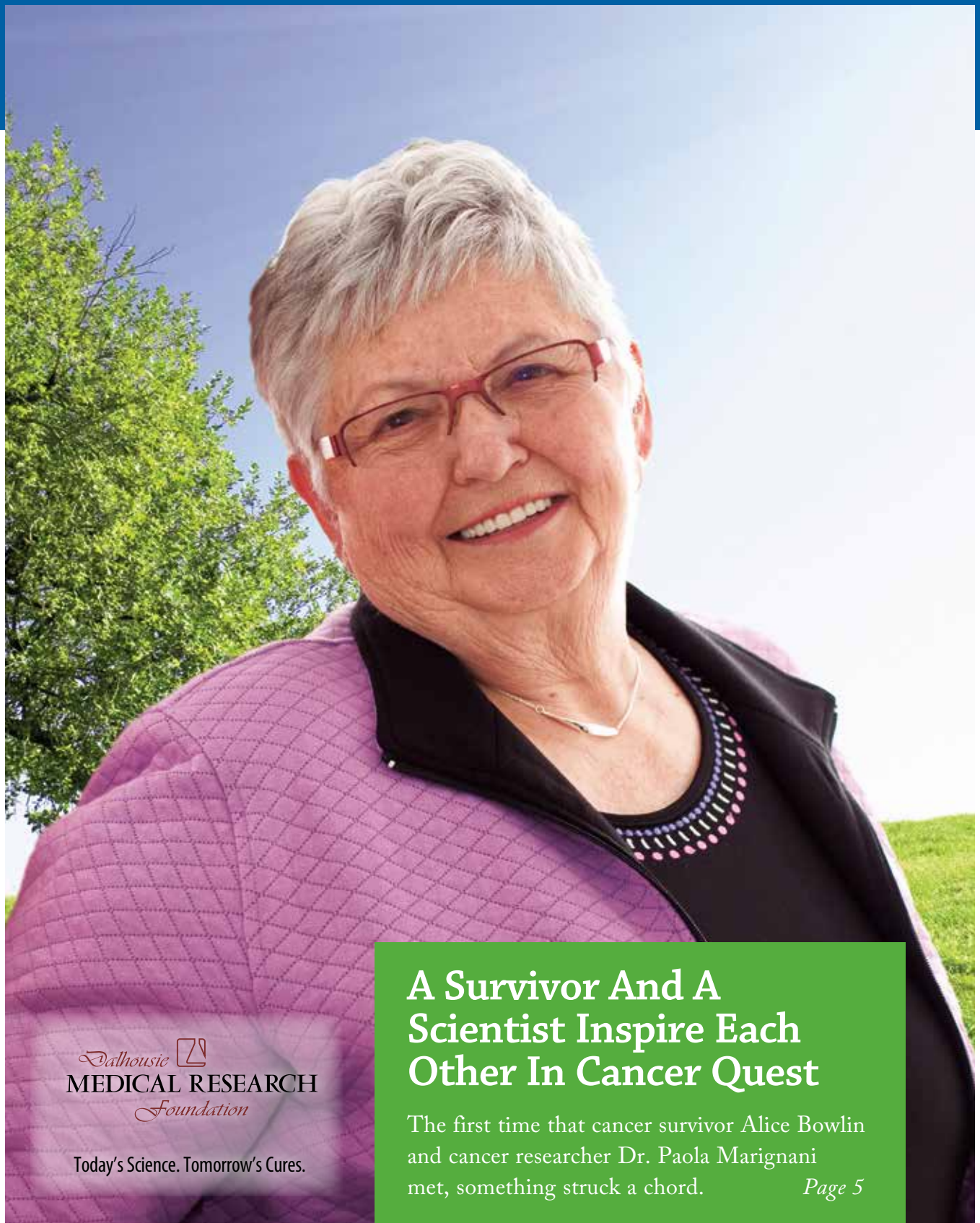
the philanthropist
Dalhousie Medical Research Foundation Newsletter
Fall 2013 Issue



Dalhousie MEDICAL RESEARCH Foundation

Today's Science. Tomorrow's Cures.

A Survivor And A Scientist Inspire Each Other In Cancer Quest

The first time that cancer survivor Alice Bowlin and cancer researcher Dr. Paola Marignani met, something struck a chord. *Page 5*

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Cover Photo: ***Alice Bowlin (Photo: Blue Vine Photography)***

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Hello Philanthropist Readers...

"IMPACT" **The powerful effect one action has on another.**

I want **EVERY** single donor to Dalhousie Medical Research Foundation to know that **YOU** are making a positive impact with your gift.

In my thank you notes to donors, I constantly write that their support helps our Maritime medical researchers and trainees continue their endeavours which lead to daily impacts on knowledge of the workings of the human body. It takes time but these discoveries ultimately lead to improved treatments, techniques and cures.

In recent conversations among DMRF staff, board members and donors, we identified a need to better demonstrate to our community that Foundation support is indeed making a real "impact" through improved quality of life.

From an overall perspective, in 2012/13, over $2.6 million in **DMRF grants and prizes** were awarded to **over 60 faculty and trainees** at Dalhousie Medical School and its affiliated health institutions. Please see the chart on pages 16 and 17 for details.

Thanks to the generosity of our donors, the amount DMRF disburses to research each year is growing and we are very proud of the programs and grants we provide – i.e. our "activities and outputs". That is only half the picture though. How do we know these awards are making a difference? This is a very valid question about "**outcomes**".

To this end, the Foundation is currently developing processes to better track and review the progress of the researchers, trainees and programs receiving DMRF funding. Via future Philanthropist newsletters and on our website, we will be sharing these stories and celebrating outcomes.

Monitoring program performance and tracking metrics should also incorporate learning how to best operate our programs and ensure delivery of results. This means learning from the past what has worked and what has not worked and then making meaningful change. We will also tell you about these developments as they happen.

In the meantime, on the subject of outcomes and impact, our cover story explains how DMRF's **Adopt-A-Researcher** program led Mrs. Alice Bowlin to adopt Dalhousie Medical School cancer researcher Dr. Paola Marignani.

While she applied for national research funding, Dr. Marignani needed interim bridge funding to continue her research. Alice and her family provided this funding in 2010 and have continued to give ever since. Thanks to their support, earlier this year Dr. Marignani and her team achieved an amazing discovery and published the news that they have developed a new and effective way to test potential treatments for aggressive, metabolically active HER2-positive breast cancers. Cancer researchers around the world are taking notice of this new breast cancer model. We are proud to report that not only was this new model developed in the Maritimes, it was funded solely by DMRF and other Maritime-based funding agencies. Alice Bowlin and her family know firsthand that they are definitely making a positive impact.

I hope each of you will want to continue to make an impact as well. THANK YOU again (and not for the last time ☺) for every single gift you make.

Alison C. Edwards

DMRF Executive Director

Message from the Chair

In her message for this issue, Executive Director Alison Edwards makes note of the critical impact of donor support on the advancement of medical research efforts at Dalhousie Medical School. I would like to highlight another aspect of impact on the Foundation's activities - the contribution of our volunteer Board of Directors.

As of June 2013, the DMRF Board now consists of twenty-one members. This dedicated complement consists of six ex-officio members, i.e. members by virtue of the role they play at the Dalhousie Medical School (Dean of Medicine – Dr. Tom Marrie, Associate Dean of Research – Dr. Gerry Johnston, Dalhousie Medical Alumni Association President – Dr. Dan Reid, DMRF Scientific Advisory Committee Chair – Dr. Roger McLeod, Dalhousie Vice President, Academic – Dr. Carolyn Watters and Dalhousie's new University President – Dr. Richard Florizone.

The remaining fifteen board directors represent a variety of skills and expertise invaluable to the Foundation's governance and oversight. In addition to sitting on the Board all directors also participate on at least one of the Foundation's eight committees.

In many ways this was a year of change for the Board. In particular, I would like to welcome the following four new board directors who were officially added to the DMRF roster at our annual general meeting in June:

Mr. Jim Cruickshank, Partner at Stewart McKelvey Law Firm
Mr. Malcolm Fraser, President of ISL Limited
Ms. Janet MacMillan, Partner at National Public Relations Inc.
Mr. Robbie Shaw, Past Dalhousie VP Finance and Past IWK Foundation CEO

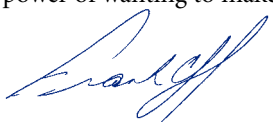
In the spring, we also extended our sincere thanks to retiring board director Diane Campbell. For the past 14 years, Diane has been a steadfast member, participating on the Executive Committee, the Audit Committee and the Planned Giving Committee. She and her husband Wes have been continually supportive of the annual Molly Appeal Ashburn Luncheon. The sponsorship from their Berkeley enterprise for the last seven years has meant that DMRF has been able to hold what has become an annual stewardship event so popular that for the last three years it has been a full house event.

