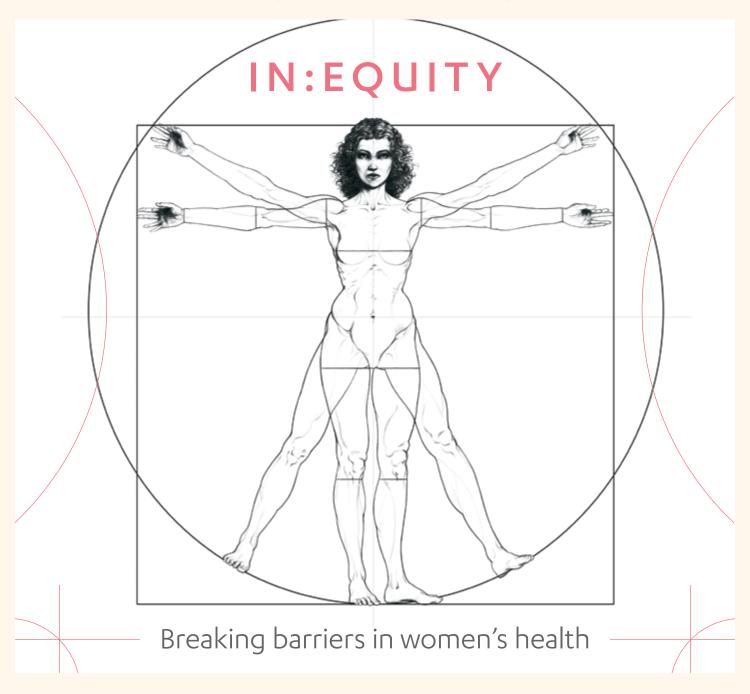




INSPIRING DONORS | TRANSFORMING HEALTH CARE | SAVING LIVES



**Rare tumour** threatens paralysis

Day in the Life: **Spiritual Health Practitioner** 

Transforming pancreatic cancer care in BC

### INTRODUCING

# VGH & UBC Hospital Foundation

Philanthropy allows us to invest in health care innovations that would otherwise be impossible. By empowering a constellation of projects, places and people, we are advancing our understanding of disease and illness, and improving the health of individuals and our health care system, from hospital to home. And it is only made possible because of the vital support of readers like you. Thank you.

Patients across BC with the most complex health care needs are referred to the Vancouver Coastal Health sites we support:



Vancouver General Hospital



Vancouver Coastal Health Research Institute



**GF Strong** Rehab Centre



**UBC** Hospital



Vancouver Community **Health Services** 

### **Recent Initiatives**

### **PLATINUM ECMO STATUS**

The Extracorporeal Membrane Oxygenation (ECMO) team at VGH has been honoured with the Platinum ELSO Award of Excellence. This award is bestowed by the prestigious Extracorporeal Life Support Organization (ELSO), an international non-profit consortium of health care institutions, researchers, providers, and industry partners. Receiving this award is one of the highest honours an ECMO care team can receive, and is based on their commitment to quality, systems, patients and families, and ongoing improvement.



Learn more: vghfoundation.ca/ecmo

### **3TMRI OPENING AT VGH**

The donor-funded 3TMRI machine is officially opening this spring. Bringing a 3TMRI to VGH will help meet the rising demand for imaging at a much higher level of accuracy. The 3TMRI offers twice the signal strength of our current technology, which means clinicians can detect even the tiniest tissue changes. When tumours and other conditions are found earlier, diagnosis is more accurate and patient recovery is improved. Scans are also quicker, meaning improved access for patients.



Learn more about Brain Breakthroughs: vghfoundation.ca/brain-imaging

Office: 190-855 West 12 Avenue Vancouver, BC V5Z 1M9 604 875 4676 | vghfoundation.ca | info@vghfoundation.ca Board of Directors: vghfoundation.ca/board









