

COMMUNITY IMPACT REPORT



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Reflects fiscal years 2019 and 2020 where * indicates completed terms in these years.

POGO secures Ministry of Health 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.

Creative collaboration is our foundation

Whether it is with our pediatric oncology partners, government or donors, creative collaboration allows us to work towards a collective goal for all stakeholders involved. POGO has always relied on collaborative efforts with our partners to do the important work we do, but last year we broke new ground.

In September, we launched The Childhood Cancer Care Plan: A Roadmap for Ontario 2018-2023. This long-range system plan produced by POGO reflects key priorities for Ontario's childhood cancer system identified through in-depth consultations with hundreds of clinical experts, as well as parents and survivors, system planners and administrators. One of the many outputs of this plan was the development of the Therapeutic and Technology Advisory Committee, bringing experts from across the province to examine the potential of new drugs and technologies to improve outcomes for children with cancer.

Another example of creative collaboration is the development of a pilot project between POGO, Lifelabs (funder of POGO's Pajamas and Pancakes program) and our hospital partner London Health Sciences Centre. After many months in the making, this pilot service launched in September 2019 to allow pediatric cancer patients within the surrounding London area to arrange for blood collection at select LifeLabs patient service centres. You can read more about this and the work of our Therapeutic and Technology Advisory Committee on page 24.

Creativity and collaboration are central to solving the complex issues facing the childhood cancer system. It supports the development of new strategies, facilitates innovation and drives change that can benefit our young patients, families and survivors. POGO will continue to seek out unique and innovative opportunities to benefit all our childhood cancer stakeholders.

Won't you join us?

Thank you



Jill Ross
CEO, POGO



Lynn Wilson
Chief Development Officer, POGO





FAMILY SUPPORT

APPROXIMATELY 45% OF CHILDREN DIAGNOSED WITH CANCER ARE UNDER THE AGE OF FIVE.

Their parents tend to be young and not yet well established financially. The financial burden can be devastating. POGO studies have shown that, on average, a family can lose a third of their after-tax income when there is a child in treatment.

POGO provides complementary solutions to these challenges: care closer to home through the Provincial Pediatric Oncology Satellite Program[♦], and financial support through the POGO Financial Assistance Program.



BECOMING A STEM CELL DONOR:

How Jahni saved his brother's life

By Melody Doloroso

Tyler was diagnosed with acute myeloid leukemia (AML) in 2017. AML is characterized by the replacement of normal blood cell production in the bone marrow with aggressively growing cancer cells. Upon any childhood cancer diagnosis at one of Ontario's five hospitals with specialized pediatric cancer programs, each family is assigned a POGO Interlink Nurse to help them navigate the complexities of the healthcare system and access resources, including POGO's financial assistance to families.*

In September 2017, my 10-year old son Tyler started "showing symptoms" as they say in the healthcare system. At first, he was lethargic; he didn't want to go out for recess, which is odd because that is his favourite time of day! We were rookies then—childhood cancer was not part of our vocabulary—so I thought he was just being lazy. Then just before Halloween we went to Great Wolf Lodge. He sat shivering and his lips were pale. I looked up the symptoms and it seemed like he might be anemic, so I called the doctor to ask to get his blood work done.

On Friday, November 10, he had his blood drawn in the morning and then we all carried on like it was a regular day. At 9:30 at night our doctor called. She said, "Melody, I need you to take Tyler to SickKids emergency right now—don't go to any other hospital. Get a pen and paper; I want you to write this down." She had me write down words like hemoglobin, white blood cell count, blasts and a bunch of numbers. All of this was foreign to me at the time. Then she said, "Give that piece of paper to reception as soon as you get there, but you need to go right now." She didn't tell me what she suspected; she wanted me to be able to drive.

I am a single mom but my parents live with us. So while my mom stayed with my other son Jahni, my dad came with Tyler and me to the hospital. It didn't take very long before we heard the word "cancer." After a while, a different doctor came in to give us more information and she used kid-friendly language. She said, "Tyler, I looked at your cells myself under a microscope and I don't see anything alarming. Next we have to find out what kind of leukemia you have so we can figure out how to treat you, but you are in the right place." Then we were wheeled up to the eighth floor and we didn't leave the hospital for over a month.

