

# COMMUNITY

## IMPACT REPORT



**POGO**

PEDIATRIC ONCOLOGY GROUP OF ONTARIO

FOR KIDS WITH CANCER  
FOR NOW, FOR LIFE.



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The Hospital For Sick Children  
McMaster Children's Hospital,  
Hamilton Health Sciences  
The Ottawa Hospital Regional Cancer Centre  
Princess Margaret Cancer Centre

POGO secures Ministry of Health and Long-Term Care funding to support clinical activities at our partner hospitals and system-wide coordination of childhood cancer care in Ontario. Programs in this report that are government funded are represented with a ♦. As a licensed charity committed to championing the cause, POGO has identified and continues to identify, key support programs that are out of the scope of government, and raises private dollars to deliver these programs.

# “Each one of us can make a difference. Together, we make change.”

- BARBARA MIKULSKI

Our Community Impact Report is one way we share with you, our community, where we have been and what is next on our horizon. It's been a wonderful year filled with change that we knew was coming, and thoughtfully planned for. All of you, our donors and partners, deserve our deepest thanks as we evolve and grow and find new ways of working with our community.

Whether it was welcoming our new CEO, Jill Ross, the launch of our first annual POGO PJ Party, the annual symposium♦, or new research coming from our POGO Research Unit, our community has been hard at work! The following pages will give you a vivid glimpse into what we have been up to. You will read about some of our champions as they share their stories of determination and courage.

Finally, we ask you to remain fully engaged with us and to feel the excitement we feel as we continue to move forward together as champions of childhood cancer care in Ontario.

Thank you.



A stylized, handwritten signature in black ink.

**Fay Wu**

Chair, POGO Development Cabinet



A stylized, handwritten signature in black ink.

**Lynn Wilson**

Chief Development Officer, POGO

The background of the image is a solid blue color. Overlaid on this are several geometric shapes, primarily squares and triangles, in various shades of blue. These shapes are arranged in a way that creates a sense of depth and movement, with some shapes appearing to be layered on top of others. The shapes are oriented at different angles, some pointing towards the top right and others towards the bottom left.

# **FAMILY SUPPORT**



AT ANY GIVEN POINT IN TIME,

# THERE ARE OVER 4,000 FAMILIES IN ONTARIO WITH A CHILD IN CANCER TREATMENT OR FOLLOW-UP CARE.

When a child is diagnosed with cancer, “normal” family life turns upside down. Often within hours, parents need to learn about complex treatments and horrendous side effects in order to make important decisions about their child’s care. Terrified themselves, they are faced with a scared child and anxious siblings. Suddenly, everyone in the family is on a new and unpredictable schedule.



## FAMILY SUPPORT

# LOSING MY LEG TO CANCER

Adapted from Emma Neagu's speech at the 2017 POGO PJ Party

B.C. (Before Cancer), I was a competitive gymnast. I had also started dancing and had even participated in one dance competition before everything changed.

While I was enjoying my new dance classes very much, I noticed severe pain, on and off, in my right knee. I didn't understand why it hurt so much because I hadn't fallen. I didn't worry about it because as a gymnast, and a very active kid, I was used to getting aches and pains.

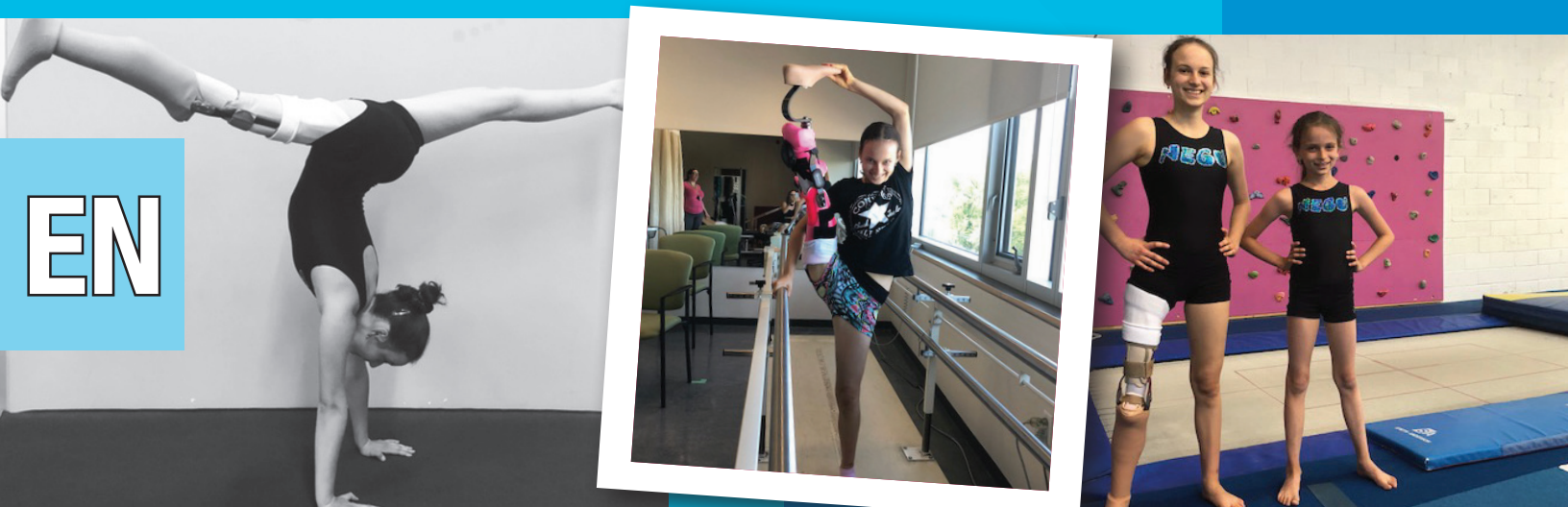
But then one day, I fell at home doing a very simple move I had been doing for years. I hit my knee against the floor and I was in unbearable pain. An x-ray told us that nothing was broken. I was told to apply ice, take some Advil and avoid dance until the swelling went down.

