



2017

COMMUNITY IMPACT REPORT



POGO

PEDIATRIC ONCOLOGY GROUP OF ONTARIO

FOR KIDS WITH CANCER
FOR NOW, FOR LIFE.

POGO

PEDIATRIC ONCOLOGY GROUP OF ONTARIO

PAJAMAS and pancakes

IT'S THE COZIEST WAY TO CHAMPION KIDS' CANCER CARE

Pull on your favourite pjs, gather the gang and share a short stack for a big cause. Host your own FUNdraising pajama party and help champion kids' cancer care. It's the FUNdraising event that everyone will love, so get your family, friends and co-workers into their jammies and let's get cooking for an incredible cause! Register today!



GRAB YOUR PJS AND SET THE TABLE. IT'S EASY AS 1-2-3!

- 1 REGISTER:** Go to pjsandpancakes.com to host a pj party, pancake extravaganza or both!
- 2 FUNDRAISE:** Invite family, friends and co-workers and have them join in the fun.
- 3 HOST:** Grab your favourite PJs, stack up the pancakes and be a champion for kids' cancer care.

PROUD PARTNER

LifeLabs[®]

GET STARTED:

www.pjsandpancakes.com



NEW CONNECTIONS. NEW ADVENTURES. NEW POSSIBILITIES.



As we look back at the last year, we have much for which to be thankful. Many new partnerships have been developed and new donors welcomed to POGO. A flourishing volunteer development cabinet that is committed to POGO's fundraising success has been put in place; and we are looking forward to bringing to life new opportunities and initiatives after having concluded an extremely successful 15 years of the POGO Gala. Thank you to everyone who has been part of this journey with us!

In keeping with "when one door closes, another opens," we look forward to both the challenges and the new opportunities the future brings. You will read about some of these changes on the pages of this report. Most notably, a change in leadership as Corin Greenberg, POGO's only CEO since inception, who has been exceptionally committed to the pediatric cancer cause, steps down this year.

This fall, POGO launches two new and exciting events that we can't wait to share with you and know you will love! These programs will allow folks from all over Ontario and beyond to participate with us in a new way and collectively raise much-needed funds to support kids with cancer and their families. Together we can all be champions.

Think pajamas...think pancakes...enough said!

Thank you.

A stylized, handwritten signature in black ink.

Fay Wu
Chair, POGO Development Cabinet

A handwritten signature in black ink that reads 'L. Wilson'.

Lynn Wilson
Chief Development Officer, POGO

Thank you **KIP Sleepwear** for the pajama donation! www.sleepinkip.com

COVER PHOTO BY TYNAN STUDIOS



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HOSPITALS

Tertiary Partners

The Hospital for Sick Children, Toronto
McMaster Children's Hospital, Hamilton
Health Sciences, Hamilton
Children's Hospital, London Health Sciences
Centre, London
Kingston Health Sciences Centre, Kingston
Children's Hospital of Eastern Ontario, Ottawa

Satellite Partners

Trillium Health Partners, Credit Valley Hospital,
Mississauga
Orillia Soldiers' Memorial Hospital, Orillia
Northeast Cancer Centre, Health Sciences
North, Sudbury
Windsor Regional Hospital, Windsor
Grand River Hospital, Kitchener-Waterloo
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AfterCare Partners

Children's Hospital, London Health Sciences
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The Hospital for Sick Children, Toronto
Princess Margaret Cancer Centre, Toronto
McMaster Children's Hospital, Hamilton
Health Sciences, Hamilton
The Ottawa Hospital Regional Cancer
Centre, Ottawa
Children's Hospital of Eastern Ontario, Ottawa
Cancer Centre of Southeastern Ontario at
Kingston Health Sciences, Kingston



POGO AND CORIN: A TRIBUTE TO FOUR DECADES



POGO was conceived in 1983 by some of the best minds in pediatric cancer care in Ontario. And while I'm certain their hopes were high, I also believe they never envisioned quite how far the organization would progress over the years. Today, while we wish we could eradicate the need for POGO, the four decades that have ensued have given rise to significant achievements that have changed the landscape of childhood cancer care.