When I looked up the survival rates for the different types of leukemia, I was praying it wasn't AML. The diagnosis came back, it was AML and they wanted to test for a certain gene mutation which would affect his response rate to treatment. We kept our fingers crossed that he didn't have the mutation, but he did. They told me that chemo alone wasn't going to cure Tyler and that his best chance for survival was a bone marrow transplant. They tested all of us in the immediate family and none of us were a full match. Next step was to tap into Canadian Blood Services, but the problem is there are not a lot of donors with a similar ethnic makeup.

Jahni visited us every day in the hospital. Until Tyler's diagnosis, we had never been apart. Every time one of my family members came to get Jahni, he would cry uncontrollably as he watched us through the glass elevators until he couldn't see us anymore. Eventually the hospital let him stay overnight—they figured the boys came as a package.

Then, right before leaving on her Christmas holiday, Tyler's doctor told us they were going to go with Jahni as the stem cell donor. She said, "He's a half match and we are good with that." And just like that, for the first time in two months, there was hope.

From beginning to end, it was only five months, which is a blip really, but it felt like a lifetime.

What is it like to be a stem cell donor to your little brother?

At the time, I didn't know all the things that could go wrong for my brother, I just knew that this is what he needed. It feels good to save someone's life. If I had to give advice to someone who is thinking about becoming a stem cell donor, I would say, "It doesn't hurt, and it feels good to help someone."



FAMILY SUPPORT

STATS + FACTS

In addition to the emotional stress that comes with a cancer diagnosis, many families face tremendous logistical and financial challenges during their child's treatment. The POGO Financial Assistance Program, funded entirely by private-sector donations, provides a stipend for out-of-pocket costs such as food, accommodation and childcare for siblings.

IN FISCAL 2019, POGO REIMBURSED FAMILIES FOR

16,217

HOURS OF CHILDCARE.

Many families live far from their source of care and must undertake long trips. Often these families need overnight lodging to support treatment sessions. 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

240 • AND • 168

complimentary nights

of these were utilized by 87 families
at a value of \$58,800.

POGO's eight Satellite Clinics♦ across Ontario help bring care closer to home.

IN FISCAL 2019, THE POGO SATELLITE PROGRAM PROVIDED CARE TO

550 DURING 6,484
PATIENTS VISITS

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.

376 NEW FAMILIES

REGISTERED FOR THE POGO FINANCIAL ASSISTANCE PROGRAM IN 2019.

THANKS TO DONOR SUPPORT, POGO PROVIDED

\$753,413

to 868 Ontario families to help pay for out-of-pocket costs.

THANKYOU

POGO gratefully acknowledges the outstanding financial contribution of our lead supporter
COAST TO COAST AGAINST CANCER FOUNDATION.

We would also like to thank **Alectra Inc., CIBC, Derek Janzen, Kitchener Rangers Clarky's Kids, Love Your Melon, The Miracle Marnie Foundation** and **NORDSTROM** for their designated support to this program.



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.



THE UPS AND DOWNS OF DISCLOSING THAT YOU ARE A CHILDHOOD CANCER SURVIVOR

By Jessica Wright

Jessica Wright is a brain tumour survivor. In 2018, she applied and was selected as one of four Survivor to Survivor (S2S) Network Facilitators. POGO's S2S Network is a special series of interactive workshops where survivor facilitators present helpful information, lead discussions and share personal experiences about a variety of survivorship topics. During the course of their engagement, facilitators build skills and then use these skills to conduct interactive workshops throughout Ontario which provide helpful information and an opportunity for sharing with fellow survivors.

By the time I was 10 years old, I was having lots of migraines and struggling at school.

My family brought me to the doctor several times, but I wasn't diagnosed until my teacher—a childhood cancer survivor herself—convinced my parents to insist I get an MRI. I remember all of us were in shock when they told us I had a pilocytic astrocytoma tumour, which is essentially a slow growing brain tumour.

The tumour is smack in the middle of my brain so chemo would not have been effective, and surgery was not an option. I was treated with radiation for six weeks, but I still live with the tumour today; I liken it to a dead mouse behind a wall. I also live with several side effects. I struggle with balance; I move a bit slower than the average person and my strength is very poor. I have a strong sensitivity to smells and I still suffer from migraines. I am also blind in one eye. None of these things are significantly noticeable so I blend in with the rest of the world and look like a healthy person. That's the thing with childhood cancer survivors; many of us live with disabilities long after we survived our illness. For some people, like me, these disabilities are invisible so we can be perceived as lazy, especially in a school or work environment.

