maternal infant
child & youth
research network

réseau de recherche
en santé des
enfants et des mères

annual report

14

connecting

facilitating

catalyzing

informing

MISSION

Catalyzing advances in maternal and child healthcare by connecting minds and removing barriers to high-quality health research

VISION

Better health for mothers and children

MICYRN was founded in 2006 to benefit maternal and child health and well-being by building capacity for applied health research and advancing knowledge through collaborative research. It is federally incorporated as a non-profit society, and joins together 20 maternal-child research organizations in Canada. The MICYRN member organizations are committed to harmonizing research processes, implementing best practices, and supporting collaborations both nationally and beyond, in order to improve the quality, effectiveness, and uptake of research.

2014 annual report

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Message from the Scientific Director and Board Chair

Great advances in MICYRN's contribution to the child and maternal health research community were made in 2014. Starting with a workshop and planning meeting in January, the MICYRN community came together in a major undertaking to craft the business plan and engage key stakeholders to develop a Canadian coordinating and advisory network and infrastructure to ensure best therapies for children (KidsCan), which culminated in a submission to federal Health Minister Rona Ambrose (see details page 6).

Recognizing the power that the MICYRN collaborative brings to research initiatives, an unprecedented number of research teams sought the support of MICYRN this past year. MICYRN's Coordinating Center staff, our working groups, and the leaders of our member research organizations and specialty network affiliates can enable valuable connections to the research and healthcare communities to help shape proposals, facilitate multijurisdictional research, and share new knowledge to inform best practices.

Every year MICYRN assesses the needs of its members and the investigator community, and determines how the network can assist them to advance the quality and impact of research in order to improve the health, healthcare and services delivered to Canadians. Under the engaged leadership of our board of directors, MICYRN is positioned to catalyze advances across Canada and beyond. The achievements made this year are in no small part due to their financial leadership, advocacy, and provision of knowledge and expertise in directing a national strategy.

We also take this opportunity to thank our members and partners who have generously contributed their time and energy. We are pleased to highlight some of this work in our annual report, and provide insight into where the network is headed.

Sincerely,

Anne Junker, MD
Scientific Director

Stephanie Atkinson, PhD
Chair of the Board

Governance

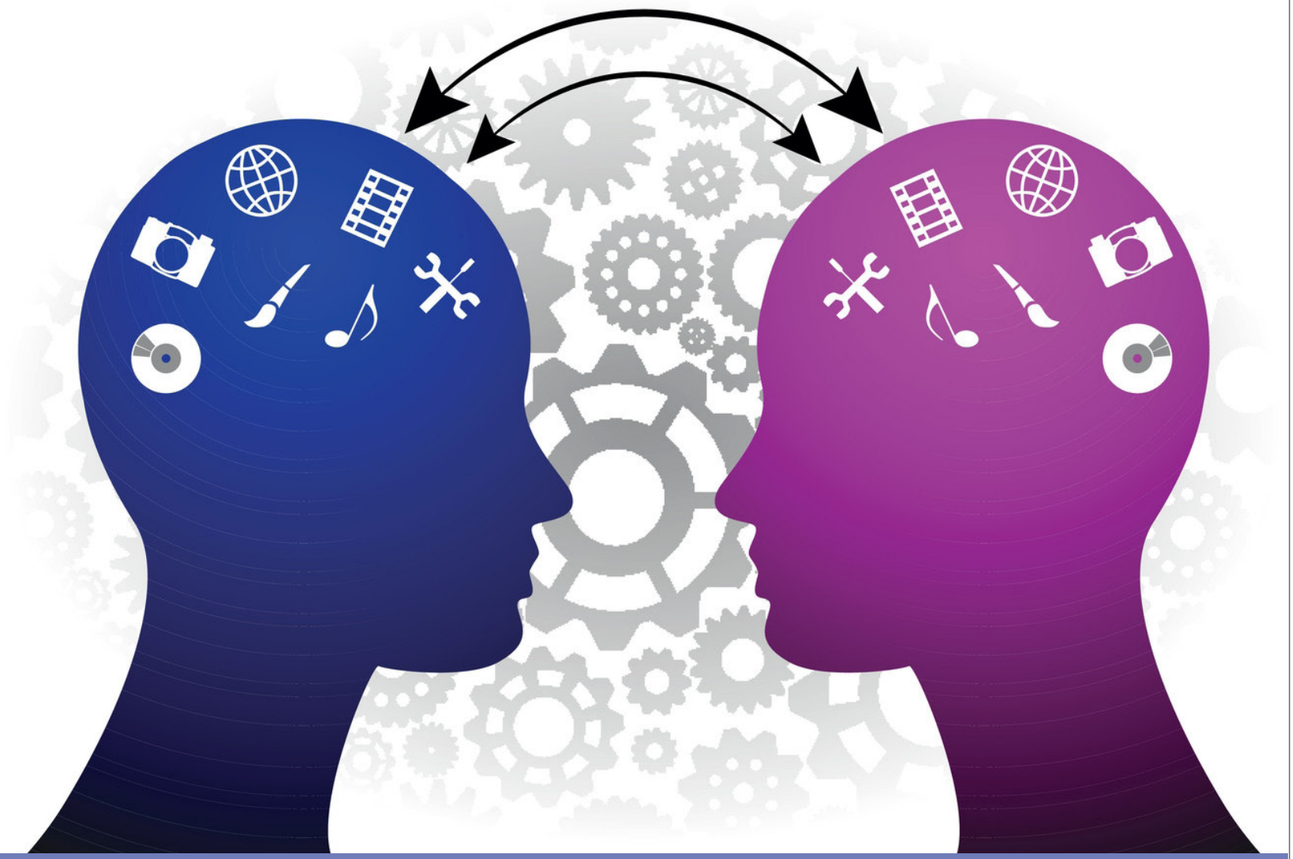
We are incredibly grateful to past chair, Dr. Aubrey Tingle, for his significant contributions to MICYRN. From 2009, Dr. Tingle helped develop MICYRN into the charitable, incorporated, non-profit society that it is today, and then as board chair for the last three years, he helped establish key strategic and governing board processes. He will continue to serve as a member of the board. Dr. Tingle was appointed to the Order of BC this past year in recognition for his outstanding contributions to advancing health research in British Columbia through his critical role in the creation of British Columbia's Michael Smith Foundation for Health Research, and for his service as the founding president and CEO.