Three weeks later, my pediatrician viewed the results and thought they looked suspicious;

perhaps a solid blood clot. He sent me to repeat the x-ray and referred me to The Hospital for Sick Children.

On March 14, 2016, we went to the 8th floor of the hospital, followed a long hallway and were in shock when we saw the words "Cancer Clinic." That was the first moment it sunk in that something might actually be very wrong. The doctors told us they were 99% sure I had a tumour in my femur and sent me for an MRI and surgical biopsy. I was terrified; I had never had surgery before.

The tests confirmed that I had osteosarcoma, the same type of bone cancer as Terry Fox, and that it was not only in my femur, but it had also spread to my lungs.



EN

## We had a long meeting with the surgeon who outlined two options for my leg:

1

Endoprosthesis would mean that the tumour would be removed, a metal rod inserted to replace my knee and femur and my leg would be saved. That option came with high risk of other complications, additional surgeries later in life and very limited mobility. In other words, no dancing.

2

A surgery called rotationplasty, where doctors remove the leg from the unhealthy knee up to the thigh. They take the healthy lower portion of the leg and rotate it 180 degrees and reattach it to the upper thigh so the ankle faces upward. Essentially, my rotated ankle would function as my knee and I would require a prosthetic leg, but I would have greater mobility than with the other surgical option.

At the age of 12, I was given two months to decide which life-altering surgery I would have. My mom and I had many disagreements. She wanted me to save my leg, while I wanted to do the surgery that would allow me to continue to do gymnastics and dance rather than just watch from the sidelines.

On June 23, 2016, I had rotationplasty and within a few months of the amputation, I was trying on my new prosthetic leg. It wasn't easy learning to walk again, but the motivation to do something I love helped speed up the process.

The time spent in and out of the hospital was an intense time for my family. In addition to the fear that comes with a cancer diagnosis, I had a hard time coping with being a little kid in such adult circumstances. My parents had to deal with new financial burdens. And my little sister, Lizzy, felt abandoned and thought we didn't love her anymore.

During this time, POGO was there to help us in many ways. Our POGO Interlink♦ Nurse came to our home and talked to Lizzy to help her understand that these hard times would end and everything would be okay. She went to my school and talked to my classmates to give them guidance on how to support me without overwhelming me during this very difficult time. And when my mom gave up her job to be by my side, the POGO Financial Assistance Program helped us out.

On December 30, 2016, I completed treatment for a battle I never imagined I'd fight. The following September, I started high school and signed up for several dance classes, including ballet, jazz and even tap! I have been regaining my strength to get back on stage.

I'm so grateful to POGO donors and I hope that you feel proud to support kids like me.

*In December 2017, at Emma's regularly scheduled scans, they found that the cancer had returned in both her lungs. She had two surgeries to remove the metastasis. Emma is back in the gym once again and is an active advocate in support of research for kids who fight cancer.*



## FAMILY SUPPORT

# STATS + FACTS

Upon diagnosis, a POGO Interlink♦ Nurse is assigned to the case. POGO Interlink Nurses provide support throughout the illness. They explain the diagnosis to the child, in easily understandable terms, and help the parents adjust to their “new normal.” They help families navigate the complexities of the healthcare system, put them in touch with the services and resources available to them in their communities, and help set up their homes to accommodate the child’s new needs.

**THERE ARE CURRENTLY**

# 11

POGO Interlink Nurses  
across Ontario.

**EACH NURSE MAY HAVE**

# 62

family cases at any given time and may be  
following many of them intensely.