That is why I am so grateful to POGO for creating a program where survivors can learn from each other about how to deal with things like employment, school, advocacy and disclosure.

I need special accommodations to compensate for my disabilities and I have learned firsthand that how and when you choose to disclose these things can contribute to your success at work.

JW



Watch Jessica's Story at
www.pogo.ca/S2S

There was the time I was hired to work at a store, and I chose not to disclose my disability. My job was to stock the shelves and set up for the store's grand opening, after which, perhaps, I would be hired permanently once the store opened. It went well for the first couple of days until I got stuck in the aisle with cleaning products. I tried to tough it out, but I got light-headed and felt faint. I asked my supervisor if I could be moved to another area of the store and she was accommodating, but my co-workers didn't know why; they just felt I was getting special treatment. I think if I had said something at the beginning, I would never have been put in that aisle to begin with and maybe things would have turned out differently.

I have another story where I disclosed my disabilities during the hiring process because part of my job was going to be accepting deliveries. I let them know that I cannot manage with very heavy lifting and about some of my other challenges because of my brain tumour. My supervisor was very understanding and even supportive. After a few weeks, when she saw me struggling at the end of a long day, she asked if I wanted to work shorter shifts. She tried to work around my limitations as best she could.

Being a POGO S2S facilitator has enabled me to share my experiences with other survivors and hopefully help them cope with their own struggles. It has also been very uplifting and empowering for me. Everyone understands what I am going through. No matter what I say or what I do, they don't judge me, and they don't complain. I have never been anywhere where I felt so accepted. It has truly been the best experience of my life.

SURVIVOR CARE

STATS + FACTS

Regular follow
up helps our
childhood cancer
survivors stay
healthy.

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

3,081

patients in fiscal 2019

Last year
**POGO's 5 school and work
counsellors**
across Ontario received

172

referrals...



...creating a caseload of

401

new and continuing
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 school and work counsellors help young cancer survivors make the transition from high school to college, university or into a career path.

137

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

20

have applied for
or received a
scholarship

OF RECENT SURVIVOR CLIENTS
OF POGO'S SCHOOL AND WORK
COUNSELLING PROGRAM

41

are employed or receiving
community support for
employment

31

are exploring career,
community or volunteer
opportunities

THANK YOU!

POGO's school and work counselling support and Survivor to Survivor Network rely entirely on donor contributions. We gratefully acknowledge the outstanding financial contribution of our lead supporter **Coast to Coast Against Cancer Foundation**. We would also like to thank **Amgen Canada Inc.**, the **Peter Gilgan Foundation**, **TD Securities Underwriting Hope Charity Auction** and **The W. Garfield Weston Foundation** for the support they have designated 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

Parent-Child Communication When a Child Has a Life-Threatening Illness

An interview with Eric Bouffet, MD, FRCPC and Ceilidh Eaton Russell, PhD(c), CCLS

A Swedish study published in 2004 looked at 429 parents who had lost a child to cancer and asked the questions: Did you talk to your child about the fact that they were going to die? If so, or if not, do you regret your decision? Although only 147 parents had that difficult conversation with their child, none of them regretted it, while 27% of parents who did not talk with their child about death regretted not doing so.

In 2018, POGO issued a seed grant to principal investigator Dr. Eric Bouffet and co-investigators Ceilidh Eaton Russell and Dr. Adam Rapoport to interview parents and children in order to learn how they talk together about the child's illness, its impacts on their lives, their feelings and worries, including their feelings about dying if the child's prognosis is not good.

POGO: What have you seen in your interactions with families who are dealing with a critically ill child?

Dr. Bouffet: What we see in our clinical practice is that while some parents are very open about talking to their child who has cancer, others don't even want to use that word and they will tell the oncology team, "Don't tell my child they have cancer." At the same time, often the child knows and they will say to the child life specialist, or even the therapeutic clown, "I have cancer" or "I know I am going to die," followed by "don't tell my parents that I know." Some children will even talk about when they will get their driver's license or when they will get married. They are imagining a future they know they might never have, but also, they are trying to comfort their parents. Each party is trying to protect the other, so there is this mutual pretense.