Diane now joins the ranks of our stellar honorary past board members and we hope that she will always consider herself a member of the DMRF family.

(l. to r.) Mr. Frank C. Sobey, DMRF Chair, Mr. Rod MacLennan, DMRF Vice Chair and Ms. R. Diane Campbell, DMRF Executive with Dr. Jason Berman, Guest speaker DMRF annual dinner, June 2013. (Photo: DMRF files)

Another of our long-time board members Mr. Rod MacLennan officially stepped down as DMRF Vice Chair after 15 years of service. I cannot thank Rod enough for his incredible commitment to this role. We are all thrilled that Rod has agreed to continue as an active DMRF board director. Stepping into the position of Vice Chair is another talented board member, Mr. Allan Shaw. I thank Allan for accepting this role and look forward to working together as the Foundation steps into a new phase of development with our upcoming major gifts campaign.

It is an honour for me to be at the helm of such an incredibly enthusiastic and selfless team of Board volunteers. Taking a page from Molly Moore, it never ceases to amaze me what the power of wanting to make a difference can do.



Frank C. Sobey, DMRF Board Chair

Financials at a Glance

The Foundation is pleased to present a summary of its financial results for the fiscal year ending March 31, 2013. Complete audited statements are available online at www.dmrf.ca or by calling us at 494-3502 (local) or 1-888-866-6559 (toll free).

Early in the fiscal year, the Foundation Board of Directors decided to make a change in investment managers. The first step undertaken by the Investment Committee of the Board was reviewing our investment policy. Our updated Statement of Investment Policies and Procedures (SIP&P) provides a detailed framework for investment management.

Following a thorough screening and interview process, the Foundation retained two new investment managers – Burgundy Asset Management for the Foundation's general portfolio, and Louisbourg Investments for the Cameron Fund. The transition was completed over the late summer of 2012.

During the transition process, new managers typically sell off existing positions and purchase new ones in accordance with their own philosophies and the client's investment policies. In the Foundation's case, this produced realized capital losses for the year of $4.9 million. By year end, however, this loss was more than offset by an $8.8 million gain in the market value of the new portfolios. With the addition of over $2 million in interest and dividend income, the Foundation's net investment income was approximately $6 million for the year which increased the Foundation's endowment portfolio to an all-time-high of just under $60 million.

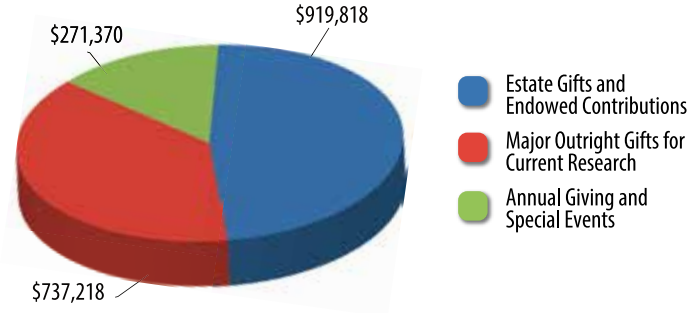
With donations of over $1.9 million and notification of an $800,000 bequest held in trust, the Foundation was able to provide over $2.6 million in research grants to the Dalhousie Medical School from April 1, 2012 to March 31, 2013 in support of over 65 individual awardees and programs. (See chart page 16 & 17)

SUMMARY STATEMENT OF OPERATIONS & CHANGES IN FUND BALANCES

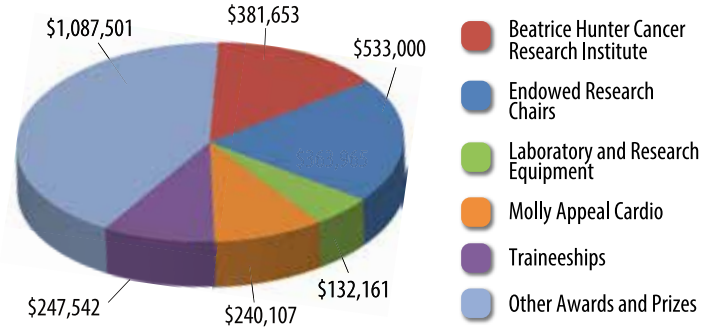
Revenue	**2013**	2012
Investment Income	**$ 5,982,094**	$ (672,892)
Donations	**1,928,406**	**2,211,635**
	7,910,500	**1,538,743**
Expenditures		
Research	**2,621,964**	**2,466,585**
Less: recoveries of prior years	**(12,249)**	(103,350)
Net research expenditures	**2,609,715**	2,363,235
General Operating and Fundraising	**822,839**	**686,733**
	3,432,554	**3,049,968**
Excess of Revenue over Expenditures		
(Expenditures over Revenue)	**$ 4,477,946**	**$(1,511,225)**
Fund Balance, end of year	**$59,832,712**	**$55,354,766**

Complete audited financials are available online at www.dmrf.ca or by calling 1-888-866-6559.

Total Contributions 12/13 $1,928,406



Research Funding 12/13 $2,621,964



A survivor and a scientist inspire each other in cancer quest

By Melanie Jollymore

Dr. Paola Marignani (l), cancer researcher and Mrs. Alice Bowlin (r), breast cancer survivor together at the Bowlin family farm – inspire each other in quest to fight cancer (Photo: John Sherlock)

The first time that cancer survivor

Alice Bowlin and cancer researcher Dr. Paola Marignani met, something struck a chord.

"Dr. Paola came and gave a talk to our group at Breast Cancer Action Nova Scotia, and I was so impressed by her work and her devotion," recalls Alice of her first encounter with Dr. Marignani in 2010. "I said to my daughter, Pat, who was sitting next to me, 'We are going to help Dr. Paola!'"

Meanwhile, Dr. Marignani had taken notice of Alice Bowlin in the crowd. "Even though I was involved in giving my talk, I could clearly see how actively Alice was listening," says Dr. Marignani, an associate professor at Dalhousie Medical School. "I could feel the intensity of her focus."

Even so, Dr. Marignani was taken by surprise when, a few days later, she received a call from Dalhousie Medical Research Foundation letting her know that Alice wanted to support her research through its Adopt-a-Researcher program. "I had to wonder what I had said that inspired her to take this step," she says. "It was a huge surprise, and a welcome one!"

Alice now gives twice yearly gifts directed to Dr. Marignani's breast cancer research program—in addition to her ongoing, long-term support of the Molly Appeal—and her eldest daughter Barb recently contributed as well. Alice, her daughters and granddaughters have visited Dr. Marignani's lab, to see the research in action and ask as many questions as they like.

"Alice and her family are genuinely interested in what we're doing," Dr. Marignani says. "They ask very insightful questions and follow our progress closely. It's amazing to have this direct contact with donors, to see their interest and commitment, and to share our successes as we go."

Alice, meanwhile, is thrilled to have front row seats on groundbreaking cancer research taking place right here in the Maritimes. "When I give to Paola, I know that it's being put to good use," she says. "I plan to keep giving to her research until I'm gone. She works so hard and she's so positive about what she's doing. She needs our support."

A retired nurse who started Bowlin Farms in Lower Sackville, NS, with her late husband Gerald in the 1970s, Alice is passionate about research. She's seen the pain and anguish of cancer—as a patient and as a volunteer with Breast Cancer Action Nova Scotia—and knows that research is the answer to better and safer treatments.

For Alice, cancer came crashing down at a time when she was already stressed in the extreme. In 2007, her husband died, and her 17-year-old granddaughter suffered a severe head injury falling off a horse. "I'd scarcely begun to grieve my loss when suddenly, here was Jacklyn with a brain injury," Alice recalls. "We came close to losing her and were told she would never walk again."

Not long afterwards, Alice noticed the lump in her breast during a self-examination. "I think the cancer was triggered

Cover Story continued on page 6

Dr. Paola Marignani (Photo: John Sherlock)

Putting on the brakes:

Dr. Paola Marignani seeks to harness cancer's "stop and go" signals

Cells in our bodies rely on "stop and go" signals that tell them when it's time to start or stop dividing, or when it's time to die. When these signals go awry, cells grow and divide uncontrollably, eventually leading to cancer.