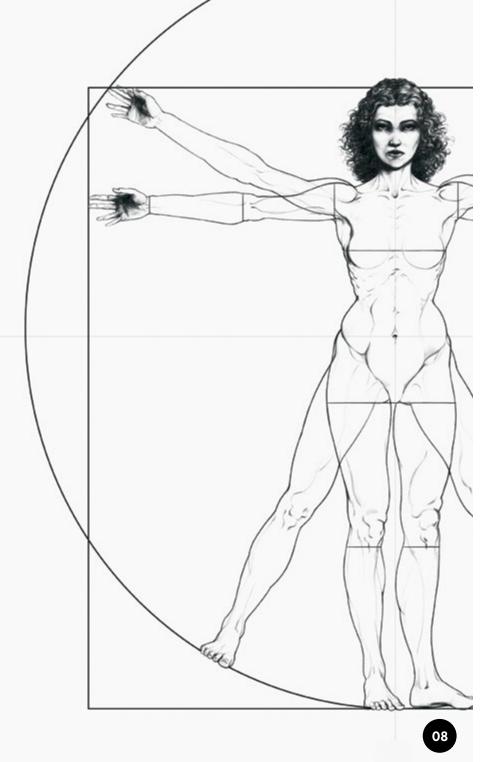


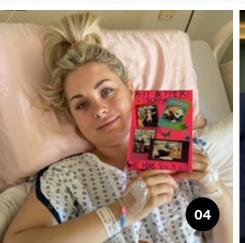


We acknowledge, with gratitude, that our Foundation offices are on the traditional unceded territories of the xwməθkwəyəm (Musqueam), Skwx wú7mesh (Squamish) and Səl ílwəta?/ Selilwitulh (Tsleil-waututh) Nations.

Charitable registration number 13217 3063 RR 0001

Cover illustration by Valerio Campisi







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Due to a legacy of inequity, women's unique health needs continue to be misdiagnosed, misrepresented and misunderstood. But there are remarkable experts at our health care centres who seek to break these barriers.

### 11 Then and now

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# 13 Record \$5M donation to pancreatic cancer research

It has been 10 years since Bob Hager passed from pancreatic cancer.
Yet, his legacy lives on as his loved ones honour him with a record
\$5M gift to transform pancreatic cancer research.



am a daughter, a wife, a mother of three adult children, and as a cisgender woman with the education and means, I recognize that I have been privileged to receive good health care in my life. Through pregnancy and menopause, I have, however, like so many women, experienced the sex and gender bias of medicine (and physicians) first-hand.

While much has changed to advance women's equality in much of the world in the last century, medical research has almost entirely focused on male subjects. This has lead to what has been coined "bikini medicine", or the practice of assuming that men and women's bodies (apart from what is covered by a bikini) are essentially the same. This of course overlooks the hormonal and genetic differences that distinguish half the world's population. Because medical research informs practice, women's unique or different symptoms and their experience of disease or illness, have too frequently been dismissed or misdiagnosed. This has had deleterious consequences for the health and wellbeing of so many women around the world. For my daughter, and all of our daughters, I want better.

I am excited that VGH and UBC Hospitals are actively changing this paradigm, through medical research, patient care and training the next generation of physicians. From brain to heart health, gynecological cancers to vulvodynia, VGH & UBC Hospital clinician-researchers are listening to the unique experiences of women and taking

findings from the bedside to the lab bench and back to the bedside. I am feeling inspired about these changes and advances in health care for women, but we know there is still so much more to do to close the gap.

Our transformation of health care is far reaching and in this edition, you can also read about patients such as Logan La Roue, who avoided lifelong pain and paralysis thanks to the remarkable surgeons at VGH. And Greg Wallace, who received open-heart surgery at VGH in 1960, and what his care and others like it would look like today. Or dive into the daily life of a practitioner in a rarely discussed aspect of care—the spiritual.

These stories are made possible thanks to people like you. Philanthropists who help transform care in our communities and beyond. For this, I thank you.

If you would like to share your own story and the role of health care in your journey, or if you have feedback on this publication, please get in touch at **communications@vghfoundation.ca**.

Happy reading.

Warmest Regards,

Angela Chapman President & CEO,

**VGH & UBC Hospital Foundation** 



or nearly five years, 27-year-old Logan La Roue dealt with confusing hip and leg pain.

"I always thought it was just an old injury acting up, some joint pain or something like that," says Logan. "And whenever I sought help, I was told that whatever was going on was likely not that serious."

This pain went on for years—on and off again, continuing a cycle of constant confusion and worry. Then something terrifying happened. Logan went to Costa Rica for a friend's destination wedding. In the middle of what was supposed to be a time of celebration and joy, Logan fully lost control of her legs.

After returning home, Logan received an MRI. She got her answer—and it shook her to her core.

A large spinal tumour, known as a schwannoma, was essentially choking Logan's spinal nerves. If left untreated, it could potentially cause permanent paralysis of her legs.

"My world stopped," says Logan. "It was really, really scary. I immediately sat down. I phoned my family, and we made a plan to have someone take me down to VGH from my home in White Rock."

At VGH, the medical experts led by Dr. Tamir Ailon, neurosurgeon, immediately started to care for Logan and create a surgical treatment plan.

# RECEIVING CARE AT THE NEW PHIL & JENNIE GAGLARDI SURGICAL CENTRE

Logan arrived around 5 a.m. at VGH for a procedure. She was ushered upstairs to the waiting room, which she recalls was both welcoming and calming.

