|----------------------|------------------|
| Bryan Allsopp | Ainsley Malhotra |
| Stephen C. Bevington | Wayne Ryan |
| Michael Brennan | Owen G. Snider |

PRESIDENT'S BREAKFAST FOR THE PUBLIC SERVICE VOLUNTEER COMMITTEE

Thanks to the generosity of public servants who attended our annual President's Breakfast for the Public Service over the past six years, we have transferred \$2.1 million to the hospital for patient care and research. (\$327,761 was raised by the 2016 breakfast)

| | |
|---------------------------|-----------------|
| Rennie Marcoux (Co-chair) | Brigitte Diogo |
| Marty Muldoon (Co-chair) | Barbara Glover |
| Jean-Pierre Blais | Ron Hallman |
| Susan M.W. Cartwright | Gregory Kane |
| Ariel Delouya | Barbara Senchuk |

PRESIDENT'S BREAKFAST FOR THE COMMUNITY VOLUNTEER COMMITTEE

Thanks to the leadership of our President's Breakfast volunteers and to the generosity of their guests, \$10.3 million was donated to patient care and research over the past 15 years. (\$702,026 was raised by the 2016 breakfast)

| | |
|--------------------------|---------------|
| Paul McCarney (Co-chair) | Mark Hogan |
| Nancy Oakes (Co-chair) | Janet McKeage |
| Norman Bowley | Kevin Pidgeon |
| Jeffrey Clarke | Ernie Sherman |
| Kevin Ford | Ian Sterling |



Dr. Jack Kitts speaks to an early morning crowd at a President's Breakfast in 2016.

GALA COMMITTEE

Whitney Fox (Co-chair)
 Gregory Kane (Co-chair)
 Nicholas Allaham
 Roxanne L. Anderson
 Katherine Cotton
 Cindy Harrison
 Randy Marusyk
 Micheline McElligott
 Michael Naufal

GALA RESEARCH AWARD WINNERS

Worton Researcher in Training Award
Dr. Zhaohong (Tina) Qin
 Chrétien Researcher of the Year Award
Dr. Harold Atkins
 Grimes Career Achievement Award
Dr. Duncan Stewart

SOVEREIGN'S MEDAL FOR VOLUNTEERS

Every year, the Governor General celebrates the efforts of great volunteers. The Foundation was delighted that on April 15, 2016, Her Excellency Mrs. Sharon Johnston presented our hospital volunteers with Sovereign's Medals.

Volunteers awarded

| | |
|-------------------|------------------|
| Graham Bird | Mary Jane Manley |
| Jean-Pierre Blais | Robert Merkley |
| Roberta Driscoll | Evelyn Stone |
| Helen Hutchings | Kim Teron |
| | Bruce Wolfgram |