Dr. Stephanie Atkinson (McMaster University), MICYRN's Board of Directors vice-chair, was elected to chair the board at the end of this year, and Dr. Alan Bocking (Mount Sinai Hospital, University of Toronto) was elected to the role of vice-chair.

In keeping with rotation of the MICYRN Board of Directors, the term of Dr. Victor Han (LHSC) ended in 2014, at which time Dr. Alain Moreau (CHU Sainte-Justine) was ratified as the board's newest director. We thank Dr. Han for his hard work and dedication to shaping MICYRN, and welcome Dr. Moreau.

The 2014 Annual Report continues to highlight MICYRN's contributions to building maternal, infant, child and youth research capacity across the country through four processes: connecting, facilitating, catalyzing and informing.

connecting



minds

Research Partnerships

Recognizing the power that the MICYRN alliance brings to research initiatives, an unprecedented number of research teams sought the support of MICYRN this past year.

MICYRN's well-established working groups in Clinical Research Informatics and Research Ethics and Regulatory Affairs involve multiple representatives from our member organizations across the country, and provide researchers with invaluable connections to people at individual sites and with the collaborative group as a whole. Expert opinion in these key areas can help shape proposals, facilitate multijurisdictional studies, achieve efficiencies, and deliver results, all of which optimizes the investment in research.

MICYRN's Coordinating Center staff and the leaders of our member research organizations and specialty network affiliates can enable valuable connections to the research and healthcare communities to share new knowledge and inform best practices.

We were pleased the following research teams, who were provided letters of support describing how MICYRN and its initiatives can assist their programs, were funded. Several more letters were provided to teams still waiting to hear back.

1. NeuroDevNet Networks of Centers of Excellence program renewal (included the proposal to create a neurodevelopmental trials program to study behavioural, device and technology interventions) – PI D. Goldowitz
2. Rethinking long-term value and access for historical and contemporary maternal, infant and child research data – PI K. Baker; co-PI L. Richer
3. Long-term Cardio-Respiratory Outcomes of Extremely Pre-term: A Workshop to Guide Development of a Current Canadian Study – PIs S. Katz, T. Lacaze, A. Stevens Lavigne, B. Thebaud
4. CONSORT-C: Pediatric clinical trials reporting guideline extension – PI M. Offringa
5. Guideline development for improved study design and conduct in pediatric clinical trials: SPIRIT-C – PI M. Offringa
6. Standard Protocol and Reporting Items for Randomized Trials in Children: SPIRIT-C and CONSORT-C (co-PIs T. Klassen, M. Offringa)
7. Design, conduct, and reporting of randomized controlled trials in child health: a systematic review – PI L. Hartling
8. Maternal Omega-3 supplementation to reduce Bronchopulmonary Dysplasia in very Preterm Infants: A Randomized Controlled Trial (MOBYDIck Trial) – PIs B. Fraser, T. Lacaze, P. Lavoie, I. Marc, B. Masse, A. Nuyt
9. Team to Address Bariatric Care in Canadian Children (Team ABC_3) – PIs G. Ball, C. Birken, J. Hamilton, N. Holt, L. Masse, K. Morrison

Council for Canadian Child Health Research (CCCHR)

Monthly teleconferences between the member representatives of MICYRN, CCCHR, and leaders of the Canadian Child Health Clinician Scientist Program (CCHCSP) helped to ensure work towards common goals was streamlined and broader initiatives were jointly supported where possible.