The POGO Financial Assistance Program, funded entirely by private-sector donations, supports families through the enormously financially challenging period of active treatment. The program provides a stipend for out-of-pocket costs such as food, accommodation and childcare for siblings.

In fiscal 2018, POGO reimbursed families for

# 12,768

**HOURS OF CHILDCARE.**



POGO helps families meet the cost of staying at a Ronald McDonald House (RMH), and has hotel partners that provide free rooms when the RMH option is unavailable.

**THE MARRIOTT, WESTIN HARBOUR CASTLE AND HILTON HOTELS OFFERED**

310 • AND • 224

complimentary nights

of these were utilized by 99 families  
at a value of \$78,400.

Treatment for children with cancer  
can last as long as three years.  
Families tend to be young and,  
therefore, are not financially stable.  
Often one parent needs to give up  
work to be with their sick child.

358 NEW  
FAMILIES

**REGISTERED FOR THE POGO FINANCIAL  
ASSISTANCE PROGRAM IN 2018.**

**THANKS TO DONOR SUPPORT, POGO PROVIDED**

\$733,403

to 831 Ontario families to help pay for out-of-pocket costs.

THANKYOU

POGO gratefully acknowledges the outstanding financial support of our lead sponsor  
**COAST TO COAST AGAINST CANCER FOUNDATION.**

We would also like to thank **Kitchener Rangers Clarky's Kids, J.P. Bickell Foundation, and The Ben and Hilda Katz Charitable Foundation** for their designated support to this program.



**RESEARCH**



# THE POGO RESEARCH UNIT FOCUSES ON INVESTIGATIONS OF THE TRAJECTORIES OF HUMAN LIVES.

It examines the impact of cancer and its treatment on child development and on the well-being of families; patterns and outcomes of cancer in childhood; and health economics.



## RESEARCH

# POGO-FUNDED RESEARCH

## Identifying Children at Increased Risk for a Cancer Predisposition Syndrome

Approximately 10% of children diagnosed with cancer have an underlying cancer predisposition syndrome (syndrome), a condition (often inherited) that increases their risk of developing one or many cancers throughout their life. Genetic testing can be used to identify children with a syndrome, but to avoid unnecessary testing and possible delays, physicians need a way to determine which children to test.

There are over 125 syndromes known to be associated with cancer in children. In some cases, knowing whether a child has a specific syndrome will change the treatment. Identifying a syndrome also allows the healthcare team to develop a care plan to monitor the child for future cancers once treatment is complete, and to recommend monitoring for siblings.

In 2017, Dr. Catherine Goudie was awarded a POGO fellowship for her project "Identifying Children at Increased Risk for a Cancer Predisposition Syndrome: The McGill Interactive Pediatric Oncogenetic Guidelines." Overseen by principal investigators Dr. David Malkin and Dr. William Foulkes, the project aims to develop an e-Health tool that doctors can use to help them decide which children should be referred for genetic testing.

Prior to becoming a POGO Fellow, Dr. Goudie and her team in Montreal spent three years building approximately 90 algorithms for each type of childhood cancer. These yes/no questions relate to items such as the age of the child, features of the tumour and family history. The first version of the tumour algorithms was reviewed by genetic and oncology experts from Canada, the United States and the United Kingdom.

The aim of the POGO-funded research was to support Dr. Goudie in her work to evaluate the performance of the tool with children at 11

Canadian hospitals. The evaluation was split into two streams.

"Our first priority was making sure this tool would do no harm," says Dr. Goudie. "In order to do this, we looked at patients in Canada who have already been diagnosed with a cancer predisposition syndrome and who developed a cancer in childhood, meaning their physicians successfully identified the syndrome without our tool. We confirmed that our algorithms would have identified these children for genetic referrals at the time of their cancer diagnosis, therefore confirming that the tool performs at least as well as clinicians have."

The second stream of the evaluation is ongoing and leverages precision medicine research at The Hospital for Sick Children and other hospitals in Canada and the US. These institutions are doing comprehensive genetic sequencing on pediatric cancer patients, meaning that all children undergo genetic evaluation regardless of whether they are suspected to have a syndrome.

"We will test our algorithm on the medical profiles of these children to determine if the tool indicates that the child should be referred for genetic assessment. We will then compare our results with those obtained from the patients who participated in the comprehensive genetic sequencing. Therefore, we are prospectively testing the performance of our tool."

Dr. Goudie explains that, in most hospitals worldwide, the facilities, human resources, infrastructure, expertise, or funding to offer comprehensive genetic testing in all kids diagnosed with cancer are not available. Ultimately, the goal of the tool is to give children with a syndrome the opportunity to be diagnosed and treated appropriately. In addition, the tool can be used to educate medical professionals around the world.