Ms. Eaton Russell: Many parents who are able to talk openly with their child about their cancer diagnosis—even when the prognosis isn't good and the child is aware they are going to die—often glow when they recount the conversations. They say that the time they spent together was meaningful and that they were able to offer some peace to their ill or dying child. At the other end of the spectrum, there are many families who cannot manage these tough

conversations around end of life, and for some of them, when I see them months or even years after their child has died, the angst is palpable.

POGO: Your study interviews parents and children. How do you get children to open up about what is happening to them when they might not have the words?

Ms. Eaton Russell: We have this activity book with beautiful illustrations to help kids communicate. They can demonstrate how they feel about what is happening to them or they can tell the story as though it is happening to someone else so it does not feel as threatening. It is very informative for both us and for the children.

POGO: What does this funding mean for your clinical practice? What are you hoping to accomplish with this research?

Dr. Bouffet: It is about quality of life—today, but also for the future of this family and how they will feel when they reflect about the time they spent with their child at what is probably the most intense period of their lives.

Ms. Eaton Russell: I hope we can develop some strategies to help families who are struggling with this topic begin to talk openly with their critically ill

child, regardless of the child's prognosis. It would be great to develop some tools to train frontline staff to encourage families to have these difficult conversations. Potential future research could be piloting workshops for families or piloting a clinical role to work directly with the oncology team and the family to focus on supporting open communication between parents and their sick or dying child.

Dr. Bouffet: Research, particularly in a university or hospital setting, is typically labs, equipment and people who are making fabulous discoveries, but there are also very important needs for the psychosocial aspects of illness. Not all funding agencies are supportive of qualitative research, so this POGO seed grant is fantastic because even if it's not going to "save lives," it has the potential to make significant change in the quality of life of the families and patients we treat. I am very grateful to POGO for supporting this type of research; it can have a big impact on our practice.

POGO: What kind of impact has it had on you personally?

Ms. Eaton Russell: Childhood cancer treatment, especially when end of life is a reality, can be such an intimate time and an opportunity for meaningful connections. It is a real privilege to learn from families and to be able to share what I've learned to help other families make the most of the time they have together in a different way than they might have otherwise.

Dr. Bouffet: The results of this research can give healthcare providers more confidence when we speak to patients and families about their critically ill child, and so it must be shared. We often "do not have the guts" to tell the truth, but we have learned through our interviews that it is critical for children to be able to talk to someone and share their thoughts and fears. It is also critical for parents to be informed. Much of this knowledge is new and can change our practice.



Dr. Eric Bouffet is a professor of paediatrics at the University of Toronto, Garron Family Chair in Childhood Cancer Research and Head of the Neuro-oncology Section in the Division of Haematology/Oncology at SickKids in Toronto.



Ceilidh Eaton Russell is a researcher trained as a child life specialist at SickKids and is Director of Research and Evaluation at the Dr. Jay Children's Grief Centre.

STATS + FACTS Underpinning the work of the POGO Research Unit is the POGO childhood cancer database. Unmatched by any other in the world, POGONIS♦ 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 2019, DATA FROM POGONIS SUPPORTED

35 INVESTIGATORS across Ontario and in addition supported 21 PROVINCIAL/NATIONAL research projects with external investigators.

THANK YOU

The POGO Research Unit gratefully acknowledges the generosity of its donors, and peer-reviewed, project-specific research funding from **Canadian Institutes of Health Research (CIHR)** and **National Institutes of Health (NIH USA)**.



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 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.

2018 POGO MULTI-DISCIPLINARY SYMPOSIUM ON CHILDHOOD CANCER

PRECISION MEDICINE IN PEDIATRIC ONCOLOGY

By Dr. Paul Gibson and Dr. David Hodgson

Precision medicine works to specifically tailor treatment for an individual according to genetic or molecular characteristics found in each patient's tumour. It is an increasingly important way of approaching cancer treatment, particularly for patients who have not responded to conventional therapies. Dr. David Malkin, Co-chair of the 2018 Symposium and Director of the Terry Fox Precision Oncology for Young People (PROFYLE*) study, worked with a multi-disciplinary organizing committee to create a wide-ranging agenda including presentations from several international speakers.