Dr. Paola Marignani, an associate professor at Dalhousie Medical School, is searching for the switches that turn these signals off and on inappropriately. "If we can find the broken switches, we could correct the faulty signals," she says.

Dr. Marignani is interested in a stop signal called LKB1. She has found that LKBI plays an important role in keeping breast cancer at bay—and that breast cancer develops when it's not working properly. Based on this discovery, she and her team have engineered a unique pre-clinical model of breast cancer.

"Our model allows us to test treatments against tumours at the early stage of development, with the goal of preventing the cancer from forming altogether," Dr. Marignani says. "We can also compare the impact of various treatments at different stages of cancer development, to optimize each strategy."

by stress," she says. "Luckily, I found it early and had a mastectomy before it could spread to the lymph nodes… I didn't need radiation or chemotherapy but, because my cancer was hormonal, I took pills for five years."

This August marked the end of those five years—five years in which Jacklyn was able to recover her language skills and learn to walk again. Five years of survival also means that Alice's risk of recurrence is now very low—so there are many reasons to be thankful.

"I'm so glad I can finally stop taking the medication," says Alice. "It gave me brain fog and other uncomfortable symptoms. Now I feel like I can really clean out my system." She and her family are committed to eating pure, healthy foods, including the free range meat and eggs and organic vegetables they grow on their farm. "That's how I've been able to stay as healthy as I have over the course of cancer treatment, I'm sure of it."

Dr. Marignani has had the pleasure of visiting Alice and her family at Bowlin Farms. "They make me feel so welcome and so comfortable," she says. "Everyone is interested in my work and wants to know how they can help."

Dr. Marignani's research bears direct relevance to Alice's cancer. She and her team have developed a pre-clinical model of an aggressive form of breast cancer that they're using to test potential treatments based on what she's observed in the cancers at the molecular level. (see researcher profile on left for more about Dr. Marignani's research).

"We're so proud of Dr. Paola, she is fantastic," says Alice, who now keeps herself busy organizing a network of volunteers to sew supportive heart-shaped pillows to give to women after their mastectomies, to relieve their discomfort during the long healing process.

Of Alice, Dr. Marignani says, "She sparkles, she's radiant, she's just one of those people you can't help being drawn to, and to listen to… she's very inspirational."

It seems that, in their mutual admiration and inspiration, this cancer survivor and cancer researcher are together advancing leading-edge breast cancer research right here in the Maritimes.

Researcher Profiles

By Melanie Jollymore

Dietary factors & cancer:

Dr. David Hoskin adds fish and removes iron to make cancer treatments more effective

For more than a decade, Dr. David Hoskin has been proving that substances in food have powerful anti-cancer effects. From proteins in milk and fish, to phytochemicals found in culinary spices like turmeric, ginger and pepper, these nutrients have the ability to bind with and destroy cancer cells—so adding them to your diet makes sense. Now he's learning how taking away a key nutrient—iron—can also help in the fight against cancer.

"Cancer cells need iron to proliferate and spread," explains Dr. Hoskin, Canadian Breast Cancer Foundation-Atlantic Region Endowed Chair in Breast Cancer Research. "Removing excess iron weakens and even kills cancer cells."

That's why Dr. Hoskin has teamed up with Halifax-based biotech firm Chelation Partners Inc. to test iron chelation therapy—drugs that have been used for decades to remove excess iron from the system—against breast and connective tissue cancers.

"We believe that giving iron chelation therapy prior to chemotherapy will weaken the cancer cells so that a smaller dose of chemo can produce a more dramatic cancer-killing effect," Dr. Hoskin says. "This will provide better results with fewer side effects."

At the same time, Dr. Hoskin and his team are studying a peptide from cod fish that specifically targets and kills cancer cells. This peptide (a short chain of amino acids) could also be used to enhance chemotherapy and prevent recurrence of cancer.

Fighting Cancer on All Fronts:

Dr. Graham Dellaire is attacking the cancer problem from many angles

Dr. Dellaire is Dalhousie Medical School's First DMRF Cameron Research Scientist and Director of Research in the Department of Pathology at Dalhousie University.

"Even with early diagnosis and treatment, one third of breast cancer patients will have a relapse within five years. Unfortunately, when it comes back, the cancer is usually resistant to chemotherapy," says Dr. Dellaire, whose mother is a breast cancer survivor and whose paternal grandmother died from the disease. "Chemotherapy resistance is a serious challenge I take personally."

Dr. Dellaire, Associate Professor and Co-Chair of the Cancer Research Training Program, and his research team aim to:

- Identify biomarkers that could help personalize chemotherapy and detect cancer at its earliest, most treatable stages using next-generation RNA-sequencing approaches
- Look for ways to help tumour suppressor proteins stop cancers before they start
- Evaluate chemotherapy resistance in breast, ovarian and prostate cancer using a novel zebrafish xenotransplantation animal model developed with Dr. Jason Berman (please see page 22) and develop strategies to re-sensitize cancer cells to chemotherapy

"Once we discover which genes are involved, we can develop ways to make recurrent breast cancer cells susceptible to chemo again."

Photos: DMRF Files

When you Adopt-a-Researcher
you don't just write a cheque, you write happier endings.

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MOLLY Appeal BBQ 2013

(above) Dr. Jean Marshall (l) team leader 2012 Immunology campaign accepting cheque from Jyl MacKinnon, DMRF Director of Development (r); *(below)* Dr. Roy Duncan launches MOLLY Appeal for Cancer research 2013/14. (Photos: Daniel Abriel)

For the fourth year in a row, Fisher Scientific has generously sponsored the annual MOLLY Appeal BBQ which provides an opportunity to celebrate the results of the previous year's campaign and launch the new one.

Thanks to the generosity of all of our donors, the 2012/13 MOLLY Appeal for Immunology, Inflammation and Infectious Diseases research was indeed a reason to celebrate, raising a total of $266,036!

Jyl MacKinnon, DMRF Director of Development presented a cheque to Dr. Jean Marshall, leader of the Immunology team. The funds will be used to purchase a high speed flow cytometer.

In addition, Dr. Roy Duncan, team leader of this year's campaign for cancer research, officially launched the MOLLY Appeal for 2013/14. 100% of gifts to this year's campaign will be used to establish a Live-cell Imaging Facility, allowing researchers in various areas of cancer research to better understand how cancer grows and how it responds to treatments.

Please see the compelling stories of cancer patients and cancer researcher profiles featured throughout this issue. Researchers will be able to make great strides in their work with the addition of this live-cell imaging capability.

Dr. Roy Duncan

Guiding better decisions

By Melanie Jollymore

Dr. Roy Duncan and his research team are searching for biological markers that will help men make the best treatment decisions when faced with a diagnosis of prostate cancer.

"There are numerous sub-types of prostate cancer," explains Dr. Duncan, a professor at Dalhousie Medical School. "While some grow so slowly that a man may die of old age before the cancer becomes a problem, others grow and spread so rapidly they become life-threatening. We want to discover the mechanisms behind these differences, which may help us identify markers that will give patients and their physicians a clear sense of how aggressive the cancer will be and, therefore, how best to treat it."

Currently, most men tend to choose removal of the prostate gland, even though their cancer may or may not be invasive. This surgery, however, can lead to such complications as erectile dysfunction and loss of urinary control. "From a quality-of-life perspective, it's desirable that men would opt for surgery only if it's truly necessary to save them from aggressive disease," Dr. Duncan says. "We hope to provide them with the information they need to make this important decision."

Frank Sobey's prostate cancer experience reaffirms his commitment to medical research

By Melanie Jollymore

At 52, Frank Sobey was fit, active and healthy. "I had no symptoms and there was no indication that anything was wrong," recalls Frank, who is chairman of Crombie REIT, based in Stellarton, NS. There was just one thing Frank and his doctor were keeping an eye on—a steadily rising PSA count. "I had rationalized this for a couple of years, but when my PSA levels started increasing more quickly, my doctor recommended a biopsy to rule out the possibility of cancer."

It came as a shock when the biopsy revealed that Frank had prostate cancer. He knew he would be faced with some big decisions in the coming weeks, but first he had to share the news with his wife, Debbi. "It was very difficult to tell my wife," he says. "In my view, prostate cancer is the male equivalent of breast cancer, in terms of psychological and emotional impacts. I felt that talking about it, with my wife and many other people as well, would be more helpful in the long run—not just for myself but for all men faced with this disease."