"For someone young like me, who doesn't have a lot of experience, having POGO to support my work was a huge stepping stone. I am certain that POGO's support and the credibility that this organization has internationally, helped me get this next award in Quebec. I am really grateful for this opportunity." - **Dr. Catherine Goudie, MD, FRCPC**

*Dr. Catherine Goudie received a prestigious clinical investigator award from the FRQ-S in Quebec and returned to Montreal in July 2018 to continue this research as a collaboration between the Montreal Children's Hospital and The Hospital for Sick Children. The FRQ-S is a government organization that, annually, funds select clinician-investigators in Quebec to do health research.*

## STATS + FACTS

In addition to the Research Fellowship Program, POGO offers annual Seed Funding Grants of up to \$15,000 to facilitate or support feasibility studies, the development of preliminary data to enable applications to other granting agencies or self-contained studies. Studies funded this year were:

**Eric Bouffet, MD, FRCPC**  
Parent-Child Communication  
When a Child Has a Life-Threatening Illness

**Denise Mills, MN, NP Pediatrics**  
**Sue Zupanec, MN, NP Pediatrics**  
Improving Quality and Consistency  
in Family Education Prior to First  
Discharge Following a Pediatric  
Cancer Diagnosis

**Lindsay Jibb, RN, PhD**  
Needs Assessment Focused on  
Home-Based Care for Children  
with Cancer: A Qualitative  
Descriptive Study Using the  
Perspectives of Children, Parents  
and Healthcare Providers

Underpinning the work of the POGO Research Unit is the POGO childhood cancer database. Unmatched by any other in the world, POGONIS<sup>♦</sup> contains more than 30 years of standardized and comprehensive information on diagnosis, treatment, complications and long-term outcomes of children diagnosed with cancer in Ontario.

### IN FISCAL 2018, DATA FROM POGONIS SUPPORTED

**37**

**INVESTIGATORS**  
across Ontario



and in addition  
supported

**13**

**PROVINCIAL/  
NATIONAL**  
research projects with  
external investigators

### THANK YOU

The POGO Research Unit gratefully acknowledges the generosity of its donors, and funding from the Public Health Agency of Canada (CYP-C) in addition to peer-reviewed, project-specific research funding from Canadian Institutes of Health Research (CIHR) and National Institutes of Health (NIH USA).



# **SURVIVOR CARE**

**MORE  
THAN 86% OF  
CHILDREN  
DIAGNOSED  
WITH CANCER  
WILL SURVIVE.**

Nearly 60% of these survivors will experience complications either due to the disease itself, complex surgical procedures or the rigorous rounds of radiation and chemotherapy they were given during treatment.

## SURVIVOR CARE

# FOCUSING ON ABILITY, NOT IMPAIRMENT

By Sam Baik

I was seven years old, living in South Korea, when I was diagnosed with a brain tumour and treated with a 12-hour surgery at Seoul National University Hospital.

I can still remember the atmosphere in the operating room—it was cold and not a friendly setting for kids. As a young boy in an adult hospital it was very scary, but my dad was with me and comforted me until I fell asleep. The surgeon was not able to remove the entire tumour because it was pressing against my optic nerve, so I have been left with low vision and weakness on the left side of my body.

My family moved to Canada when I was 10 years old because my parents wanted better opportunities and better medical care for me. Shortly after we arrived, I developed severe headaches and was hospitalized at McMaster Children's Hospital in Hamilton. I was diagnosed with hydrocephalus, an accumulation of cerebrospinal fluid within my brain, likely related to my tumour. This typically causes increased pressure inside the skull. The setting of this hospital was very different from the one I was treated at in South Korea. The staff at McMaster are used to children and made me feel very comfortable about my treatment and medical procedures. I received a shunt implant that will remain in me for the rest of my life. A shunt is a tube that is inserted to divert the fluid away from my brain and, luckily, I have lived headache-free since then.

As part of my follow-up care, I receive MRIs every six months at a POGO AfterCare ♦ Clinic. In 2010, the test showed my tumour had grown. I received 70 cycles of chemo over an 18-month period. It shrunk the tumour a bit and it has remained stable ever since.

I guess because of all my experiences in childhood, I always knew I wanted to work with children when I grew up. When I was ready to apply to post-secondary, I started to work with a POGO academic and vocational counsellor who helped me with the transition from high school to college. She helped me with things like adapting to new academic pressures and getting special accommodations because of my vision and mobility impairments. I am proud to say I have graduated from Mohawk College with a degree in Child and Youth Care and I got a job at the YMCA afterschool program.

SB





I facilitate activities for kids in Grades 3 and 4. I love it because the kids are honest and energetic.

I recently applied for and was offered the position of workshop facilitator for POGO's Survivor-to-Survivor Network where I will use my personal experience to lead discussions on topics that are relevant to other childhood cancer survivors. Topics include employment, education, advocacy and self-disclosure.