Chimeric antigen receptor (CAR) T cell therapy is one area of precision medicine that has proven to be incredibly promising for treating cancer. Until recently, patients had to travel to the United States to access this breakthrough therapy. Recently, however, it has become available to children and young adults with cancer here in Ontario. It was exciting for us to have Dr. Shannon Maude, one of the primary physicians responsible for bringing this therapy to the bedside, recap the years of experience at the Children's Hospital of Philadelphia.

One of the strengths of the symposium was that we took efforts to show a balanced, realistic perspective of precision medicine. In particular, the debate between Drs. Uri Tabori and Ian Tannock highlighted for everyone that while targeted therapies can be a game changer for some high-risk patients, these are complex, resource-intense therapies that still require more evidence of effectiveness before they can be widely accepted as standard.

There are also psychosocial and ethical dilemmas around the use of precision medicine. Amidst all the science at the symposium, Dr. Claire Wakefield from the Sydney Children's Hospital in Australia talked about clinical trials and the psychological impact they have when genetics studies reveal a cancer predisposition—for the young patient, but perhaps other members of the family as well. And Dr. Conrad Fernandez addressed ethical and psychosocial issues around privacy, confidentiality and disclosure of genomic test results.

The wonderful thing about the POGO Symposium is that the organizing committee goes to great lengths to ensure that the content is relevant to a multi-disciplinary audience, that it is robust and balanced, and that the presenters represent the best in the field. While our primary audience will always be our pediatric oncology teams in Ontario, the strength of the program attracts participants from all over the world. This creates a forum to share our own clinical care knowledge, learn from others, develop new collaborations and better our Ontario system for the future.

**Since its launch in November of 2017, Terry Fox PROFYLE (a pan-Canadian collaboration that unites a multi-disciplinary team of medical and scientific experts in the fields of pediatric oncology, genome medicine, cancer biology, clinical trials and bioethics) has demonstrated that tailoring treatments for individual patients through more precise and detailed analysis of their cancers can change outcomes.*



Dr. Paul Gibson is a pediatric oncologist at McMaster's Children's Hospital, Associate Professor of Pediatrics at McMaster University, Associate Medical Director at POGO, and the Chair of POGO's Therapeutic and Technology Advisory Committee.



Dr. David Hodgson is a radiation oncologist at Princess Margaret Cancer Centre, Professor in the Department of Radiation Oncology at University of Toronto, Medical Director at POGO, Co-chair of the 2018 POGO Symposium and POGO Chair in Childhood Cancer Control at the University of Toronto.

THANK YOU TO OUR SPONSORS

THE 2018 POGO SYMPOSIUM

PRECISION MEDICINE IN PEDIATRIC ONCOLOGY

was made possible by the
Ministry of Health

AND SUPPORTED BY OUR LEAD SPONSORS:

Novartis Pharmaceuticals Canada Inc.
and Servier Oncology

AS WELL AS THE FOLLOWING SPONSORS:

Amgen Canada Inc., Bayer Inc., Garron Family Cancer Centre, Jazz Pharmaceuticals,
LifeLabs, Terry Fox PROFYLE and Ontario Institute for Cancer Research



CREATIVE COLLABORATIONS

AROUND EVERY CORNER, THERE IS A CHAMPION OF CHILDHOOD CANCER CARE.

Sometimes, it's as simple as asking, as simple as presenting the right opportunity at the right time. Our strategic objectives for the future of childhood cancer care in Ontario can be realized in partnership with all who share our desire to improve the circumstances of children with cancer and their families.

BEYOND TRADITIONAL CHEMOTHERAPY

By Dr. Paul Gibson

Over the last 25 years, POGO has provided advice to the Ministry of Health highlighting important therapeutic and technological advances that have improved outcomes for children with cancer. While much of the success we see today is based on the careful optimization of traditional chemotherapy and technology, one thing has become clear: we are near the end of the road for advances or improved outcomes using “old drugs.”

In 2018, POGO launched The Childhood Cancer Care Plan: A Roadmap for Ontario 2018-2023[♦]. One of the outcomes of this plan was the recognition that Ontario needs a more formalized process to review the childhood cancer landscape with a lens to new drugs and technologies, and to provide evidence-based recommendations to the Ministry. As a result, the Therapeutic and Technology Advisory Committee[♦] was formed. This POGO-led committee includes physicians and pharmacists with a variety of clinical interests from all five of Ontario's hospitals with specialized pediatric cancer programs.