Before deciding how to deal with the cancer, Frank did his homework and gathered opinions from several specialists as well as from men who had been treated for prostate cancer—some who had good results and some who did not. "I knew I had to make the decision that was going to be right for me, so I would be comfortable with it and not be second-guessing myself for the rest of my life," he says. "I ended up ruling out radiation, but it was very difficult to choose between surgery and active surveillance—which involves close monitoring of the PSA levels with no treatment until they reach a certain threshold."

Prostatectomy—the surgical removal of the entire prostate gland—sometimes results in complications that would make any man think twice. Frank's family history, however, offered a clue that his cancer might prove to be aggressive. Both his grandfather and great grandfather had died of metastatic prostate cancer. This knowledge, and an additional PSA test that showed a continued increase in growth rate of his PSA levels, tipped the balance in favour of surgery for Frank. Based on information gathered during his investigations, Frank realized that the calibre of the Dalhousie-based surgeons is equal to the best anywhere and opted to have his surgery in Halifax.

While recovery from surgery took longer than Frank had expected, his results were excellent—there were no serious complications and the post-operative biopsy showed all the cancer was gone. "I attribute my recovery to the fact that I was in good shape at the time of the surgery, that my cancer was detected early, and that my surgeon was exceptionally skilled," he says. "I have no regrets about any of my decisions."

Not all men experience such positive outcomes, however, and many suffer from urinary incontinence and/or erectile dysfunction for the rest of their lives. Frank's experience, and the stories he heard from clinicians and other men about the challenges of prostate cancer, prompted him and his wife, Debbi, to establish the Soillse Clinical Outcomes Endowment Fund through Dalhousie Medical Research Foundation in 2006. "Soillse" is Gaelic for "guiding light." The goal of the fund is to support research that will shed light on how best to improve outcomes and quality of life for men following treatment for prostate cancer.

Frank C. Sobey prostate cancer survivor & DMRF Board Chair (Photo: Steve Smith, VisionFire Photography)

Now Frank is sharing his story through Dalhousie Medical Research Foundation's (DMRF) 2013 Molly Appeal, to help raise funds for cancer research at Dalhousie Medical School. "My experience with cancer reaffirmed my already-strong belief in the value of research," says Frank, chairman of DMRF's board since 1997. He adds that, "We have a tremendous asset here in the Maritimes, with Dalhousie Medical School and its affiliated teaching hospitals. There is truly groundbreaking work happening right here, with incredible potential not only to save and improve peoples' lives but also to form the nucleus of a vibrant economic sector."

Frank is particularly intrigued by the work of Dr. Roy Duncan, who will use equipment purchased through the proceeds of this year's Molly Appeal to search for biological markers that reveal how fast- or slow-growing a prostate cancer might be. "There is remarkable variation in how prostate cancers behave," Dr. Duncan explains. "Some grow very slowly and pose little threat, while others can become life-threatening very quickly, but it's very difficult to predict what will happen in any given situation. We hope to identify markers that will give a clear indication so patients and their physicians can make the appropriate treatment decisions."

Photo: Courtesy Sobey's Floral

Thank You
(*again!*) to Sobeys Floral

Jyl MacKinnon, CFRE – DMRF Director of Development

Once again, we extend our heartfelt appreciation to Sobeys and McArthur's Nurseries for their annual Maritime-wide Mother's Day floral campaign in support of the Molly Appeal. Sobeys donates a dollar for every Mother's Day single rose bouquet purchased in their Maritime stores. This year, their campaign raised $9,241.00 – bringing Sobeys' Molly Appeal support over the $100,000.00 mark, through this program alone! Thank you so much! "We're happy to support the Dalhousie Medical Research Foundation through our Mother's Day floral campaign," says Alynn Grant, Category Manager, Floral & Garden Centers, Sobeys Inc. "This campaign is the perfect way to celebrate Mother's Day and contribute to the work of the Foundataion"

Partners

Dalhousie Medical Research Foundation sincerely appreciates the continued support of the following companies for participating in the Partners in Medical Research Program. We extend our sincere thanks to their many employees who regularly contribute gifts through automatic payroll deduction to support local medical research. Your support has added up to $2 million so far. Thank you!

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A Holiday Tree

Cheque payable to Dalhousie Medical Research Foundation.
Credit cards (VISA, Mastercard, American Express)
can be paid by phone Toll Free: 1-888-866-6559

See over to complete the form

☐ **1st ornament**
In Honour of :

☐ I want to be anonymous.
☐ I want the honouree notified.
Their Contact Info :

☐ **2nd ornament**
In Honour of :

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Dalhousie Medical Research Foundation

Holiday Tree

To be decorated In Honour of … or In Memory of …

DMRF's Holiday Tree will be erected in the foyer of the Sir Charles Tupper Medical Building on

Monday, December 2nd, 2013.

For every Holiday Tree donation of $25, we will place an ornament on the tree. The ornament will be marked by a tag with the name of the honouree and of the donor (unless they wish to remain anonymous). Our goal is to fill every inch of branch space on our tree! All proceeds will go directly to support this year's Molly Appeal campaign for Cancer Research here at Dalhousie Medical School.

See over to complete the form

the Molly Appeal for MEDICAL RESEARCH

YES! I want to put an ornament on the Holiday Tree.

Name : _____

Street Address : _____ Town : _____

Province: _____ Postal Code : _____ Phone # : _____

E-mail : _____

Each Holiday Tree donation of $25.00 puts one ornament on the tree.

Purchase as many ornaments in honour of or in memory of as many folks as you want.

A tag will be placed with each ornament naming the honouree.

DALHOUSIE MEDICAL RESEARCH FOUNDATION
RESEARCH AWARDS AND GRANTS

Researcher Awardees (in alphabetical order)	Faculty Rank	Award	Award Amount (rounded to nearest $100)	Department	Research Area
Dr. Susan Bryson	Professor	Craig Chair in Autism	$11,000	Pediatrics	Autism
Dr. Bal Chauhan	Professor	Adopt-a-Researcher	$80,000	Ophthalmology & Visual Sciences	Vision
Dr. Denis Dupré	Associate Professor	Adopt-a-Researcher	$10,300	Pharmacology	Cardiovascular
Dr. Alexander Easton	Assistant Professor	Adopt-a-Researcher	$37,600	Pathology	Multiple Sclerosis
Dr. Susan Howlett	Professor	Equipment Grant	$30,000	Pharmacology	Cardiovascular
Dr. Weei-Yuan Huang	Assistant Professor	Adopt-a-Researcher	$5,000	Pathology	Cancer
Dr. Gerry Johnston	Professor	Equipment Grant	$30,000	RNAi Core Facility	Core Research Unit
Dr. Stan Kutcher	Professor	Sun Life Chair in Adolescent Mental Health	$26,000	Psychiatry	Mental Health
Dr. Joanne Langley	Professor	GSK Chair in Vaccinology	$12,500	Pediatric Vaccinology	Vaccinology
Dr. Patrick Lee	Professor	Cameron Chair in Basic Cancer Research (via BHCRI)	$280,000	Microbiology	Cancer
Dr. Noni MacDonald & Dr. Bob Bortolussi	Professor	Adopt-a-Researcher	$40,000	Pediatrics	Child Health Outcomes – Africa
Dr. Paola Marcato	Assistant Professor	Adopt-a-Researcher	$200,000	Pathology	Cancer
Dr. Paola Marignani	Associate Professor	Adopt-a-Researcher	$20,000	Biochemistry	Cancer
Dr. Deborah McLeod	Assistant Professor	Grant – Soillse	$50,000	Nursing	Cancer Outcomes
Dr. Doug McMillan	Professor	Adopt-a-Researcher	$40,000	Pediatrics	Child Health Outcomes – Africa
Dr. Paul Murphy	Professor	Equipment Grant	$8,600	Physiology	Cancer
Dr. Jan Rainey	Associate Professor	Equipment Grant	$30,000	Biochemistry	Basic Research
Dr. George Robertson	Professor	Adopt-a-Researcher	$102,500	Pharmacology	Multiple Sclerosis
Dr. Ken Rockwood	Professor	Weldon Chair in Alzheimer's	$150,000	Geriatrics	Alzheimer's Disease
Dr. John Rohde	Assistant Professor	Equipment Grant	$10,300	Microbiology	Infection
Dr. Ben Rusak	Professor	Max Forman Senior Research Prize	$10,000	Psychiatry	Circadian Rhythms
Dr. Kazue Semba	Professor	Equipment Grant	$23,400	Neurosciences	Brain Mechanisms of Sleep
Dr. Sydney Smee (hosted by Dr. Anna MacLeod & Dr. Marie Matte)	PhD	Picchione Visiting Scholar Grant	$3,200	Medical Council of Canada	Medical Education Assessment
Dr. Andrew Stadnyk	Professor	Seed Grant via BHCRI	$5,000	Pediatrics	Cancer
Dr. Phil Tibbo	Professor	Janssen Chair in Psychotic Disorders	$8,500	Psychiatry	Schizophrenia
Dr. David Waisman	Professor	Adopt-a-Researcher	$31,000	Biochemistry	Cancer
Dr. Don Weaver	Professor	Sobey Chair in Curative Approaches	$50,000	Neurology	Alzheimer's Disease
SUBTOTAL – INDIVIDUAL RESEARCHER AWARDS			**$1,304,900**		