Self-disclosure can be a tough topic to tackle. The workshop revolves around how childhood cancer survivors disclose information about their disease, its treatment and resulting health complications to future employers and other people they are close to. It focuses on changing the language around any impairments they have, to

describing what they CAN do. As survivors, we have overcome many difficult situations in life and we are stronger for it, more resilient. We have a lot to offer employers who are willing to see past our disabilities.

I am excited for this opportunity to be a POGO workshop facilitator because I want to empower survivors to overcome the barriers that have resulted from their cancer and not let these challenges hinder what they can achieve in life.

Because of the support I received from POGO academic and vocational counsellors, I was accepted to college, I have a diploma and I was able to gain relevant work experience. I just want the same for other survivors.

SURVIVOR CARE

# STATS + FACTS

Regular follow  
up helps our  
childhood cancer  
survivors stay  
healthy.

The **7 POGO AfterCare** ♦  
Clinics throughout  
Ontario provided  
services for

**2,932**  
patients in fiscal 2018

Last year  
**POGO's 5 academic and  
vocational counsellors**  
across Ontario received

**240**  
referrals...



...creating a caseload of

**395**  
new and returning  
survivor clients

Some cancers and/or their treatment can cause late effects, such as increased forgetfulness, persistent fatigue and cognitive impairment, resulting in learning difficulties that can affect a survivor's success at school and employment. POGO's academic and vocational counsellors help young cancer survivors make the transition from high school to college, university or into a career path.

# 142

applied, are attending or  
have been accepted to a  
post-secondary institution

# 24

have applied for  
or received a  
scholarship

OF THE CURRENT SURVIVOR CLIENTS OF  
POGO'S EDUCATIONAL AND VOCATIONAL  
COUNSELLING PROGRAM

# 44

are employed or receiving  
community support for  
employment

# 24

are exploring career,  
community or volunteer  
opportunities

#### THANK YOU!

POGO's academic and vocational counselling support and Survivor-to-Survivor Network rely entirely on donor contributions. We gratefully acknowledge the outstanding financial support of our lead sponsor **Coast to Coast Against Cancer Foundation**. We would also like to thank the **Peter Gilgan Foundation**, **RBC Foundation** and **TD Securities Underwriting Hope Charity Auction** for the support they have designated to this program.



# **CONTINUING EDUCATION**

# PEDIATRIC ONCOLOGY IS A RAPIDLY ADVANCING FIELD.

It is essential that POGO's healthcare professionals be at the forefront of that progress and that survivors and their families are kept up to date with the current state of knowledge. Investing in continuing education is at the core of POGO's mission. POGO achieves this through its annual multi-disciplinary symposium♦, survivor conferences and workshops, and various education events throughout the year.



# 2017 POGO MULTI-DISCIPLINARY SYMPOSIUM ON CHILDHOOD CANCER

## CANCER IN INFANCY: TINY PATIENTS, HUGE CHALLENGES

By Dr. Paul Gibson

While cancer in infants is thankfully rare, treating this population has some very special challenges, even more so than treating all children with cancer, across all age groups. In particular, it is very difficult to properly dose chemotherapy and supportive care medicines for babies when dramatic changes in organ function happen within the first couple of months of life. As healthcare providers, we are faced with the difficult task of matching the right therapy to the right patient at the right time.

Over the course of the two-day symposium♦, there were some excellent presentations on current state-of-the-art therapies for common infant malignancies such as acute lymphoblastic leukemia, neuroblastoma and brain tumours—focusing on the biology of the disease, where the treatment is now and where it is going. There were also some interesting talks from pharmacists looking at what we know about dosing drugs for these infants and highlighting what we don't know. Of course, whenever we talk about anything in pediatric oncology, we talk not just about the treatment, but also about the outcomes. We discussed the developmental challenges these children may have going forward, and some strategies we can use to support families to help these kids develop optimally.

One compelling workshop of the symposium revolved around measuring and managing pain of treatment in infants. Babies can't tell us how they are feeling so the healthcare team and family members need to learn how to recognize the non-verbal cues associated with pain. We discussed pharmacological and non-pharmacological solutions (such as sugar water and swaddling) to help alleviate suffering in infants.

We would have been remiss not to address the pain and suffering faced by the caregivers of these tiny patients. Internationally-renowned psychosocial researcher Dr. Robert Noll presented evidence-based interventions to help parents cope in these very challenging times. By providing problem-solving skills to families pre-emptively, we can help them advocate for themselves and approach stress in a way that encourages effective responses and coping.

One of the most important elements of every POGO symposium is the opportunity for our community to come together. From tertiary sites to POGO Satellite♦ Clinics, physicians, nurses, social workers, child life specialists, psychologists, dieticians and many other allied health team members have the opportunity to connect, share experiences and build the network of childhood cancer care in Ontario. This whole network was also able to take time throughout the weekend to celebrate and say farewell to POGO's first CEO, Corin Greenberg, sharing stories informally and formally at the tribute dinner to highlight her career successes.