An important catalyst for POGO's successes came with the implementation of a needs assessment and blueprint for childhood cancer care in Ontario. The architect of that 1987 study became POGO's first executive director in 1988, and with an eventual title change to chief executive officer, Dr. Corin Greenberg has helmed POGO with distinction for the past 29 years. As POGO is poised to celebrate its 35th anniversary in 2018, we pay tribute to Corin as she prepares to venture on from POGO.

Under Corin's astute leadership, commitment and vision, POGO has stayed true to its mission to work in concert with all in the pediatric cancer community who care for children and their families, who have been in care, who have survived the journey, and who have supported POGO's work. No small feat. Corin has always understood the nuances required to work collaboratively with a range of stakeholders towards a greater and common good.

As we reflect on POGO's successes, we know that there are many partners who have played a role, but perhaps none more so than Corin herself. Under Corin's guidance POGO has broken new ground in programs and services that address the holistic needs—from treatment to financial to psychosocial—of both the child and family; in educating healthcare providers with the knowledge required to stay at the forefront of their rapidly advancing profession; and in building a seamlessly coordinated provincewide system that ensures delivery of the right care, at the right time, in the right place.

Corin has laid a formidable foundation for POGO's future. Together, all who form part of the POGO collaboration today and tomorrow will continue to build and strengthen this legacy for the children and families who need us most.

Congratulations, Corin, and thank you for the path you have blazed in being a true champion of childhood cancer care.

A handwritten signature in black ink, reading "Stephen Goudge".

Honourable Stephen Goudge
President, POGO Board of Directors



FAMILY SUPPORT

THERE ARE APPROXIMATELY 575 CHILDREN DIAGNOSED WITH CANCER IN ONTARIO EVERY YEAR.

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.



FAMILY SUPPORT

ADAEJAH'S STORY:

Raising a Child with Cancer as a Single Mom



My daughter Adaejah has always been a happy little girl—active, curious and very lovable. The fact that she was born with Down syndrome did not affect that. The fact that she had cancer did not change that.

The events that led to her diagnosis took place over a few months. Adaejah started at a school for children with disabilities when she was two years old. She developed a cold in September that had not subsided by December. She stopped eating and a cut over her forehead just would not heal. Multiple visits to our local hospital didn't get us any closer to understanding what was going on, but within 45 minutes into an emergency visit at The Hospital for Sick Children, we found out she had leukemia. Adaejah was admitted immediately.

I was completely disoriented for a few days. The hospital connected me to a social worker to help me understand what was going on.

My beautiful baby girl needed to go through several rounds of chemotherapy; she would not be coming home for six months; I could not go back to work because I needed to be at the hospital full-time; and I had to figure out how to manage as a single mother with two other kids at home.

I got a leave of absence from my job and received Employment Insurance (EI) benefits for parents of critically ill children. It wasn't even the same as my salary when I was working, but I still had to buy food for myself and pay the bills at home. My 17-year-old daughter became the caregiver to my seven-year-old daughter while I lived at the hospital with Adaejah. When a child gets cancer, it impacts the whole family and how you go about things day to day. It was a huge adjustment for my kids and me.

We thought we were out of the woods when they finally sent us home. But complications

of all kinds followed. Adaejah developed septic shock and kidney failure and had to receive dialysis. She relapsed and received a bone marrow transplant from a cord donor. During her second hospital stay, everything we owned was destroyed by a house fire and smoke damage. For several months after we were released from the hospital, we lived in transitional housing because we could not return home while Adaejah's immune system was so compromised.

While I have family in Toronto, I did not get a lot of support from them during this time. I don't even know if I can call them family anymore. I am very grateful to the friends who helped me when they could, to the hospital, and to Tina, my POGO Interlink Nurse, who has gone above and beyond.

Tina connected me to so many resources, including donations during the holidays, special subsidies that helped pay the rent, and the POGO Financial Assistance Program that helped me with food and childcare. She has worked through my EI applications with me and helped to reintegrate Adaejah back into her special school.

We are not out of the woods yet. Adaejah is being monitored closely because her blood count is low. When she is able to travel, my hope is that we can all make a trip to Jamaica to see where I am from.