Trainee Awardees (in alphabetical order)	Trainee Level	Award	Award Amount (rounded to nearest $100)	Department	Research Area
Ms. Danielle Adam (Supervisor – Dr. Marc Nicholson)	2nd Year Medical Student	Katelyn Robarts Research Studentship	$5,000	DMNB - Pediatrics	Treating children with learning & developmental concerns
Mr. Adam Aitchison (Supervisor – Dr. Neale Ridgway)	4th Year Biochemistry	Beattie Research Studentship	$5,000	Atlantic Research Centre	Cell proliferation & differentiation
Ms. Mary Beth Bissell (Supervisor – Dr. Orlando Hung)	2nd Year Medical Student	Barsham Research Studentship	$5,000	Anaesthesia	Study of video laryngoscopes
Ms. Fui Boon Kai (Supervisor – Dr. Roy Duncan)	PhD Candidate	Crease Graduate Studentship (via BHCRI)	$35,700	Microbiology	Cancer
Mr. Joel Cox (Supervisor – Dr. Steven Morris)	1st Year Medical Student	Curry Research Studentship	$5,000	Plastic Surgery	Anatomical study related to perforator flaps
Mr. Dibangshu Roy (Supervisor – Dr. William Currie)	1st Year Medical Student	Leo Alexander Research Studentship	$5,000	Neurosciences	Heat shock proteins
Ms. Priscilla Frenette (Supervisor – Dr. Paula Rittenberg)	2nd Year Medical Student	Porter Research Studentship	$5,000	Gynecologic Oncology	Cervical cancer

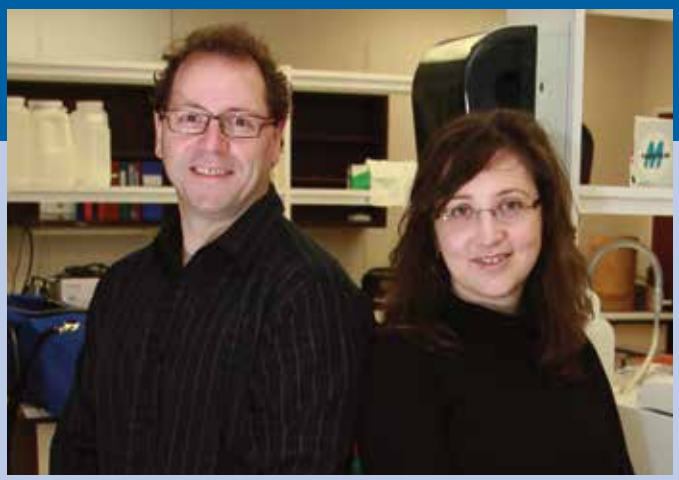
(Funding provided from April 1, 2012 to March 31, 2013)

Trainee Awardees (in alphabetical order)	Trainee Level	Award	Award Amount (rounded to nearest $100)	Department	Research Area
Mr. Jordan Green	4th Year Medical Student	Goldbloom Pediatrics Award	$1,000	Pediatrics	Pediatrics
Parmar Hirendrasinh (Supervisor – Dr. Roy Duncan)	PhD Candidate	Kathryn A. Weldon Travel Grant	$1,700	Microbiology	Structure/function of "FAST" proteins
Ms. Courtney Jollymore (Supervisor – Dr. Sultan Darvesh)	Masters Student	Kathryn A. Weldon Travel Grant	$1,700	Neurosciences	Neuropathology of MS, Alzheimer's
Mr. Barry Kennedy (Supervisor – Dr. Barbara Karten)	PhD Candidate	Kathryn A. Weldon Travel Grant	$1,700	Biochemistry	Cholesterol homeostasis & energy metabolism
Dr. Emily Krauss (Supervisor – Dr. Cheryl Kozey)	2nd Year Medical Resident	Resident Research Day Prize	$1,000	Orthopedic Surgery	Knee arthroplasty
Ms. Jacquelyn LeBlanc (Supervisor –Dr. Duncan Webster)	2nd Year Medical Student	Katelyn Robarts Research Studentship	$5,000	DMNB – Internal Medicine	Antibiotics used for severe septis & septic shock
Ms. Alexandra Legge (Supervisor – Dr. Linda Dodds)	2nd Year Medical Student	Carl Tupper Research Studentship	$5,000	Obstetrics Gynecology	Influenza vaccine during pregnancy
Dr. Osama Loubani (Supervisor – Dr. Robert Green)	4th Year Medical Resident	Resident Research Day Prize	$1,000	Emergency Medicine	Use of peripheral vasopressors
Mr. Ian MacDonald (Supervisor – Dr. Sultan Darvesh)	PhD Candidate	Gunn Family Research Prize	$10,000	Neurosciences	Alzheimer's disease
Mr. Jonathan Moore (Supervisor – Dr. Tony Reiman)	2nd Year Medical Student	Katelyn Robarts Research Studentship	$5,000	DMNB - Oncology	Biomarkers in lung cancer
Dr. Ajay Naidu (Supervisor – Dr. Amitabh Jha)	Postdoctoral Fellow	Rosetti Fellowship (via BHCRI)	$36,700	Chemistry	Cancer
Dr. Izabela Panek (Supervisor – Dr. Rob Brownstone)	Masters of Health Admin	Farrell Grant	$15,000	Neurotrauma	Trauma statistical analysis
Ms. Randi Parks (Supervisor – Dr. Denis Dupré)	PhD Candidate	MacDonald Graduate Studentship	$10,000	Pharmacology	Gender & aging - cardiovascular
Mr. Louis Tremblay (Supervisor – Dr. Tony Reiman)	2nd Year Medical Student	Katelyn Robarts Research Studentship	$5,000	DMNB - Oncology	Cancer – multiple myeloma
Ms. Jaime Wertman (Supervisor – Dr. Susan Howlett)	Masters Student	DeWolfe Graduate Studentship	$10,000	Pharmacology	Prostate cancer
Mr. David Wilson (Supervisor – Dr. Cheryl Kozey)	4th Year Medical Student	Dr. Donald J. Hatcher Award for Medical Research	$2,000	Biomedical Engineering	Knee arthroplasty
Mr. Michael Wong (Supervisor – Dr. Matthias Schmidt)	2nd Year Medical Student	Harold W. Cook Research Studentship	$5,000	Radiology	Predicting aneurysms recurrence
Dr. Colin Yeung (Supervisor – Dr. Nicholas Giacomantonio)	Postdoctoral Fellow	Sobey Fellowship	$55,000	Cardiology	Pediatrics
SUBTOTAL – INDIVIDUAL TRAINEE AWARDS			**$237,500**		

Program Support (In Decending Grant $ Order)	Program Name	Grant Amount	Research Area
Program Support	Beatrice Hunter Cancer Research Institute (BHCRI) Operating Grant	$309,200	Cancer
Program Support	Molly Appeal ($ raised in 2011/12 & distributed in 2012/13)	$240,100	Cardiovascular
Program Support	Adolescent Mental Health Initiative	$161,000	Mental Health
Program Support	IGNITE: Orphan Diseases: Identifying Genes and Novel Therapies	$100,000	Matching Funds to Genome Canada
Program Support	Clinical Investigator Program (CIP)	$59,000	Research Training
Program Support	Reynolds Endowment Grant	$58,500	Pharmacology
Program Support	Dalhousie Medicine New Brunswick (DMNB) Research Grant	$50,000	Program Infrastructure
Program Support	Olwen Dorothy Farrell RNAi Library	$50,000	Core Research Facility
Program Support	Ophthalmology Operating Grants	$31,000	Research Training
Program Support	Integrated Health Research Training Program (IHRTP)	$10,000	Research Training
Program Support	Resident Research Day, Graduate Research Day, etc.	$6,200	Research Training and Other Support
Program Support	Atlantic Research Centre	$4,600	Lab Support
SUBTOTAL – PROGRAM GRANTS		**$1,079,600**	
TOTAL DMRF RESEARCH FUNDING 2012/13		**$2,622,000**	

Researcher Profiles

By Melanie Jollymore



(Photo: Gerard Walsh)

Targeting cancer's deadliest cells:

Drs. Carman Giacomantonio and Paola Marcato take aim at the bad guys.