A photograph of a woman with long dark hair holding a sleeping baby. The image is overlaid with a semi-transparent orange filter. The woman is looking down at the baby with a gentle expression. The baby is wrapped in a light-colored cloth.

THE 2017 POGO SYMPOSIUM

# **CANCER IN INFANCY:**

## **TINY PATIENTS, HUGE CHALLENGES**

was made possible by the  
Ministry of Health and Long-Term care

AND SUPPORTED BY OUR LEAD SPONSORS:

**JAZZ PHARMACEUTICALS & SHIRE**

AS WELL AS THE FOLLOWING SPONSORS:

Artificial Intelligence in Medicine (AIM), Garron Family Cancer Centre, LifeLabs,  
and McMaster Children's Hospital Foundation

# PROVINCIAL PLANNING

# WORKING IN PARTNERSHIP TO STRENGTHEN THE CHILDHOOD CANCER CARE SYSTEM

**FOR CHILDREN, ADOLESCENTS,  
YOUNG ADULTS AND SURVIVORS.**

POGO is committed to developing a childhood cancer system that enables Ontario's healthcare providers to deliver the best care for the best possible outcomes, meet current challenges and manage future demands. The Childhood Cancer Care Plan♦: A Roadmap for Ontario, 2018-2023 will guide all stakeholders in providing equitable access and optimal experiences for patients, survivors and families, and support pediatric oncology professionals in the delivery of a comprehensive range of quality health programs and services.

# THE MAKING OF THE CHILDHOOD CANCER CARE PLAN:

A ROADMAP FOR ONTARIO, 2018-2023

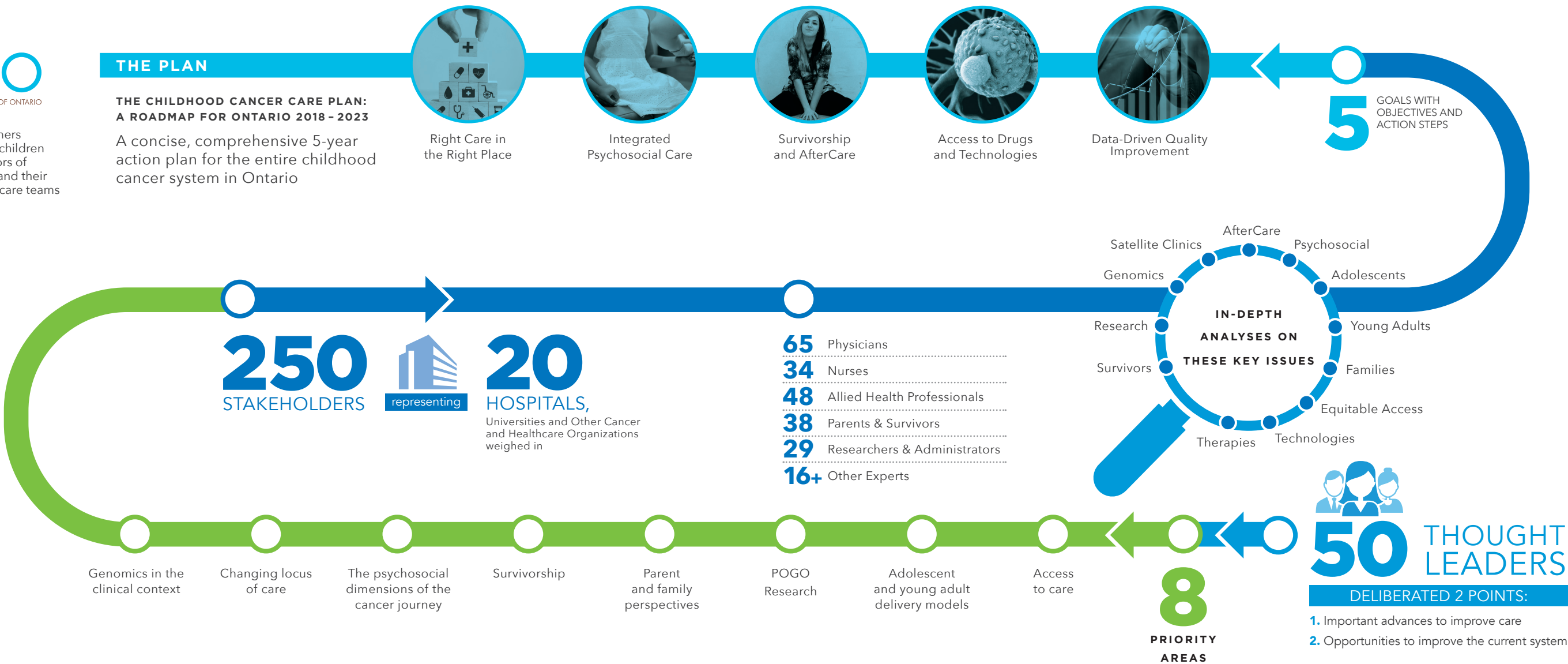
## Converting gaps and challenges into opportunities and actions that strengthen Ontario’s childhood cancer system