- Ashmara Salmon

Adaejah



Ashmara was married recently and gave birth to her fourth child, Jeremiah. She is looking forward to going back to work and wants to move into a different neighbourhood to provide a better home for her family.

FAMILY SUPPORT

STATS + FACTS

The Pediatric Interlink Community Cancer Nurses program started in 1989 and was adopted by POGO in 2005. The role involves extending childhood cancer care from the hospital into the home and community and includes connecting families to important resources.

THERE ARE CURRENTLY

11

POGO Interlink Nurses
across Ontario.

EACH NURSE MAY HAVE

20

family cases at any given time and may be
following five or six 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. For instance, POGO will help 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 PROVIDED

463 • 155

complimentary nights

families in need,
saving them over \$64,000



#POGOhappymoment

Last year Ronald McDonald House in Ottawa closed on December 21 for renovations. Working with the Marriott Hotel, POGO was able to find accommodation for a total of

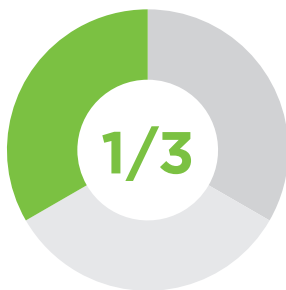
54 **FOR** **6**
NIGHTS **FAMILIES**

*including their extended family
visiting for the holidays.*

Each room was equipped with a microwave and cots to make the stay more comfortable.

Some families received a complimentary breakfast, as well as little gift bags for the children.

The feedback from all the families was that they were treated like royalty!



POGO studies show that the typical family loses 1/3 of their after-tax income due to unexpected costs during treatment.

THANKS TO DONOR SUPPORT, POGO PROVIDED

\$760,694 **TO** **909**

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

THANK YOU

POGO gratefully acknowledges the outstanding financial support of our lead sponsor **Coast to Coast Against Cancer Foundation**. We would also like to thank the following new and returning supporters:

CIBC Children's Foundation, Derek Janzen, Kitchener Rangers Clarky's Kids, The McLean Foundation, The Melman & Yakobson Families, and Scotiabank.



RESEARCH

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

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



RESEARCH

POGO-FUNDED RESEARCH

An Economic Evaluation of CAR-T Therapy A Promising New Approach to Treatment for High-Risk Leukemia

Acute lymphoblastic leukemia (ALL) is the most common form of childhood cancer and for most patients, the standard chemotherapy protocol works very well with an overall cure rate of 90%. But, there is a subset of this population that is treatment resistant. For these young patients, a relatively new therapy called chimeric antigen receptor T-cells (CAR-T) therapy may be the answer.

CAR-T therapy uses the patient's own immune system to do the work of destroying the ALL cancer cells. It starts with harvesting immune cells called T-cells from a patient's blood. Millions of copies of these cells are grown in a lab—engineered to recognize, target and destroy the cancer cells—then infused into the patient's bloodstream. Once back in the patient's body, the cells divide and increase in number, creating a massive army against leukemia cells. Importantly, unlike an infusion of a drug, these cells can remain in the body indefinitely, providing constant surveillance against ALL's return. The results to date are promising, but not without significant risk.

"Like most cancer therapies, CAR-T cell treatment can have severe and potentially fatal side effects," says Dr. Alexandra Zorzi, pediatric oncologist at Children's Hospital, London Health Sciences Centre. "The 'activation' of your own immune system can lead to the release of too many cytokines, which can result in laboured breathing, high fevers, and potentially life-threatening decrease of blood flow to internal organs."

But when it works, it works miracles. At least that is what we know in the short term. "CAR-T

cell therapy has the potential to be a major game changer in childhood ALL," says Dr. Paul Gibson, medical officer with POGO. The early results have shown remarkable response rates, even in children who have been heavily treated for ALL previously. Not only is the response rate impressive, but so are the sustained remissions many patients are experiencing. "This is the first true gene therapy in childhood cancer therapy," says Dr. Gibson. "While very expensive upfront, it may not only save lives, but save children from needing to be treated many more times in the future."