The Committee's main role is to provide advice on therapies for childhood cancer care in Ontario, but there will also be opportunities for this group to have influence across the country. For example, working with the pan-Canadian Oncology Drug Review (pCODR)—a rigorous national drug review process—the Committee will enable POGO to provide province-wide clinical guidance related to the pediatric cancer medications that go through the review process on their way to potentially being funded for care in Ontario. The committee will weigh in on issues such as which new drugs or new uses of drugs are important to be made available to Ontario's children.

The ultimate goal of POGO's Therapeutic and Technology Advisory Committee is to look beyond what we are commonly using today to make sure the healthcare system is ready to introduce new treatments and technologies to improve outcomes for Ontario's childhood cancer patients.

Dr. Paul Gibson is a pediatric oncologist at McMaster's Children's Hospital, Associate Professor of Pediatrics at McMaster University, Associate Medical Director at POGO, and Chair of POGO's Therapeutic and Technology Advisory Committee.

LIFELABS PARTNERS WITH POGO AND LONDON HEALTH SCIENCES CENTRE

By Lynn Wilson, Chief Development Officer

In September 2019, LifeLabs announced the launch of a six-month pilot service that ensures pediatric cancer patients within the surrounding London area can make appointments or drop in for blood collection at select LifeLabs patient service centres (PSC), at no charge, based on their ongoing chemotherapy treatment schedules. This new service will help those in remote areas who often travel great distances to hospitals for blood tests that inform treatment decisions.

“This new service with LifeLabs lets treatment decisions be made without the patient having to make a trip to the hospital, which removes some of that additional stress and keeps treatment and care close to home,” says Dr. Alexandra Zorzi, pediatric oncologist at the Children's Hospital, London Health Sciences Centre and POGO Board member.

Lifelabs first came on board with POGO as the inaugural sponsor of POGO's DIY fundraising program, Pajamas and Pancakes. They have leveraged our partnership to support their employee engagement and community outreach efforts and now, this pilot project that will bring some aspects of care for our families closer to home. This kind of innovative thinking is the perfect example of creative collaboration and proves how, together, we are greater than the sum of our parts.

PAY IT FORWARD: MY FAMILY'S STORY

By Melissa Welke

Last February, the Welke family put on their pjs, turned up the griddle and opened their home to the community in Stayner, Ontario, to raise funds for POGO. The event was in honour of their daughter Gwendolyn who is five years cancer-free!

POGO helped us when Gwendolyn was diagnosed with an adrenal cortical carcinoma five years ago—they provided us with financial assistance when we had to travel to Toronto, and the POGO Satellite Clinic♦ in Orillia (Soldiers' Memorial Hospital) let us stay closer to home for some of her treatment. Without the Clinic and financial support, I don't know how we would have made it through.

When we received the notice in the mail about Pajamas and Pancakes, I turned to my husband and said, "Why don't we do a small event with our friends and family to raise money for other families going through treatment?"

Our original goal was \$1,000 and we thought even that was crazy, but things really took off. I sent print and Facebook invitations to our personal contacts and families who we met at the Orillia Clinic. When a local real estate agency heard about our event, they asked us if we wanted them to advertise for us, so we ended up opening it to the public. We offered coffee, juice, sausages, three pancakes and a topping bar full of whipped topping, chocolate chips and Skor pieces for a minimum donation of \$5. We also had a silent auction with a good variety of items donated from friends and family with home businesses.

In the end, over 100 people came through the house, many who we had never met before, and we raised \$3,000 for POGO families! I think it was impactful for our guests to meet parents and kids who have been through treatment and benefitted from POGO—they could see exactly where the money would be going.

Gwendolyn had an amazing time and we are going to do it again next year during Childhood Cancer Awareness Month (September). Without fundraising like this, families would not receive the help they need during one of the most stressful times of their lives. It is important to give back. And who doesn't like pancakes?!



TO HOST AN EVENT FOR POGO:

Just send an email to fundraising@pogo.ca with "Yes, I would like to support families" in the subject line, and a POGO representative will get back to you with more information.