This is the fifth time POGO, as advisor to Ontario’s Ministry of Health and Long-Term Care, has led the development of a provincial pediatric oncology plan for Ontario. Building on the strong foundation of previous plans, the vision remains to actively champion an integrated childhood cancer care system that ensures equitable access to the best care for the best possible outcomes for children, adolescents and young adults (AYAs), survivors and their families. The Plan will help

to ensure that when patients and survivors have different components of their care delivered in different locations by different specialists, it is with confidence and assurance that these programs and services are anchored by a coordinated provincial system. The Plan will assist Ontario’s childhood cancer system to prepare for and adopt advances in childhood cancer care and control as new treatments and technologies evolve from research into clinical practice.



POGO and its partners champion care for children with cancer, survivors of childhood cancer, and their families and healthcare teams across Ontario





# WITH GRATITUDE

Our sincerest gratitude to all of our major donors and grantors for their dedication to championing kids' cancer care. A special thank you to those who have committed to POGO with a multi-year agreement (indicated below with an asterisk [\*]). Your ongoing commitment provides stable funding for today and tomorrow, allowing POGO to plan ahead, knowing that we have your support.

## **POGO's Prime Charitable Partner \$700,000**

Coast to Coast Against Cancer Foundation\*

## **Silver \$100,000 - \$199,999**

Cadillac Fairview\*

National Institutes of Health (NIH USA)

## **Bronze \$50,000 - \$99,999**

Kitchener Kids with Cancer Run & Walk

TD Securities Underwriting Hope Charity Auction

## **Leaders \$25,000 - \$49,999**

Canadian Institutes of Health Research (CIHR)

Freedom International Brokerage Company\*

HBC Foundation

Peter Gilgan Foundation

PJs & Pancakes in the Park

Toronto Women's Run Series

## **Benefactors**

**\$10,000 - \$24,999**

Dancers Burlington Christmas Showcase

ECHOage

J.P. Bickell Foundation

John and Shannon Sullivan Foundation

Kitchener Rangers Clarky's Kids

The Lawrence and

Judith Tanenbaum Family Foundation

LBJ Family Foundation

Ledcor Industries Inc.

Scotiabank Toronto Waterfront Marathon

Sheri McLean

RBC Foundation

The WB Family Foundation

## **Supporters**

**\$5,000 - \$9,999**

3 Years and Counting!

The Ben and Hilda Katz Charitable Foundation

Factory Shoe Kitchener - Going for Gold

Football for the Cure

Forum Equity Partners

LifeLabs Pajama Day

Realtax

Richard Rival

Peter & Teresa van Schaik

Sheila Waters

### Friends \$1,000 - \$4,999

AHOPCA | Alton Physio PJs & Pancakes Event | Amexon Property Management | Brett Ashton | David & Dawn Beswick | John Billowits | The BLG Foundation | Douglas Bodley | Mr. & Mrs. Philippe Bournilhas & Children | Branksome Hall - So You Think You Can Dance | Dr. Anthony Chan\* | Dean & Cherry Colling\* | Delta Delta Delta Women's Fraternity - Toronto Alumnae Chapter | Joe DeSario | École publique des Navigateurs PJs & Pancakes Day | Emily Carr Public School PJs & Pancakes Event | Factory Shoe Kitchener | Penny Fine | Margaret Patricia Fischer | Gerald Funk | Jeff & Kim Gans | Dan Giantsopoulos | Google Employee Giving Program, GooglersGive | Dr. Mark & Dr. Corin Greenberg | David & Lenore Hawkey | Hudson College PJs & Pancakes Day | Jason A. Gibbons Professional Corporation | Hema Kapadia | Susan Harris & David Kassie | Island Girl Half Marathon & 5K | Dr. Anne Klassen | Jimmy & Tam Luu | Miso Manojlovic | Masterclean | David McIntyre | Melia's Army | Michael Bros. Excavating | The Miracle Marnie Foundation | NewRoads Automotive Group | Order of the Eastern Star, Preston Springs Chapter 208 | Chris Paliare & Eva Marszewski | Paying It Forward - Forest Glen Public School | Percon Construction Inc. | The Philip Smith Foundation | Derek & Jennifer Phillips | Dave Platel | POGO Staff CCAM Fundraiser | Alan Postma | Powell Contracting Limited | Public Health Agency of Canada (CYP-C) | Fred & Catherine Purvis | REALPAC | Beverley Richardson | Rotary Club of Niagara Falls | P.G. Schoch | Paul Spafford | St. Francis Xavier Catholic Elementary School "Coins for Cancer" | St. Joseph Catholic School Fundraiser in Honour of Lily | Ellen Stigter | SWIFT | Trisura Guarantee Insurance Company | Darryl Viegas | John H. Watson | Gerald & Joanne White | Fay Wu\* | Nicole A. Youssef | Alex Zivojinovich