Currently, this therapy is only offered at the Children's Hospital of Philadelphia. The cost to send an Ontario patient for treatment is close to \$500,000, not including the cost to families who often have to leave work and home for several months.

In 2016, POGO awarded Dr. Petros Pechlivanoglou with a seed grant for his project "Economic Evaluation of CAR-T Therapy for Children with High Risk Relapsed ALL." Dr. Pechlivanoglou and his co-investigators—Drs. Sumit Gupta, Jason Pole, Paul Nathan, Tal Schechter-Finkelstein and Wendy Ungar, together with PhD student Jill Furzer—are using statistical and mathematical modelling to determine the value of CART therapy from a clinical and economic perspective. What is the trade-off between the treatment's effectiveness and its cost to the Canadian healthcare system and society overall? Where should we focus our efforts to collect more evidence in the future? And, how will this information be used to inform policy decisions?



“This economic evaluation of CAR-T therapy is only one example of new therapies,” says Dr. Petros Pechlivanoglou. “As new cancer innovations emerge, both in the pediatric and the adult world, we are going to have this challenge of understanding the ‘value-for-money’ proposition again and again. This grant will help us tease out the methods needed to find timely answers to such questions and make prioritization decisions about future clinical, economic and policy research.” - **Petros Pechlivanoglou, PhD**

Dr. Petros Pechlivanoglou is a scientist at The Hospital for Sick Children Research Institute and assistant professor at the University of Toronto. His research focuses on methods around the use of health decision analysis, administrative data and prediction modelling in economic evaluation, and the health economics of pediatric oncology and pre-term birth.

STATS + FACTS

In addition to Dr. Petros Pechlivanoglou’s seed grant, “Economic Evaluation of CAR-T Therapy for Children with High Risk Relapsed ALL,” our donors also helped fund other research investigations awarded in the 2017 fiscal year:

- | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Catherine Goudie, MD, FRCPC</p> <p>Identifying Children at Increased Risk for a Cancer Predisposition Syndrome: The McGill Interactive Pediatric Oncogenetic Guidelines (MIPOGG Study)</p> | | <p>Anne Klassen, DPhil (Oxon)</p> <p>Establishing Content Validity of FACE-Q Kids for Pediatric Head and Neck Cancer</p> | | <p>Brian Timmons, PhD, and Vicky Breakey, MD, FRCPC, MEd</p> <p>Using Exercise to Boost the Immune System of Children with Acute Lymphoblastic Leukemia</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Underpinning the work of the PRU 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 all children diagnosed with cancer in Ontario.

In fiscal 2017, data from POGONIS supported

38

INVESTIGATORS/INDIVIDUALS
across Ontario

This data was presented in a variety of international publications and presentations.

Academic Journal Articles	30
Research Posters	24
Abstracts and Conference Presentations	23



SURVIVOR CARE

**MORE THAN 82%
OF CHILDREN
DIAGNOSED
WITH CANCER
WILL SURVIVE.**

As many as 60% of these survivors will experience late effects
as a result of their cancer and/or its treatment.



SURVIVOR CARE

WHEN YOUR TUMOUR LEAVES YOU WITH A DISABILITY

By Noah Severino

I was 9 years old when I was diagnosed with late stage rhabdomyosarcoma. I had been experiencing chronic fatigue, migraines and tingling in my face for over two months, but none of the doctors could find anything wrong. Then one morning I woke up and I was completely blind in my right eye.

The ophthalmologist found no reason for me to lose my sight so he ordered an emergency CT scan. I remember the pediatrician on call coming out of the viewing room and saying to my mom, "You need to get to SickKids Hospital right now; they are waiting for you."

A tumour had basically encapsulated my brain and was moving; the doctors thought I was 24 - 48 hours away from dying. They started me on emergency chemo and radiation before they could even put a name to what I had. All in all, I had a total of 50 rounds of chemo and 30 rounds of radiation over the course of a year. Radiation caused third-degree burns on my cheek, head, in my mouth and down my esophagus, so eating was a real challenge. I used to drink coffee creamers to keep my weight up and because my mouth was so raw.