WITH GRATITUDE

Our sincerest gratitude to all of our major donors 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 \$450,000+

Coast to Coast Against Cancer Foundation*

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

Cadillac Fairview Run

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

Bruce Power LP*

Kitchener Kids with Cancer Run & Walk

Love Your Melon

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

CIBC

Freedom International Brokerage Company

LIUNA Local 183 Charitable Foundation*

The Melman & Yakobson Families

Peter Gilgan Foundation

TD Securities Underwriting Hope Charity Auction

Toronto Women's Run Series*

The W. Garfield Weston Foundation*

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Amexon Property Management

Factory Shoe Kitchener - Going for Gold

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Info-Tech Group Fundraising Events

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Family Foundation

LBJ Family Foundation

Level 5 Strategy Group

NORDSTROM

PJs & Pancakes: The Beswick Family Events

PJs & Pancakes: LifeLabs

PJs & Pancakes: POGO Staff Challenge

Carolyn Ross

Scotiabank Toronto Waterfront Marathon

Supporters

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The Miracle Marnie Foundation

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Barometer Capital Management | Barricade Traffic Services Inc. | Jeffrey Bell | Kevin & Tracy Beswick | John Billowits | The BLG Foundation | Mr. & Mrs. Philippe Bournilhas & Children | Branksome Hall - So You Think You Can Dance | Brookfield Asset Management | Dr. Anthony Chan* | Dean & Cherry Colling* | Delta Delta Delta Women's Fraternity - Toronto Alumnae Chapter | Donald A. Wilson Secondary School | EKAM Canada | Exco Engineering | Fidelity Investments Canada | Penny Fine | Rudy Florio & Susanne Mikler | Forest Glen Public School - Paying it Forward | Mike George | Dan Giantsopoulos | Google Employee Giving Program, GooglersGive | Hon. Stephen Goudge | Armin Hamidzadeh Fard | David & Lenore Hawkey | Industrial Alliance Insurance and Financial Services Inc. | Dr. Lawrence Jardine | Jason A. Gibbons Professional Corporation | Julia's Haircut for POGO | Hema Kapadia | Susan Harris & David Kassie | Ian Kennedy | KIP. FOR KIDS | Kevin Kirby | Dr. Anne Klassen | Paul Leventis | LifeLabs Cytology | Masterclean Contracting & Cleaning | Paul & Teresa Mastrodicasa | Max VO2 Management Inc. | Allan Newman | Peter Ober | Chris Paliare & Eva Marszewski | Paliare Roland Rosenberg Rothstein LLP | Bess Pappas | Percon Construction Inc. | The Philip Smith Foundation | Derek & Jennifer Phillips | PJs & Pancakes: Bronte Village Eye Care | PJs & Pancakes: Dearcroft Montessori School | PJs & Pancakes: Doon Public School | PJs & Pancakes: École publique des Navigateurs | PJs & Pancakes: Hudson College | PJs & Pancakes: J.W. Gerth Public School | PJs & Pancakes: Sevenoaks Academy | PJs & Pancakes: Southlake Regional Health Centre | PJs & Pancakes: St. Andrew's College | PJs & Pancakes: St. Teresa of Calcutta Catholic Elementary School | PJs & Pancakes: Mohawk Pajamarama | PJs & Pancakes: The Welke Family Events | Dave Platel | Alan Postma | Bill Powell | Fred & Catherine Purvis | Jolanta Radetz | REALPAC | Jennifer Rogers | Rosé All Day Run | Sukhjinder Sidhu | Sitescape | Paul Spafford | Stantec Consulting Ltd. | Ellen & Warren Stigter | Anna Szerszen | Toronto Etsy Street Team | Trisura Guarantee Insurance Company | Peter & Teresa van Schaik | Darryl Viegas & Jeanette Reyes | Warren Greenhouses | John H. Watson | Westmount Golf & Country Club Ladies' Opening Day Caddy Auction Event | Fay Wu* | Will Yohana | Lara Yousif