### Donations \$500 - \$999

Helga Adam | Addison Jenner Rolke Wish Fund at the Community Foundation of Mississauga | Louis Anagnostakos | Blue Hippo Marketing & Promotions | BMO Asset Management Inc. | Mary Burgess | Ian Cleghorn & Lynne Bridgman\* | Casey Coates\* | Michelle Cutler | Roi Eclarin | ENTZ Architectural Woodwork Inc. | Hon. Stephen Goudge | Joe Guagliano | Stephanie Gunn | Adrian Humphreys | I VA | IFDS Employee Reunion | Institutional Mortgage Capital | J.D. Patterson Management | JTS Mechanical Systems Inc. | Ian Kennedy | Francy Kussner | Suzanne Larouche | Life After Law | Jeff Lozon | MacNamara Family Christmas Party | Muskoka Living Interiors | Osvaldo Holdings Inc. | Jennifer Paschalis | Pavillon Des Jeunes | Adam Posman | Premier Orthotics Lab | John Pruner | Raquel Rutman's Birthday for POGO | Matthew Rooney | John & Mima Saunderson | Karen Smith | St. Augustine CES Winterhawks Hockey Charity Night | St. Matthew Catholic Elementary School Mission Day Fundraiser | St. Stephen Catholic Elementary School PJs & Pancakes Event | Sweet Flour Bake | Shop | VanDuzen Fence and Post | Mark & Laura Vaughan | Natalie Vine | Westmount Signs & Printing | Justin Wiebe | Dr. Ian Wilson | Kinsley Wilson | Lynn Wilson | Ryan Wilson | Carol Winter | Orrin Wolpert | Kaniska Young Tai

### Top Fundraisers:

Cruz & Sage Balog | Graham Choonoo | Sherwin Dique | Sara J. Forwell | Kathleen Garcia | Emily M. Hamilton | Kimberly Harrop | Danielle Holly | Sheila Holm | Kain Holm | Fatemeh Yasaman Javadzadeh | Andrea Lewis | Sydney Lounds | Rachel MacDonald | Dorsa Mavedatnia | Megan Murphy | Jodi Rosner | Julie Tobler | Nicole A. Youssef

**Donors recognized above made contributions or pledges of \$500 or greater to POGO between April 1, 2017 and March 31, 2018. The Pediatric Oncology Group of Ontario publishes this roster in order to recognize the generosity of the individuals, corporations, foundations and third-party events that support our organization. In the event of an error or omission, please contact the POGO fundraising department at (416) 592.1232 or 1 (855) 367.7646. POGO also wishes to gratefully acknowledge the ongoing support of our many in-kind contributors.**



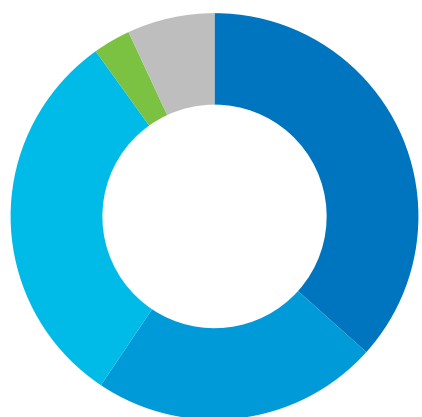
2017 - 2018

# FINANCIAL HIGHLIGHTS

Gross Fundraising and Grant Revenue	\$2.5M
Ministry of Health & Long-Term Care*	\$7.4M
Total charitable activity	\$2.2M
Fundraising and administrative expenses	\$918K

\* POGO secures Ministry of Health and Long-Term Care funding to support clinical activities at our partner hospitals and system-wide coordination of childhood cancer care in Ontario.

## YOUR INVESTMENT AT WORK



The POGO Financial Assistance Program **\$813K** | 37%

Survivor Care Programs **\$505K** | 23%

Research **\$683K** | 31%

Continuing Education **\$71K** | 3%

Other **\$151K** | 7%

Fiscal 2018 financial statements were audited by Schwarz Levitsky Feldman LLP. To receive a copy of POGO's financial statements and accompanying notes, please contact Ian Kennedy at 416.592.1232 x240 or by email at [ikennedy@pogo.ca](mailto:ikennedy@pogo.ca). POGO also publishes its Financial Statements online at [www.pogo.ca](http://www.pogo.ca).



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**POGO**  
PAJAMA PARTY

**WEAR YOUR PJs IN SUPPORT OF KIDS' CANCER CARE**

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The Pediatric Oncology Group of Ontario's annual fundraiser  
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