"I was offered a completely private space to sit and prepare for my surgery, which I really appreciated," says Logan. "The equipment all looked state-of-the-art, right down to digital boards showing information about my procedure. It felt very high-tech and reassuring."

And so, on March 20, 2022, Dr. Ailon and his team performed spinal surgery to remove Logan's schwannoma.

"The surgery went textbook thanks to the availability of state-of-the-art technology and equipment in our new ORs," says Dr. Ailon. "Our team here was able to safely resect the entire tumour without complication; Logan did wonderfully with the procedure and is now on the path to recovery."

### STATE-OF-THE-ART SURGICAL SUITES

On May 5, 2021, the donor-funded Phil & Jennie Gaglardi Surgical Centre at VGH officially opened for use. It features 16 new state-of-the-art ORs, a 40-bed perioperative suite, new communication systems to manage activities for health professionals across two operating floors, and upgraded infrastructure to support staff and patient comfort and safety.

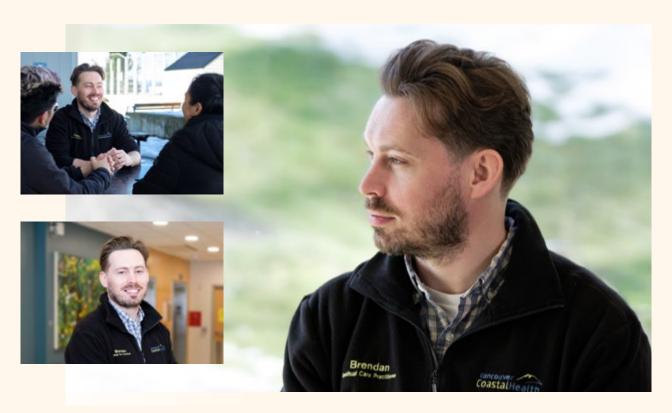
### **RENEWED LIFE**

Today, Logan is profoundly grateful. She no longer lives in confusion and fear, wondering what could be happening to her, and is feeling stronger every day.

"I'm recovering now and looking forward to better days ahead," says Logan. "I really am thankful for the care I received at VGH. It could have been such a different situation."

### A DAY IN THE LIFE

# The Spiritual Health Practitioner



BRENDAN KELLY, SPIRITUAL HEALTH PRACTITIONER AT VGH

GH is home to world-class health care practitioners: clinician-scientists, nurses, allied health care workers and more who are equipped with the tools and talent to provide care for any injury or disease, no matter how complex or rare.

Yet, sometimes there are equally crucial moments when patients experience problems beyond the physical. Moments when people are struggling to grasp meaning behind what brought them to the hospital in the first place.

They can't help but ask, "Why is this happening to me?" or "What is the purpose of going through this?" These uncomfortable and often challenging conversations are what Brendan Kelly and the Spiritual Care and Multifaith Services team at VGH are there for—should a patient request it. He and his colleagues are prepared to support patients no matter their faith, or absence of one.

## NAVIGATING THROUGH MUDDIED WATERS, TOGETHER

Brendan is assigned to the mental health program. He starts his day by reviewing his appointments before attending clinical rounds with the health care teams. Typically, his work falls into three categories including weekly check-ins with regular patients. Then, he meets with new patient referrals, which in psychiatry makes up the bulk of his sessions. Finally, he leaves space in his calendar for urgent referrals, which are unexpected yet important connections to make.

Each meeting, says Brendan, can never truly be predicted.

# "If you're struggling, we're here to help. And we will do our best for anyone who asks for it."

"The thing with spiritual care is it could be the most deep and meaningful conversation you can have with someone, or you're perhaps saying hello, meeting a person for the first time, and simply developing rapport for future interactions," says Brendan. "There's no such thing as a typical day, but every interaction, big or small is foundational to building healing relationships."

Though no two conversations are the same, the common threads for Brendan are supporting people who are hurting, who are struggling, and who need someone to speak with. His role in these moments is not as someone who has the answers, but as a host for conversation to help individuals navigate through muddied waters, together.

"We're trained and have the resources to give space, time and value to the questions that people are often forced to face when dealing with a health crisis," says Brendan. "Spiritual Care is about hosting those conversations and companioning people in difficult territory so they can feel safe and empowered to find their own way, and find their inner strength."

#### FINDING YOUR INNER STRENGTH

Brendan has seen that strength can come from anywhere. He recalls a conversation where a patient was struggling with the "feeling of being stuck inside" for long periods of time. When they met with Brendan,

### SUPPORTING THE NEEDS OF ALL PATIENTS

REGIONAL VCH SPIRITUAL CARE SERVICES SUPPORT:

**3 interfaith** spiritual health practitioners

**7 part-time** students

**Support** from regional leads

**Denominational care** from community clergy

they expressed how they find deep comfort in nature and missed being outside.