Cancer biologist Dr. Paola Marcato and cancer surgeon Dr. Carman Giacomantonio have joined forces to destroy the bad guys of cancer—cancer stem cells. These treatment-resistant cells are programmed to proliferate and invade nearby tissues, leading the way to metastasis.

"You could kill all the regular cancer cells with chemo and radiation, but still be left with the cancer stem cells—so the cancer recurs," explains Dr. Paola Marcato, an assistant professor at Dalhousie Medical School.

With support from private donors—through Dalhousie Medical Research Foundation and the QEII Foundation—Drs. Marcato and Giacomantonio have set up a shared lab and established the region's first breast cancer tissue bank. "The tissue bank enables us to examine cancer stem cells from thousands of women's cancers and see how their cancer-stem-profiles compare with their long-term outcomes," notes Dr. Giacomantonio, head of surgical oncology at Dalhousie Medical School and Capital Health.

"We've already identified a marker on breast cancer stem cells that's strongly associated with invasive cancers," adds Dr. Marcato. "Patients who show higher levels of this marker have worse outcomes… we see this as a target for treatment, not just prognosis."

(Photo: John Sherlock)

Going viral:

Dr. Chris Richardson uses measles, distemper viruses against human, canine cancers

One of the world's foremost experts on the measles virus, Dr. Chris Richardson has discovered that human cancer cells are highly susceptible to infection and destruction by this virus. Dr. Richardson's virus research also has positive applications in the animal world, toward finding a more effective way to treat cancer in dogs.

"The measles and canine distemper viruses are close cousins," says Dr. Richardson, a cancer researcher at Dalhousie Medical School. "We've found the viruses are 80 per cent identical and use the same receptors."

Dr. Richardson has teamed up with the Ontario Veterinary College in Guelph to see if the vaccine strain of the canine distemper virus can help very sick dogs. "Cancer is the leading cause of death in older dogs and is quite common in the dog population overall," says Dr. Richardson, who's devoted to his own shih tzu, Rocky.

"We hope to achieve remission of advanced cancers in these dogs—if results are promising, this therapy could be available within the next few years."

Dr. Chris Richardson & "Rocky"
(Photo: John Sherlock)

(Photo: DMRF Files)

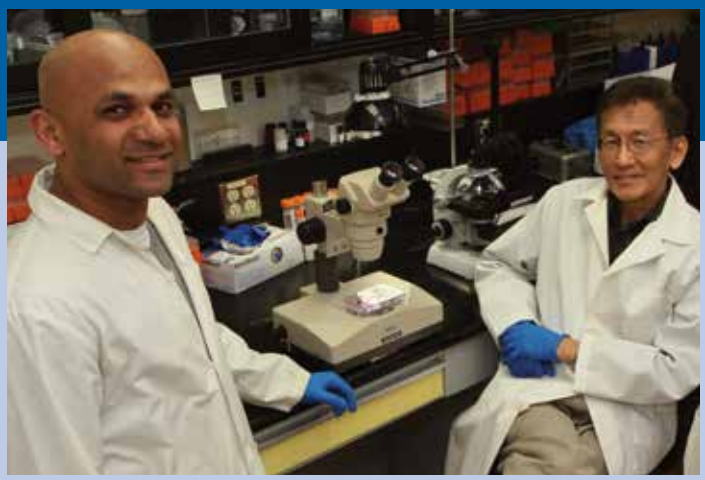
Viral cancers:

Craig McCormick studies how a virus drives Kaposi's sarcoma.

Dr. Craig McCormick is studying how the human herpesvirus-8 (HHV-8) triggers and drives the growth of Kaposi's sarcoma in people with compromised immune systems. "This common virus infects many of us, but a healthy immune system keeps it in check and prevents cancer," notes Dr. McCormick, an associate professor at Dalhousie Medical School. In people with HIV/AIDS, however, the virus takes advantage of a weak immune system and sets the cancer process in motion.

"We've learned a lot about how the virus disables our natural anti-cancer defenses, while it drives the proliferation of cancer cells and the formation of blood vessels that feed the tumour," Dr. McCormick says. "Now we're looking at how we can genetically manipulate the virus so it loses its ability to cause cancer."

Dr. McCormick has teamed up with oncologist-hematologist Dr. Jason Berman and DMRF Cameron Research Scientist Dr. Graham Dellaire to grow Kaposi's sarcoma cells in zebrafish. His team will use live-cell imaging equipment to be purchased with 2013 Molly Appeal funds to observe the cancers in living fish, to learn how various drugs may interfere with the herpesvirus infection and put a stop to the cancer.



(Photo: Gerard Walsh)

Keeping cancer from coming back:

Drs. Shashi Gujar and Patrick Lee see reovirus as a powerful way to stop cancer recurrence.

Dalhousie cancer researchers Dr. Patrick Lee and Dr. Shashi Gujar aim to turn the common and harmless human reovirus nto a potent means of preventing cancer from coming back after treatment.

"We've found that treating a cancer with reovirus kills the cancer cells without harming healthy cells in such a way that the cancer does not come back," says Dr. Lee. "The virus forces any remaining cancer cells to give up their usual ability to hide from the immune system, so now the immune system can see and destroy them. As a result, no cancer cells remain to seed a future cancer of that type."

Dr. Gujar's expertise in immunology is making reovirus treatment even more effective. "The immune system will try to stop the virus before it has a chance to infect the cancer," says Dr. Gujar, a postdoctoral fellow in Dr. Lee's lab. "But we have isolated the particular immune cells that attack reovirus and programmed them to self-destruct as soon as they recognize the reovirus—so the reovirus can attack and kill cancer cells unhindered."

Clinical trials on reovirus-chemotherapy combinations are currently being conducted so this treatment option may soon be available.

(Photo: Courtesy Capital Health Research Office)

Precision lung cancer treatment

Dr. Drew Bethune pioneers Canada's 1st centre for molecular lung cancer typing

Dr. Bethune wants lung cancer patients in Atlantic Canada to have access to new targeted therapies. "These therapies alter the cancer process in specific forms of lung cancer, based on what genes are mutated in those cancers," explains Dr. Bethune, head of the Division of Thoracic Surgery at Dalhousie Medical School and Capital Health. "Because they're precisely targeted to the mutations, these drugs can put cancers into remission with few side effects. Even patients with advanced lung cancers can gain several years of good-quality life."

Dr. Bethune has joined forces with pathologists, molecular biologists, medical oncologists and other experts to launch the Atlantic Canada Molecular Oncology Centre, in partnership with the National Research Council, Capital Health and pharmaceutical companies. Here they test patients' tumours for twelve mutations in eight genes known to be involved in adenocarcinoma of the lung—the most common form of lung cancer.

"There are approved drugs for two of these mutations, and drugs for several other mutations are coming along," notes Dr. Bethune. "Our ability to test for lung-cancer related mutations means that patients here will have access to cutting-edge treatments as they're approved."

Beatrice Hunter Cancer Research Institute (BHCRI)

Beatrice Hunter was a longtime supporter of Dalhousie Medical Research Foundation (DMRF), through the Foundation's annual Molly Appeal. A native of River John, Nova Scotia, she moved to Ontario with her husband, John Hunter, but always considered Nova Scotia home. In 1999 she bequeathed $12.5 million to DMRF for cancer research. The Beatrice Hunter Cancer Research Institute (BHCRI), named in grateful memory of her generosity, was created in 2009 to foster a more powerful and productive cancer research effort in Atlantic Canada.