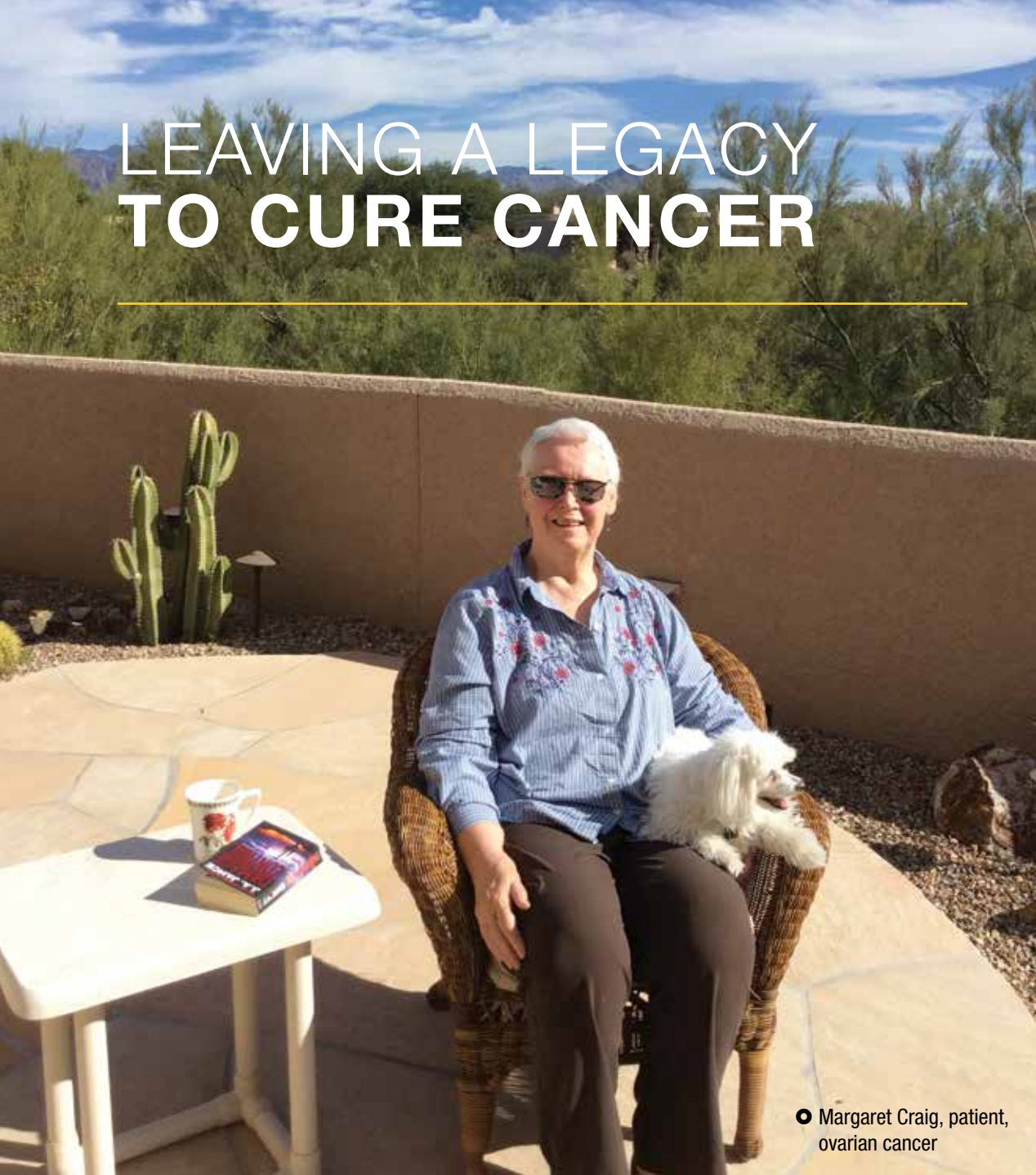
● Dr. Barbara Vanderhyden



“Margaret Craig was a courageous, kind and determined woman. She was very clear on what she wanted from us: a no-holds-barred strategy to identify and test new treatments for ovarian cancer. She gave us the means to pursue a high-risk, high-reward approach, and we are making that happen. Margaret has my eternal respect and admiration for the substantial contribution she has made to the awareness of ovarian cancer and to ovarian cancer research.”

— Dr. Barbara Vanderhyden, Senior Scientist, Centre for Cancer Therapeutics, The Ottawa Hospital

LEAVING A LEGACY TO CURE CANCER



● Margaret Craig, patient, ovarian cancer

Snowbird Margaret Craig loved to fly to Arizona every winter. In December 2014, she began having difficulty breathing. Thinking she was having a heart attack, Margaret went to a hospital in Tucson. But it wasn't her heart. Margaret had ovarian cancer.

Reeling from the news, the then 71-year-old retired adult educator and translator returned home and immediately went to The Ottawa Hospital to be assessed and treated by gynecological oncology experts. After three rounds of chemotherapy, Margaret underwent surgery, followed by three more rounds of chemo. In June 2015, she rang the victory bell at the cancer centre after her last treatment.

Margaret knew the grim survival rate for ovarian cancer – 50 percent of patients die within 18 months. The potential to improve survival rate depends on research. Margaret was so grateful for the compassionate treatment she received, she was inspired to give back by investing in ovarian cancer research at The Ottawa Hospital with a generous gift, as well as a gift in her Will to support ovarian cancer research.

Dr. Barbara Vanderhyden, whose groundbreaking research into ovarian cancer is producing extremely positive results, wanted to thank Margaret for her generous gift, and was there when Margaret rang the bell.

Sadly, the cancer didn't stay long in remission, and Margaret passed away at home with family by her side on September 13, 2016. Her legacy gift is going a long way to helping researchers like Dr. Vanderhyden improve treatment and will be life-changing for many women in the future.

● Nursing students Ben Vallis, Nasria Razeq, and Registered Nurse Amanda Coates



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