My tumour was so aggressive and advanced when I was diagnosed, that doctors wondered whether I would be able to overcome it. They wondered if I would be functional or articulate after such intense treatment, but here I am, 13 years later, a university graduate and am thankfully cancer-free.

Anyone who knows a childhood cancer survivor knows that life doesn't just return to normal when you are declared cured. The tumour severed my optic nerve and I am completely blind in one eye. The radiation permanently damaged my thyroid and my pituitary gland, and for a long time my tear ducts and salivary glands were not functional. I still live with daily headaches that range from two to nine on the pain scale.

I have annual checkups at my POGO AfterCare Clinic. They are monitoring me for secondary cancers (because of all the radiation) and cardiac issues that may arise due to the type of chemotherapy I had. I get regular MRIs to look for brain tumours and I am thankful that my results have been clear.

As you can imagine, a brain tumour, radiation to the head and a year out of school can put a kid at a disadvantage academically.

Noah



Through his work with his POGO Counsellor, Noah received a number of post-secondary scholarships and graduated with a (Honours) Bachelor of Humanities from Carlton University. Noah was recently accepted into the Masters of Management program at the Schulich School of Business at York University.

I was luckier than other childhood cancer survivors in the same situation in that a neighbour who was a retired teacher offered to be my private tutor to help me catch up—I was actually working at a higher level than my peers at one point. Still, I find school challenging (albeit a welcome one) and use special accommodations, like a note taker to help supplement my own notes in case I experience writing fatigue or a migraine.

Counsellors in POGO's Successful Academic and Vocational Transition Initiative (SAVTI for short) work one-on-one with survivors like me to help us achieve our academic and employment goals. A HUGE challenge for me has been disclosing my disability when applying for a job. No one wants to hear that a potential employee isn't going to be able to type quickly, or won't show up for work

some days because of the headaches and chronic pain he has to deal with.

Between some of the workshops I have attended, help from my family and talking one-on-one with my counsellor, I have the tools I need to advocate for myself. It is very intimidating to put yourself out there, but I have gained the confidence I need to say, "I'm a childhood cancer survivor and as a result of my treatments this is what I have to deal with, but I promise you I'm a hard worker and you will be happy with what I can do."

I can honestly say that if I could go back in time and take away my cancer experience, I don't think I would. It has shaped my goals and made me who I am. My hope is to one day work with other childhood cancer survivors or kids with serious illnesses to help them grow and be the best they can be.

SURVIVOR CARE

STATS + FACTS

Systematic
follow-up helps
our childhood
cancer survivors
stay healthy.

The **7 POGO AfterCare**
Clinics throughout
Ontario accommodated

2800

patients in fiscal 2017

Last year
POGO's 5 counsellors
across Ontario received

224

referrals...



...creating a caseload of

520

new and returning
survivor clients

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

84

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

44

are still in high school exploring post-secondary options

OF THE 224 CLIENTS REFERRED IN 2017

7

are employed or receiving community support for employment

38

are exploring career, community or volunteer opportunities

THANK YOU!

SAVTI and other survivor care programs rely entirely on donor contributions. POGO gratefully acknowledges the outstanding financial support of our lead sponsor **Coast to Coast Against Cancer Foundation**. We would also like to thank the following new and returning supporters: **Alice and Murray Maitland Foundation, Canada Post Community Foundation, Peter Gilgan Foundation, Robert Kerr Foundation, and TD Securities Underwriting Hope Charity Auction.**

KNOWLEDGE TRANSFER

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 knowledge transfer is at the core of POGO's mission. POGO achieves this through its annual multi-disciplinary symposium, bi-annual survivor conference and various workshops and education events throughout the year.

2016 POGO MULTI-DISCIPLINARY SYMPOSIUM ON CHILDHOOD CANCER LEUKEMIA: SUCCESSES, ADVANCES, CHALLENGES

By Dr. Paul Gibson

Last year's Symposium was a spectacular example of POGO's reputation as a subject matter expert in the field of childhood cancer. We had representation from the Dana Farber consortium in Boston, the Children's Oncology Group and St. Jude Children's Research Hospital in Memphis. These three entities account for the vast majority of frontline clinical trials taking place in children with acute lymphoblastic leukemia (ALL) in North America. The fact that we were able to bring all of these people together to present an in-depth description of what the current state of research is, and turn that around and ask, "how can we apply all of these best practices to the treatment of children with ALL in Ontario?" is truly a unique occurrence.