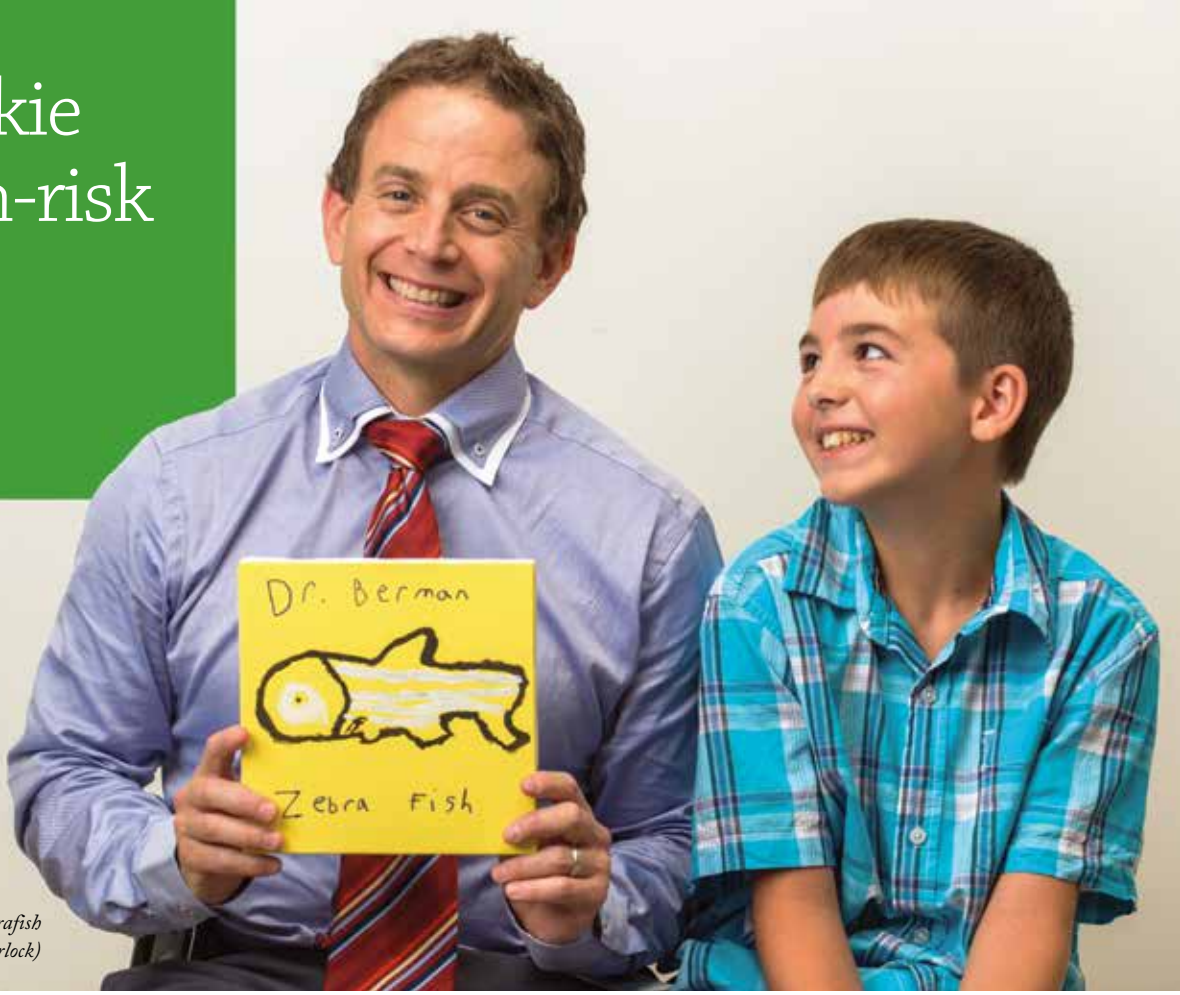
Director BHCRI

Dr. Michael Johnston

(Photo: Courtesy BHCRI)

Dr. Johnston is a thoracic surgical oncologist and Professor of Surgery at Dalhousie University. He has held appointments as Senior Investigator in the Surgery Branch of the National Cancer Institute and as Head of Surgical Oncology at the University of Colorado Cancer Center, practiced for many years at Princess Margaret, Mt. Sinai and Toronto General Hospitals and was Professor of Surgery at the University of Toronto. He has also been a principal investigator on both basic and clinical research grants from CIHR, NCIC and NIH. Dr. Johnston's laboratory interests involve targeted therapies for thoracic malignancies and lung cancer with his main clinical focus on lung cancer screening and early detection.

Mark Wilkie takes high-risk leukemia in stride



Dr. Jason Berman & Mark with zebrafish (Photo: John Sherlock)

By Melanie Jollymore

It was an especially hot day on June 20, 2006, so Karrie-Ann Wilkie was not surprised to see red spots all over the back of her three-year-old son, Mark, as she helped him get ready for bed. After all, they had spent a sticky early evening on the grass, watching his older sister Megan's soccer game, so it was easy to see how he might get a rash. But something about the "rash" made Karrie-Ann uneasy. Searching the internet for information, her eyes landed on an entry that stopped her in her tracks. It was an image showing the same pin-sized dots that peppered Mark's back, with the advice to seek immediate medical attention.

"I don't think I even read any further," recalls Karrie-Ann. "I just got him up and took him straight to the after-hours clinic in Berwick." It may have been a short drive from the Wilkie's home to the clinic, but that drive was the start of a journey that would last seven years.

The doctor in Berwick confirmed the spots were tiny bleeds called petechiae, which have many possible causes. He sent Mark on to Kentville, where staff quickly arranged an ambulance to take him to the IWK Health Centre in Halifax. There, Karrie-Ann and her husband Craig learned the next day that Mark had acute lymphoblastic lymphoma (ALL). "It was a shock, but we grabbed on to the fact that ALL is the most common and curable childhood cancer—80 to 90 per cent of kids survive," says Karrie-Ann. "I determined then and there that I would focus on making every moment as great as possible for my family, no matter what."

A couple of weeks later, genetic tests revealed that Mark had severe hypodiploidy, a very high-risk form of leukemia. "That's when the floor dropped out," says Karrie-Ann. "But we knew Mark and Meg would take their cues from us, so we just continued to live every day to the fullest."

Always a healthy boy, Mark powered on through months of heavy-duty chemotherapy, intent on playing with games, toys and puzzles—often with his biggest cheerleader, Meg, at his side. He adapted to the pain of needle pricks and spinal taps, and looked forward to treatments because he knew he would see the people—especially Buddington the Clown—he had befriended on his many visits to the Valley Regional Hospital and the IWK.

Mark Wilkie's story continued on page 22

"Zebrafish" Painting created by Mark Wilkie ©2013
(Photo: CanselMDC)

Fishing for answers:

Dr. Jason Berman turns to zebrafish for clues to customized cancer treatments

By Melanie Jollymore

Tiny striped fish are helping Dr. Jason Berman learn how to customize cancer treatments to tackle each patient's unique form of the disease.

"Cancer is not one disease, it's many diseases," explains Dr. Berman, an IWK pediatric oncologist and associate professor at Dalhousie Medical School. "The more closely we can target treatments to a particular patient's cancer, the more successful we will be."

Dr. Berman and his team are growing human cancers in zebrafish to see how the cancers behave and how they respond to an array of drugs. New live-cell imaging equipment to be purchased through this year's Molly Appeal will help them take their work even further.

"Because zebrafish are transparent, we can see if cancer cells are dividing, migrating or dying in the living fish," Dr. Berman says. "Live-cell imaging will allow us to see how cancer cells are responding to drugs and interacting with their surrounding environment. We can study responses to drugs that target specific genes and pathways turned on in the cancer cells. By modifying these genes and pathways, we can kill the cancer cells."

Mark Wilkie story
Continued from page 21

Mark's only outward sign of cancer was his bald head—but nine months into potent chemotherapy for high-risk ALL, the oncologists had to call a halt. Mark had developed life-threatening liver disease caused by a drug in the mix. "This is when we really thought we were going to lose him," Karrie-Ann says. With few options, the IWK team sought permission to treat Mark's liver disease with an experimental drug. Thankfully, this was granted and Mark pulled through. He returned to chemo in the maintenance phase and continued until October 2009.

Now Mark is like any other active ten-year-old boy, playing ball, riding his bike, and testing out his new rollerblades. Just about one year ago, in October 2012, Mark and his family received the welcome news from one of their oncologists, Dr. Jason Berman, that since he had been cancer-free for five years, his risk of recurrence was now extremely low.

Cancer is behind him, but looking ahead Mark wants to help kids have less-risky cancer treatment in the future. That's why he and his family are eager to take part in Dalhousie Medical Research Foundation's 2013 Molly Appeal, which is raising money for a live-cell imaging facility for cancer research. The family is especially keen since they know that Dr. Berman is one of the researchers who will use the equipment—to test potential cancer treatments in zebrafish.