"Listening and advocating for fundamental spiritual connection alongside the hospital staff we were able to find times in the day where this person could be helped outside," says Brendan. "I took them to a nearby park to be in the presence of nature. And I could see the profoundly positive impact this had on this person."

To Brendan, Spiritual Care is a key aspect of care that helps facilitate the healing provided by the inter-professional team. They work to help inspire and empower individuals, so they can face the trials ahead with strength and dignity.

"If you're struggling, we're here to help you find meaningful ways to cope" says Brendan. "And we will do our best for anyone who asks for it."



### Leave a gift in your will

Make a difference in the lives of the next generation.



You can change the future of health care by leaving a gift in your will. Your legacy gift will empower critical research, equip our health care teams with cutting-edge technology and help transform care for all British Columbians for generations to come.

### HEALTH CHECK

Identifying heart problems in women

Heart attacks and cardiovascular diseases are often closely associated with men, but heart disease is the leading cause of hospitalization and premature death for women in Canada and across the globe. It impacts everyone, from the young to the elderly, even those who consider themselves fit and healthy.

Dr. Tara Sedlak, cardiologist and Director of the Leslie Diamond Women's Heart Health Clinic at VGH, shares her tips on identifying signs of heart disease in women so that you are well equipped to respond if the time comes.



# PAY ATTENTION FOR UNIQUE HEART ATTACK SYMPTOMS

The most common heart attack symptom in women is the same in men—chest pain, pressure or discomfort that lasts more than a few minutes, or comes and goes. However, women are more likely to have heart attack symptoms unrelated to chest pain. These include: neck, jaw, shoulder, upper back or upper belly discomfort; shortness of breath; pain in one or both arms; unusual or extreme fatigue; nausea and/or vomiting; sweating; lightheadedness or dizziness; and heartburn (indigestion).

If you or someone you know experiences these symptoms, call for emergency medical help immediately.

### **KNOW THE PRECURSORS**

Unlike men, women have a number of other specific precursors to heart disease. Our hearts are impacted two-to-four times more from diabetes, including diabetes during pregnancy. Pregnancy and pregnancy-related health problems such as hypertension have been marked as precursors to heart problems later in life. And menopause and other hormonal changes can all impact women's heart health.

# HEART DISEASE STARTS IN THE SMALLER BLOOD VESSELS

Women's heart disease often appears in the smaller blood vessels of the heart rather than the major coronary arteries. This means women's symptoms might not fit the classic textbook picture of heart disease, and the "gold standard" angiogram test is less effective at detecting a problem. Be sure to ask about other methods of diagnosis to help get on the path to treatment sooner.

### ABOVE ALL. TRUST YOUR GUT

On one of my first hospital rotations as a resident in medical school, I witnessed the impact of being a woman with heart disease. A female patient I encountered had spent hours that day trying to receive help, but was dismissed with having an "anxiety attack"—but she knew that wasn't the case. The fact is, women are more often dismissed when seeking help for heart disease symptoms, so if you know something is wrong, advocate for yourself and get the care you need.

With the right information and action, it's possible to prevent heart disease or improve your chances of surviving it so that you can lead a healthy life.





(CLOCKWISE FROM TOP LEFT)
DRS. MELANIE ALTAS, THALIA FIELD,
JANICE KWON, JACQUELINE SAW
AND TARA SEDLAK ARE BREAKING
DOWN BARRIERS TO CARE FOR WOMEN

FEATURE STORY

IN:EQUITY



# Breaking barriers in women's health

"Even though vulvodynia affects up to 16% of the female population, delays in diagnosis are common. Many women experience shame with vulvar pain, and may be reluctant to bring it up to their family doctor. And when they do, many will be dismissed, being told, it's all in their heads—or to relax and have a glass of wine."