It didn't end with discussion of treatment of frontline ALL. We also had Dr. Stephan Grupp from Children's Hospital of Philadelphia, who is probably one of the most sought-after speakers in the field of pediatric oncology because of his work using CAR-T cells. This is the most exciting therapy of present day, particularly in childhood leukemia, and we had the chance to hear about the current state of this technology and, more importantly, talk about how we are going to move this treatment from something we send patients away for, to being a therapy that we can administer here in Ontario.

Further along the spectrum of childhood cancer care, we had speakers focus on the less common forms of leukemia, particularly disorders like acute myeloid leukemia (AML). Beyond the broad picture of clinical trials in frontline AML, we had experts in special populations—namely Down syndrome—who shared what the current state of research is, as well as painted a full picture of how we should optimize caring for these kids.

Despite our great successes and advances, there are still significant challenges for childhood cancer patients and their parents, particularly from a neurocognitive point of view. The importance of survivorship and aftercare programs was highlighted, as well as how SAVTI (POGO's academic and employment counselling for survivors) can help align these kids with the best path going forward.

And finally, I think what sets the annual POGO Symposium apart from other educational events is that there is representation from the full spectrum of professionals who make up the multi-disciplinary teams specific to childhood cancer care. Last year, we had basic science discussions about the biology that is driving childhood leukemia, clinical trial expertise, and we had presentations around how to support patients facing significant long-term effects. It really was an unparalleled opportunity to have this many prominent specialists of all disciplines brought together, not only to learn, but to discuss how we apply these learnings to our system in Ontario.



THE 2016 POGO SYMPOSIUM

**LEUKEMIA: SUCCESSES,
ADVANCES, CHALLENGES**
WAS MADE POSSIBLE BY
LEAD SPONSOR

JAZZ PHARMACEUTICALS

AS WELL AS THE FOLLOWING SPONSORS:

Amgen Canada Inc., Artificial Intelligence in Medicine (AIM), The Children's Wish Foundation of Canada, The Garron Family Cancer Centre, Hearth Place Cancer Support Centre, The Leukemia & Lymphoma Society of Canada, McMaster Children's Hospital Foundation, Ontario Institute for Cancer Research, Princess Margaret Cancer Centre Radiation Medicine Program, Terry Fox PROFYLE, University Health Network - Division of Medical Oncology and Hematology, and Windsor Regional Hospital

PLANNING

PLANNING AND ADVANCING THE SYSTEM

Historically, the childhood cancer system was characterized by independent planning, activity and advocacy by individual hospitals. Prior to 1988, there was an absence of an integrated system to address broadscale childhood cancer control.

In 1988, POGO delivered a comprehensive report identifying gaps in the childhood cancer system, providing strategies for addressing these gaps, recommending mechanisms to coordinate the patchwork of existing services, and proposing the collection of additional data on children and families to support future planning. That plan, and a second five-year Provincial Pediatric Oncology Plan (PPOP) that followed in 1994, profoundly influenced provincial healthcare funding priorities, stimulated policy development and facilitated access to specialty pediatric oncology programs. In 1995, POGO became the official source of advice on pediatric cancer care and control to the Ministry of Health and Long-Term Care, and went on, at Ministry's behest, to develop a third long-range plan in 2006 and a progress update in 2011.

POGO Plans have identified significant concerns and developed solutions leading to the integrated, tiered provincial system we have today. For example:



POGO SATELLITE CLINICS

in community hospitals help
bring care closer to home



POGO AFTERCARE CLINICS

promote long-term survivor health

STAFFING RATIOS

ensure equivalent multi-disciplinary teams in all five Ontario hospitals with pediatric oncology programs

FUNDING RECOMMENDATIONS

provide access to new technologies and pediatric oncology drugs

2017 - 2022

POGO Provincial Pediatric Oncology Plan

The planning process for **POGO's 2017 - 2022 Plan** was launched on March 1, 2016 and has been supported along the way by POGO staff. The deliberations of 50 thought leaders were distilled into **eight priority areas** for further investigation by working groups tasked to identify major gaps, opportunities and challenges of the childhood cancer system.