"We use cancer cells from patients to grow human cancers in the zebrafish," explains Dr. Berman, who is also a professor and cancer researcher at Dalhousie Medical School. "The equipment we purchase through the Molly Appeal will let us watch, in real time, how various drugs affect the cancers and the rest of the fish. We want to find treatments that effectively kill cancer cells without harming healthy tissues, like Mark's liver."

The Wilkies are all for it. "If no one had raised money for cancer research 10 or 20 years ago, Mark would not be with us today," says Karrie-Ann. "We're committed to giving back, for the sake of families in the future."

You could say that Mark and Dr. Berman are old fishin' buddies.

Mark and his family are happy to support this year's Molly Appeal – raising funds for a **live-cell imaging facility**. Mark's buddy, oncologist and cancer researcher, Dr. Jason Berman will use the facility in his work with zebrafish to eradicate cancer cells, without harming healthy tissues. Like Mark's liver, or his incredibly compassionate heart.

the Molly Appeal for MEDICAL RESEARCH

DALHOUSIE MEDICAL RESEARCH FOUNDATION
1-A1 Sir Charles Tupper Medical Building 5850 College Street
P.O. Box 15,000 Halifax, Nova Scotia B3H 4R2

I support cancer research with my gift of:

❒$20 ❒$35 ❒$50 ❒$120 ❒other $_____

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Registered Charity BN# 11922 9318 RR0001

Please make your cheque or money order payable to:
THE MOLLY APPEAL

I prefer to use my: ❒ VISA ❒ MC ❒ AMEX

Card Number: _____

Expiry Date: _____

SIGNATURE : _____

❒ I prefer my donation to remain anonymous. I do not wish to have my name appear in the DMRF annual report or have my gift publicly acknowledged in any donor recognition program.

For more information or ways to give: 1.888.866.6559 **mollyappeal.ca**

(Photo: Johanna Matthews)

Dear Jyl,

Message from DMRF Director of Development Jyl A. MacKinnon, CFRE

I am happy to report that we will be offering an exclusive educational seminar this fall, Income Tax Reduction and Estate Tax Elimination in the New Economy. The featured speaker will be tax reduction specialist, Glenn Stewardson (Please see Glenn's article on the facing page).

Glenn's presentation goes far beyond just informing, it is packed with usable information. Over 15,000 people have experienced this presentation and have consistently rated it "one of the finest" presentations on this subject.

The message Glenn conveys is simply this: it is possible to increase your income, lower your taxes and build a greater inheritance for your heirs, all at the same time. The presentation is straight forward and clear. Even if you've attended "similar" presentations, you won't want to miss this seminar; it's newly updated.

If this sounds interesting to you, make sure you're on the invite list! Drop me a line at jyl.mackinnon@dal.ca or give me a call at (902) 494-2356.

We are excited to offer this to you!

Warmest regards,

Jyl

P.S. Many folks are asking the proper wording for a gift to the Foundation in their will. Our official name is Dalhousie Medical Research Foundation. Please make sure your lawyer does not abbreviate the Foundation's complete name. It is also helpful to include the Foundations Registered Charity Number: BN# 11922 9318 RR0001.

The proper mailing address is:

Dalhousie Medical Research Foundation, 1-A1 Sir Charles Tupper Medical Building, 5850 College St., PO Box 15,000, Halifax NS B3H 4R2.

Phone number (902) 494-3502.

It is important to share this contact information with your Executor as well so they aren't tasked with trying to find the charity you intended to remember.

Please send me:

- ☐ information about the "Adopt-a-Researcher" Program
- ☐ a booklet on writing my Will

Information about supporting medical research through:

- ☐ a properly worded gift to DMRF in my Will
- ☐ gifts of stocks and bonds
- ☐ gift annuities (for those age 70 & over)

☐ **I have already remembered Dalhousie Medical Research Foundation in my Will.**

To find out more about adopting a researcher please contact Dalhousie Medical Research Foundation Director of Development Jyl MacKinnon by phone: (902) 494-2356 or e-mail: jyl.mackinnon@dal.ca

A postage-paid envelope is included for your convenience. Please clip and mail to:

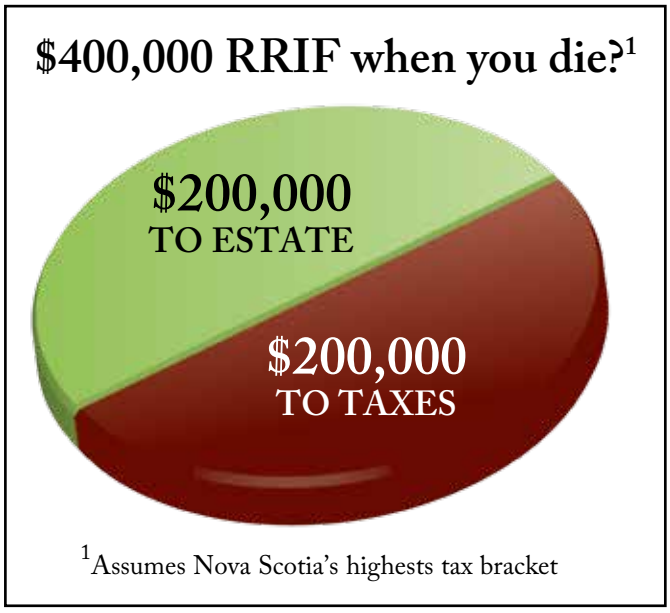
Dalhousie Medical Research Foundation 1-A1 Sir Charles Tupper Medical Building, 5850 College Street, PO Box 15000, Halifax, Nova Scotia B3H 4R2

The 60 Second Bequest™

Glenn Stewardson is a Senior Financial Planning Advisor with Assante Capital Management Ltd. in Halifax Nova Scotia. (Photo: Courtesy Glenn Stewardson)

There is little doubt that for most Canadians it's smart financial planning to contribute to a Registered Retirement Savings Plan (RRSP) and convert it to a Registered Retirement Income Fund before you turn 71. Unfortunately, when you die, and assuming you have no spouse to whom you can transfer your registered assets, your estate could be in for a massive tax bill. Why? Because all the assets in your RRSP or RRIF will be taxed as income in the year of your death. For many of us that means our friends at the Canada Revenue Agency will take half the value! Fortunately with some advanced planning, including philanthropy, you can reduce or even eliminate this tax liability.

Think making a bequest is a hassle? Getting a lawyer involved is too much time and money? Well, here's a philanthropic strategy that takes about one minute to complete, costs nothing, and involves no lawyers. Using either your RRSP or RRIF you can implement **The 60 Second Bequest™** in three easy steps.



STEP ONE: Request an RRSP/RRIF Multiple Beneficiary Designation form from your plan administrator.

STEP TWO: Complete the form naming your charity or charities of choice as one or more of the beneficiaries.

STEP THREE: Return the form to your plan administrator.

Take note: for some strange reason not every employee of the financial institution with whom you are dealing may be familiar with a Multiple Beneficiary Designation form. Rest assured that it does exist ... just keep asking until you are dealing with someone who knows where to find one.

> "The only difference between the taxman and a taxidermist is that the taxidermist leaves the skin."
>
> ~ Mark Twain

Excerpt from special report written by Glenn Stewardson entitled "The Top 7 Mistakes Canadians Make When Donating to Charity"

Beatrice Hunter died in 1999

Today, she is shaping the future of medical research.

Beatrice loved flower gardens. For her they provided a peaceful sanctuary from a busy life. Beatrice knew that successful gardens require hard work and careful planning, like medical research. That's why she left a generous gift in her Will to Dalhousie Medical Research Foundation.

Thanks to Beatrice our dedicated researchers are learning how cancer works and what we can do to stop it..

To remember medical research in your estate plan, please be sure to use the Foundation's complete name:
Dalhousie Medical Research Foundation

1-A1 Sir Charles Tupper Medical Building, 5850 College Street, PO Box 15000, Halifax, NS B3H 4R2
e-mail dmrf@dal.ca website www.dmrf.ca telephone (902) 494-3502 toll-free 1-888-866-6559

Dalhousie MEDICAL RESEARCH Foundation

Dalhousie Medical Research Foundation is an independently registered charity established for the purpose of providing financial support for research activities in the Faculty of Medicine at Dalhousie University and its affiliated research institutions.

Today's Science. Tomorrow's Cures.