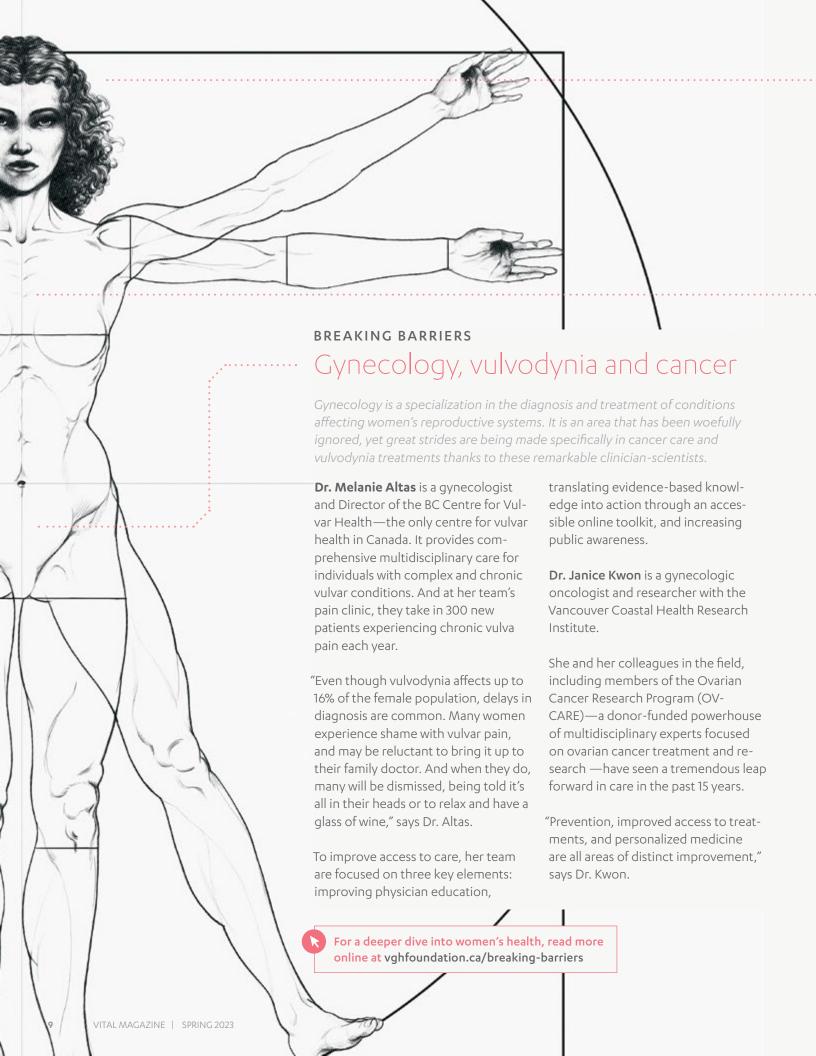
DR. MELANIE ALTAS PAGE 9 ealth care, historically, has not been equal. Injuries have existed since the dawn of our species and since that time our growth and understanding of effective treatments and care has grown immeasurably. However, we still stand on uneven ground today when it comes to equity between sexes.

Women distinctly and continually face inequity when it comes to their health. Women's health is understudied and underfunded, and is having a real-world impact: 75 per cent of adverse drug effects occur in women. 70 per cent of patients with "medically unexplained symptoms" are women. And women are more likely to be dismissed when entering into emergency departments.

Today in Canada women are more often misdiagnosed, misunderstood, and misrepresented than their male counterparts.

With women making up 50.4 per cent of the population in Canada, how has this occurred? As expected, the issue is multifaceted, complex and nuanced. Factors range from a systemic level in the medical community, through to the representation of women in clinical, research, and at leadership levels, to societal and cultural expectations, and beyond. There are also intersectional issues, which add challenges related to other disparities related to race, socioeconomic status, and other factors.

This is what experts at VGH, UBC Hospital and our supported health care centres are determined to transform. And why they are trying to break down these barriers which have resulted in the inequitable access and treatment of care for women in BC, and across the globe.



### The brain

**Dr. Thalia Field** is one of VGH's premier stroke neurologists and researchers. Her work is dedicated to treating patients and improving outcomes for people with strokes, vascular neurodegenerative disease, and disadvantaged communities.

In fighting stroke, she often finds challenges related to inequities between men and women. For example, using medications developed using research with male animals, practicing evidence-based care drive from clinical trials with more male

The body's most complex organ. A three-pound body part, it houses nearly all of our being. Despite its critical role, studies driving many advances in brain research have biased towards men. This has resulted in gaps in scientific and medical understanding that can impact treatments and outcomes in brain diseases.

participants, and working with stroke survivors who are recovering in a system where it is easier to have a domestic partner, when women are likelier to be living alone.

This is why Dr. Field and her colleagues are determined to bridge gender gaps. How? Through many initiatives including research that clarifies differences in symptoms experienced by women, and challenges faced by women in navigating the health care system.

This work, which includes collaborators from around the world, is helping to transform medical education to reduce misdiagnoses in women, and improve representation of women in clinical trials for cutting-edge treatments. And while she says they have plenty more to do, they are starting to see the impacts today, which results in better care, improved outcomes, and more lives free from disability and death.