The eight areas of investigation include:



A **PPOP steering committee** was formed to assist and advise the eight working groups in the preparation and submission of a concise, comprehensive report and recommendations outlining a **5 - 7 year action plan for Ontario's childhood cancer system**. Close to **250 stakeholders** were engaged in regular meetings on the areas of investigation, and **16 expert consultants** have provided additional input as needed.

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: \$700,000 Coast to Coast Against Cancer Foundation*

Platinum: \$300,000 - \$449,999

Cadillac Fairview Run*

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

Kitchener Kids with Cancer Run & Walk

NORDSTROM

Leaders:

\$25,000 - \$49,999

CIBC Children's Foundation
Kitchener Rangers Clarky's Kids
Freedom International Brokerage Company
Ledcor Industries Inc.
Peter Gilgan Foundation
Scotiabank*
TD Securities Underwriting Hope Charity
Auction
Toronto Women's Run Series*

John & Shannon Sullivan

Top Guns Kids with Cancer Take Flight

Supporters:

\$5,000 - \$9,999

Alice and Murray Maitland Foundation
Amexon Property Management
Mark & Gail Appel
John Bujouves
Geordie Dalglish
Factory Shoe Kitchener CCAM Fundraiser
Forum Equity Partners*
Google Employee Giving Program,
GooglersGive
Derek Janzen
Luci Baines Johnson & Ian Turpin
LBJ Family Foundation
Jeremy & Rebekah McIntosh
The McLean Foundation
Apotex - Honey & Barry Sherman
Fred & Catherine Purvis
Realtax
Richard Rival
Scotiabank Toronto Waterfront Marathon
Taya Marie Flores Walk/Run
The Toldo Foundation
Underground Specialties Inc.

Benefactors:

\$10,000 - \$24,999

Canada Post Community Foundation
Canadian Tire, Store #152 (Dixie Rd. &
Dundas St., Mississauga)
CWA Foundation
ECHOage
The Lawrence and Judith Tanenbaum Family
Foundation
The Melman & Yakobson Families
Paliare Roland Rosenberg Rothstein LLP
Robert Kerr Foundation
Russells Stick It To Cancer 3-on-3 Hockey
Tournament



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

Adam Hill's Leadville 100 Event / An Evening of Magic with David Johnson / The B.A. Himel Family Foundation / Jason Baker / Wayne Barwise / John Billowits / The BLG Foundation / Mr. & Mrs. Philippe Bournilhas & Children / Buckler Aquatics Staff Christmas Party / Cavalluzzo Shilton McIntyre Cornish LLP / Dr. Anthony Chan / John & Pattie Cleghorn & Family / Dean & Cherry Colling* / Michelle Connolly & Carlo Odorico / The Creative Child Learning Centre / Delta Delta Delta / Arlene Dickinson / Sandra Donnelly / Eric Ehgoetz / David & Susie Ellis / Armen Farian / Penny Fine / Football for the Cure / Paying it Forward - Forest Glen Public School / Cory Freedman / Randy & Jenny Frisch / Christopher Gisi / Jack Gisi / Lawren Green / Daniel Grima / Sandra Hardy / David & Lenore Hawkey / Judy Hofmann-Moore / Horn Family Fund / Island Girl Half Marathon & 5K / Michael Kalles / Hema Kapadia / Susan Harris & David Kassie / Peter & Erin Kirby / KPFFA Charities Group / Luke Leon / Liv Wise Fund / MacLeod Public School Chalk n' Walk / Dylan MacNamara / Miso's Haircut for POGO / The Mason Group Inc. / Michael Mazan / Dan McAlister / Gregory McDonnell / Alexander McIntosh / Michael Bros. Excavating / National Homes / Cathal O'Connor / Osvaldo Holdings Inc. / Patsy Persaud / The Philip Smith Foundation / Derek & Jennifer Phillips / Pick Your Poison Trail Run / Dave Platel / Dan & Tracy-Lee Pyrah / Richard's 50th Birthday Party / Neville Robinson / Peter & Pat Sacks / Salden Foundation / Thomas & Regina Seidel / Peter Sens / Smitiuch Injury Law / Paul Spafford / Andrew Stringer / Harvey & Cathy Strosberg / Sweet Flour Bake Shop CCAM Event / Jeff Taylor / TLK Towing / TRi KiDS Triathlon Series / Unifor Local 200 / Dr. Charmaine van Schaik / Peter & Teresa van Schaik / Darryl Viegas / Shirley Watchorn / John H. Watson / Michele Wilson / Windsor Mormosa Shrine Club / St. Clair College PR Students - Windsor POGO Dinner Event / Daniel & Michelle Wittlin* / Michael Wolff / Fay Wu* / Lara Youisif