Donations \$500 - \$999

Louis Anagnostakos | Ernest Balmer | The Belsher Family | Michael Bergman | David & Dawn Beswick | Wendy & David Brum | Joseph Cabral | Cambridge Group of Clubs | Kelly Chernish | ETD Inc. | Brian Clapp | Casey Coates* | Coro Electric Ltd. | Mary Beth Currie | Scott Denomme | Joe DeSario | Roi Eclarin | Jason Ellis | Richard Gowman | Eric Grundy | Michael Gubbels | Stephanie Gunn | Liv Wise Fund | Sarah Hughes | Yasaman Javadzadeh | JTS Mechanical Systems Inc. | Francy Kussner | Shannon Law | Muriel Lee | Life After Law | LifeLabs Genetics Bake Sale | Carly Lounsbury | Sylvia Mantella | John McManus | Merit Glass | MJ Holdings | Modo Yoga Waterloo | Stacey Murphy | New Generation Group | O'Connor Electric | Osvaldo Holdings Inc. | Barb Parsons | Patsy Persaud | PJs & Pancakes: Andrew Hunter Elementary School | PJs & Pancakes: Aurora Montessori School | PJs & Pancakes: Ramp Communications | PJs & Pancakes: Ray Lewis Elementary School | PJs & Pancakes: Ryerson Nursing Students for POGO | POGO UofT Fundraising Events | Toshni Poonai | Adam Posman | Premier Orthotics Lab | Joseph Pucci | Shore 2 Shore Pediatrics | Karen Smith | Stephenson Engineering Ltd. | Joseph Stesco & Shirley Dupuis | Greg & Jennifer Thompson | Leigh Tynan | Gilles Cinq-Mars & Dr. Charmaine van Schaik | VanDuzen Fence and Post | Westmount Signs & Printing | Dennis Wideman | Dr. Ian Wilson | Lynn Wilson | Carol Winter | Shahab Yasin

Top Fundraisers Raised \$500+

Agha Ahmed | Taimoor Amer | Lindsey Auster-Weiss | Cruz Balog | Sage Balog | Josh Bezonsky | Kyla Bisch | Janet Bodley | Joanne Carayanis | Susan Chartrand | Veronica Chu | Tony Cofini | Christopher Eckhardt | Tracy Eckhardt | Roi & Desi Eclarin | Ken Edgar | Sara Forwell | Jennifer Foster | Maya Galloway | Dr. Paul Gibson | Hon. Stephen Goudge, QC | Marilyn Green | Jonathon Grundy | Emily Hamilton | Sandra Hardy | Alexa Hatzitolios | Dr. David Hodgson | Kain Holm | Maya Kolbasnik | Stefan Kolbasnik | Alison Kovacs | JT Kukla | Sophie Li | Darren Lobo | Daniela Logiudice | Monica Lynn | Leonard Maltese | Jay McCarthy | Kirsty Morelli | Rayane Moric | Avani Pandya | Alyssa Peters | David Premi | Dr. Jodi Rosner | Gelareh Saeidi | Laura Teutsch | Brian Tumbagahan | Rachel Wahl | Kenneth Wang | Christopher Wiggan | Fay Wu | Lara Yousif

Donors recognized above made contributions or pledges of \$500 or greater to POGO between April 1, 2018 and March 31, 2019. 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.



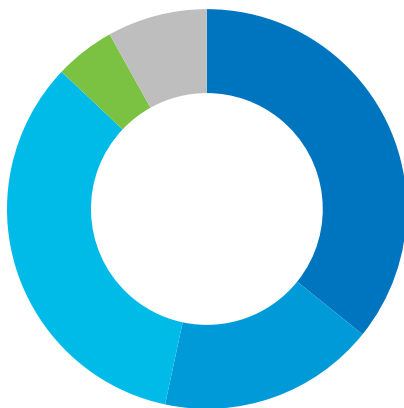
2018 - 2019

FINANCIAL HIGHLIGHTS

Gross fundraising and grant revenue	\$2.6M
Ministry of Health*	\$8.7M
Total charitable activity	\$2.2M
Fundraising and administrative expenses	\$791K

* POGO secures Ministry of Health 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 **\$801K** | 36%

Survivor care programs **\$393K** | 17%

Research **\$754K** | 34%

Continuing Education **\$109K** | 5%

Other **\$181K** | 8%

Fiscal 2019 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. POGO also publishes its financial statements online at www.pogo.ca.



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INVITED TO THE
THIRD ANNUAL

POGO

PEDIATRIC ONCOLOGY GROUP OF ONTARIO

PAJAMA PARTY

Presented by **CF** Cadillac
Fairview

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It's the not-to-be missed plaid and polka dot event of the season.

The Pediatric Oncology Group of Ontario's annual fundraiser promises a night of fabulous food, fun and pajama-chic fashion.

Join us February 6th, 2020 at Ricarda's Atrium
for the pajama party that's worth staying up for!



It's filling up fast, so don't be caught napping.

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fundraising@pogo.ca | www.pogo.ca

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