### The heart

**Dr. Tara Sedlak,** one of Canada's few women's heart health cardiologists and Director of the Leslie Diamond Women's Heart Health Clinic at VGH, is conducting leading-edge research and improving treatment for women experiencing heart health problems.

At the clinic, Dr. Sedlak and her team have developed a three-pronged approach to improve care: prevention, cardiac rehabilitation, and attention to refractory or untreated chest pain in women.

The body's primary organ of the circulatory system. Comprised of four chambers of muscle powered by electricity. We live each moment thanks to this vital body part. Yet a gap in knowledge surrounds women's heart health. This is what the team at VGH is seeking to transform.

Each prong is simultaneously being researched while offering new and improved treatments to their patients.

**Dr. Jacqueline Saw,** cardiologist, discovered and continues to lead the world in researching spontaneous coronary artery dissection, or SCAD. Dr. Saw's breakthrough uncovered that heart tears were occurring in the small blood vessels surrounding the heart, and has been happening in 90 per cent of cases to women, resulting in a history of misdiagnosis and untreated heart problems leading to a deterioration of health.

#### **DID YOU KNOW?**

Women were not included in clinical trials in North America until the 1970s.



**10%** of women experience heart attacks with no blockages.



**20-25%** of women will not receive a diagnosis for vulvodynia.



**75%** of adverse drug effects occur in women.



#### **BC CENTRE FOR VULVAR HEALTH**

THE DONOR-FUNDED BC CENTRE FOR VULVAR HEALTH RUNS

36

clinics per month, serving more than

1,000

women per year!

### Hope for the future

After many long years, the needle is finally moving forward on women's health. From the ground floor in medical schools by updating textbooks and programming, to the research that provides answers and improved access to care, to advocacy and treatments, to the knowledge of the physicians in our communities.

"We've come a long way, but just because we've been underrepresented in the medical field, and I think that's translated into the kind of care and the research interests all along," says Dr. Janice Kwon. "But now that women are occupying more positions in health care and we're becoming more prominent researchers, there's certainly more attention directed towards women's health that didn't exist 20 or 30 years ago."

# ancouver could be Canada's medical mecca, doctors say

ments with tiny hearts is a after passing through "mach-two-year-old 20-pound boy ines" during surgery. whose heart was bypassed for 35 minutes during repair of two major defects.

Dr. P. G. Ashmore, one of the boy "is perfectly well and going home to the north woods."

He mentioned the boy in reporting the research to the B.C. Medical Research Foundation, which supported the project to devise more ways of assessing the blood

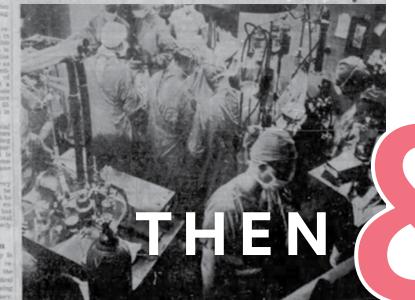
## PM bars Columbia

Latest beneficiary of experi- volume of infants before and

The project was necessary, Ashmore said, because babies were dying on the operating table from causes the researchers and of the other than faulty surgical VGH heart surgery team, said technique or inoperable maltechnique or inoperable malformations.

> Dr. Ashmore, one of Vancouver's world-renowned team of open-heart surgeons, said working in little hearts "about the size of an egg cup" is like "operating at the bottom of a matchbox."

Instruments and apparatus must be small and specially designed. But the big problem was "accurate and the blood volume of, say, a the blood volume of, say, a accurate assessment of one-year-old child with a volume of 300 to 400 cubic centimetres . . . compared with the 500 ccs. an adult don gives the Red Cross and walks



INSET: GREG'S STORY MAKES THE NEWS. BANNER: VGH WINS INTERNATIONAL ATTENTION IN THE 1960S.

n August 24, 1960, two-year-old Greg Wallace sat in a waiting room at VGH with his mother, Doreen. At the time, the young boy couldn't have known what was about to happen. His mother carried that burden, but knew it was the best option for her son. After all, ever since Greg was born he cried all the time, and was lethargic and tired. Not spritely, like the other children.

Greg would soon be gently placed under anaesthesia and wheeled on a gurney into an operating room at VGH, where he would undergo open-heart surgery by Dr. Philip Ashmore.

Greg had the misfortune of being born with ASD, or atrial septal defect, which means he had a hole in his heart between the upper chambers (the atria). The hole increases the amount of blood that flows through the lungs, and a large, long-term ASD can damage the heart and lungs, and in extreme cases cause complications such as arrythmias, stroke, and even early death.

Yet thanks to the then cutting-edge surgeons, Greg's heart was surgically restored and his life was saved.