Donations: \$500 - \$999

Westmount Signs & Printing / Advocate Insurance Group / Nick Agostino / David E. Barker / Susan & Douglas Bassett / Graeme Begg / Nicole Bigioni / Tim Birnie / Douglas Bodley / Brad & Luisa Bondy / Michael & Shauneen Bruder / Celgene Inc. / J. Roger Chiles / Neil Clark / Ian Cleghorn & Lynne Bridgman* / Clonard Group Inc. / Casey Coates* / Chris Connell / Louie Cosolo / Suzie Daum / Russ Davidov / De Angelis Construction / Pete Demik / Joe DeSario / Donna L Watterud Medicine Professional Corporation / Heather Dunlop / Mark Ellwood / Andres Escobar / Michael Ferguson / Michael Galego / Jeff & Kim Gans / Gateman Milloy / Andrew Grieve / Stephanie Gunn / H. H. Angus & Associates Ltd. / Ronald Haigh / Bravo Bouquets / Jason A. Gibbons Professional Corporation / JTS Mechanical Systems Inc. / Judah's Birthday Party for POGO / Jordan Karp / Melvyn Kay / Ian Kennedy / Jonathan Kliegman / Sandro Lavallo / Thuy Teresa Le / Greg Lennie / Leo Baeck Get Up & Go for POGO / Life After Law / Jacques Mignault / William Nankivell / Joseph Palozzi / Ed Parkinson / Adam Posman / Premier Orthotics Lab / Joseph Pucci / Sarah Rankine / REALPAC / Sandra Rieger / Jennifer Rogers / Philip Salamone / Luis Santos / Claudio Sarracini / Homer Sayyad / Bernard Schiff / Shoeless Joe's Milton / Wes Steele / Jay Swartz / Joseph Szolopiak / Terra Vista Farms Ltd. / Linda Tisler / Leigh Tynan / Marleen Vincze / Andrew Wells / Graeme & Mary White / Don & Connie Wilson / Dr. Ian Wilson / Lynn Wilson / Carol Winter / Bill Wong / Roger Wood

Top Fundraisers:

Cruz Balog / Richard Blenman / Graham Choonoo / Alyssa Cruz / Natalie Flores / Sara Jean Forwell / Jayson, Kandis & Ava Gagnard / Marilyn Green / Erika Haigh / Adam Hill / Johnny Jim / Laura Kemp / Ray Lawrence / Jay McCarthy / Sameen Rehman / Jaimie Roebuck / Jodi Rosner / Amar Sandhu / Jeff Sittler / Wes Steele / Margaret Tso / Connor Wells

Donors recognized above made contributions or pledges of \$500 or greater to POGO between April 1, 2016 and March 31, 2017. 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.



2016-2017

FINANCIAL HIGHLIGHTS

Gross Fundraising Revenue	\$3.1M
Ministry of Health & Long-Term Care*	\$6.3M
Total charitable activity	\$2.6M
Fundraising and administrative expenses	\$944K

* 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 **\$844K** | 33%

Survivor Care Programs **\$523K** | 20%

Education **\$155K** | 6%

Research **\$486K** | 19%

Other **\$563K** | 22%

Fiscal 2017 financial statements were audited by Schwartz 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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FIRESIDE & Flannel

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Pediatric Oncology Group of Ontario

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FOR NOW, FOR LIFE.**