#### DECADES OF HEART HEALTH ADVANCEMENT

In 1960, Greg's open-heart surgery for his ASD was the best option available. Although it did save his life, Greg would go on to suffer complications and a reduced quality of life. By age seven, Greg weighed 39 pounds and was quite frail.

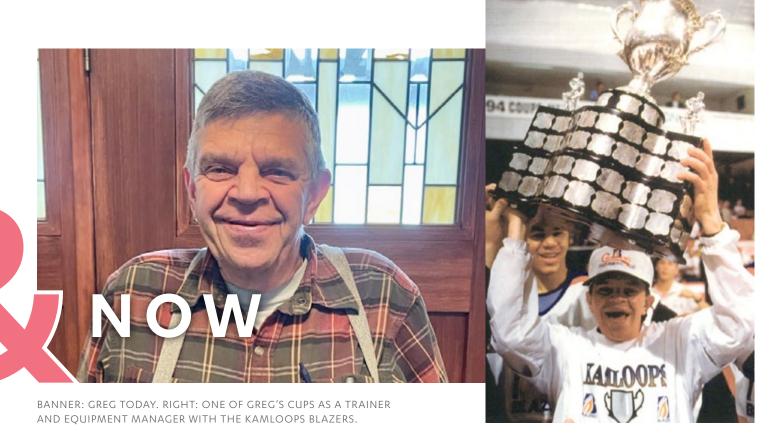
"As a young man from Kamloops in love with hockey, I had to come to terms with a lot of what I could and could not do." savs Greg.

Although Greg's life was saved, treatments nowadays for ASD and other heart conditions have greatly improved. Thanks to astounding medical advancements—often made possible due to philanthropic funding—an ASD repair would more often be treated with minimally invasive surgery over open-heart. This means better recoveries and better outcomes.

### TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

Widely considered one of the most exciting events in cardiology in decades, Dr. David Wood, Head of the Division of Cardiology at VGH, has standardized the minimally invasive heart valve replacement technique known as TAVR. This surgical procedure allows patients to have a transcatheter aortic valve replacement completed in the morning, and to be sent home by the evening. Prior to this technique, patients experienced open-heart surgery followed by months of challenging recovery.





The fact is, many conditions which would have required invasive surgeries, followed by months if not years of recovery, have been turned into the most minimally invasive version surgeons can offer. An example of that would be structural heart disease, where now surgeons areable to replace heart valves in the morning and have patients go back home in the evening.

Structural heart disease, coronary heart rhythm management, heart failure, women's heart health, and more are all advancing on a global level right here in Vancouver. And thanks to these advancements, many people will not only survive like Greg, but go on to thrive.

Greg didn't get a chance to play hockey, but he did have a successful career as the Kamloops Blazers Junior Hockey Clubs' trainer and equipment manager from 1984 to 2007. He was inducted into the Kamloops Sports Hall of Fame and just recently his name was raised to the rafters in the Kamloops Blazers 'Legends' program.

"I wish I could have had the treatments they offer now," says Greg. "But, I am incredibly grateful for the gift I was given as a child."

"I wish I could have had the treatments they offer now.

But, I am incredibly grateful for the gift I was given as a child."



### **ELECTROPHYSIOLOGY LAB**

At VGH, the electrophysiology (EP) laboratory empowers clinician-scientists to provide the most advanced care for complex cardiac conditions and diseases in Canada. This donor-funded, state-of-the-art space is equipped with a fluoroscopy machine for x-rays and a three-dimensional computer mapping system, allowing physicians to map the heart and determine where an arrythmia is situated.



#### PANCREATIC CANCER FACTS



leading cause of cancer related deaths, projected to become 2nd by 2030.

### ONE OF THE DEADLIEST FORMS OF CANCER:



British Columbians will be diagnosed this year.



will live for five years.







n 2011, Bob Hager was diagnosed with an untreatable form of pancreatic cancer. Bob spent his precious remaining days bringing together groups of experts from BC Cancer and Vancouver Coastal Health to identify gaps in research and care.

This led to the formation of the world-class, multidisciplinary Pancreas Centre BC. Their mission: to advance research into earlier diagnosis, clinical trials and treatment.

Four months after his diagnosis, Bob passed away. Yet his family—led by Judy and with the support of her daughters Leslie and Shelley, and her sons-in-law—have carried

the torch since Bob lost his battle with this dreadful disease.

And this past year, the Hager family donated a record \$5 million to the VGH & UBC Hospital and BC Cancer Foundations in memory of Bob to celebrate the 10-year anniversary of Pancreas Centre BC, a partnership of VCH and BC Cancer.

"Bob was determined to set up a pancreatic research and care initiative to help save others from the same hopeless outcome that he knew was his," says Judy. "This donation is building on his work and continuing the hope that a difference can be made for earlier detection and treatments for other patients with pancreatic cancer."

### THE IMPACT OF PHILANTHROPY

### THIS DONATION WILL GIVE PANCREAS CENTRE BC THE CRITICAL RESOURCES TO:

Expand its team and attract more world-class specialists to drive innovation in early detection and effective treatment

Provide comprehensive genetic testing and expand hereditary testing to catch cancer sooner for those at highest risk

Increase the use of genomic tumour profiling to ensure each patient is matched with the best treatment for their disease

"Pancreatic cancer is frequently not diagnosed until an advanced stage and is often resistant to existing treatments. This support allows us to push further into advances in genetic testing and tumour profiling, and work to improve treatment options for the thousands of British Columbians and Canadians afflicted by pancreatic cancer," said Drs. Dan Renouf and David Schaeffer, Co-Directors, Pancreas Centre BC.

"We are immensely grateful to the Hager family for furthering our research and fuelling hope to those facing this disease."

Investing in the Pancreas Centre BC team helps sustain their future work and to further advance the pace and scope of new discoveries.



Learn more about how you can join the Hagers to transform pancreatic cancer care: vghfoundation.ca/pancreatic-cancer

# Transforming health care, together

### Philanthropy is critical in pushing the boundaries of health care forward.

It empowers world-class researchers and clinicians to reach beyond the status quo, to reimagine health care in new and exciting ways, and to make the once believed to be impossible, possible. Please take a moment and enjoy reading about the life-changing impacts you and other supporters of our Foundation are making on health care every single day.

### TOGETHER, WE RAISED

\$113 million 2021-22



**47%** Philanthropy

26% Investment and other income

**26%** Lotteries

1% Events

### TOGETHER, WE SUPPORTED

### Four key areas



Equipment and capital projects

25% Research

22% Patient care and other

2% Education

# Your Impact

### Danielle & Stephen Kaplan Grateful patients

and donors



"Stephen and I were so fortunate in unfortunate circumstances. We are so grateful to Canadian health care and the critical care and spinal teams at VGH, for not only saving Stephen's life, but for taking exceptional care of us as if we were family. VGH was our home from home."

### **Matt Yedlin**

Grateful patient and Partners in Care donor

"It brings me happiness to make donations in honour of the excellent staff of the Healthy Heart Program and support their work however I can. My health success is a testament to their immediate and ongoing care, eight years ago when I had a heart attack and every year since."

### TOGETHER, WE HAVE A

### direct impact on patient care

### VGH. UBC HOSPITAL AND GF STRONG SUPPORT BC WITH

1.800 **PHYSICIANS**  6,000

SUPPORT + HEALTH CARE STAFF





AT VGH. YOUR GIFTS SUPPORT

26.000 20,000

**INPATIENTS** 

SURGERIES

79,000

**EMERGENCY** 

**DEPARTMENT VISITS** 

294,300

**CLINIC VISITS** 



### AT UBC HOSPITAL, YOUR GIFTS SUPPORT

4.400

7,800

18,500

INPATIENTS

SURGERIES

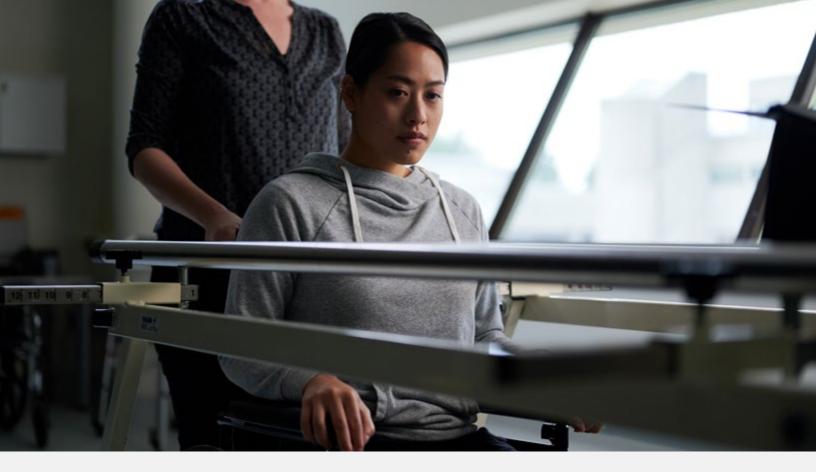
**URGENT CARE VISITS** 



Thanks to you—our community of donors—care, equipment and research are being transformed to save and improve lives in our hospitals, health care centres, and communities.



Learn more online at: vghfoundation.ca/your-impact



# Together, we transform health care in BC

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