MICYRN's Coordinating Center staff provide CCCHR administrative and executive director support, and facilitated the annual joint CCCHR/CCHCSP Trainee Symposium and production of the report *Creating a New Horizon in Child Health Research Report*. This report summarizes the current challenges in sustaining child health clinician-scientists in Canada and gives recommendations for action to revitalize this community to better support advances in health care of children and their families.

facilitating

multijurisdictional research

Working Towards Safe and Effective Treatment for Canadian Children

In 2014, the MICYRN community galvanized around the creation of an integrated Canadian partnership that includes families, clinicians, researchers, health care administrators, policy makers, and health charities focused on generating better evidence upon which to base safe and effective treatment decisions for children. Initially in 2012, the Minister of Health, on behalf of Health Canada, asked the Council of Canadian Academies (CCA) to convene an expert panel and provide an evidence-based and authoritative assessment on the state of therapeutic products for infants, children, and youth. The panel identified five key findings in their report published in September 2014:

1. Children take medications many of which have not been proven safe and effective for their use.
2. Children respond to medications differently from adults; thus medicines must be studied in children and formulated for children.
3. Studying medicines in children is always possible and is in their best interests.
4. In the United States and the European Union, pediatric medicines research is encouraged, required and monitored in ways that offer lessons for Canada.
5. Pediatric medicines research is a Canadian strength, but it requires reinforcement and sustained capacity and infrastructure to realize its full potential.

Drs. Terry Klassen, Martin Offringa and Thierry Lacaze

In anticipation of the CCA report, at the start of the year MICYRN collaborated with the CIHR Drug Safety and Effectiveness Network (DSEN) and the CIHR Institute of Genetics to hold a workshop on “Innovative Clinical Trials: Needs for studies in small populations”. Strong consensus emerged that Canada needed a strategy for pediatric-focused research that would include a national network with a consistent long-term and integrated infrastructure. In the ensuing months, MICYRN members and partners from across the country and beyond contributed to a proposal that was submitted to the federal Minister of Health. The proposal package included letters of support from directors of Canada’s child health research organizations, and key stakeholders including the Canadian Pediatric Society, the Canadian Association of Pediatric Health Centers, and the Canadian Family Advisory Network. The writing team included Lawrence Richer (WCHRI), Geert ’t Jong (CHRIM), Martin Offringa (SickKids-RI), Nathalie Lacaze-Masmonteil and Lisa Nesbitt (CHEO-RI), and Catherine Litalien (CHU Ste Justine). Thanks to the generosity of Institute Directors Terry Klassen (CHRIM) and Martin Osmond (CHEO-RI) vital project staff support was available. Very special thanks go to Thierry Lacaze (CHEO-RI) who led the mission; Alex Munter (president and CEO, CHEO) and Stuart MacLeod (UBC) who facilitated connections; and Institute Director Sandra Davidge (WCHRI) who introduced the plan to the federal Health Minister Rona Ambrose.

U.S. Pediatric Trials Network (PTN)

A MICYRN milestone was achieved this year in serving as a national portal to facilitate the opening of PTN sites in Canada. In the ambitious and unique PTN undertaking, the Pharmacokinetics of Understudied Drugs Prescribed to Children as Standard of Care (POPS) study was initiated to address a problem that is receiving global attention: the substantial off-label use of drugs in children. This includes the use of a drug for the treatment of diseases not listed on the product label, use outside the licensed age range, dosing that does not adhere to approved dosing guidelines, or the use of an unapproved route of administration. Approximately 25% of drugs prescribed in the emergency room setting and over 50% of drugs administered in the hospital are unapproved or used off-label in children. The data collected through POPS will provide important dosing information about drugs commonly used in different pediatric age groups as well as special pediatric populations.

For the first time ever in Canada, a collaborative approach was taken to open multiple POPS study sites and coordinate the administrative tasks of contract negotiation and regulatory approval. POPS, which has been underway in the U.S. since July 2011, saw four major Canadian research institutes in three different provinces participating: CHEO (Ottawa), SickKids (Toronto), Ste Justine (Montreal) and CHRIM (Winnipeg), with CHEO agreeing to take the lead for regulatory submissions. In a greatly appreciated, major show of support, Health Canada waived the requirement for clinical trial agreements for the POPS studies, where the amount of paperwork would have precluded Canada's involvement. New PTN studies will see more sites opening.

"Making medicines safer for children is a mission that transcends geographic boundaries," as stated by Danny Benjamin, MD, PhD, MPH and lead PI of the U.S. Pediatric Trials Network. "With the help of MICYRN, the PTN is able to accomplish more in less time with greater effect. Such cooperation across borders is integral to accelerating the pace of pediatric research and optimizing health care outcomes for kids around the world."

European Network of Paediatric Research at the European Medicines Agency

MICYRN has been a member of the Coordinating Group of the European Network of Pediatric Research at the European Medicines Agency (Enpr-EMA), since its inception in 2011. Enpr-EMA is a network of national and specialty networks, investigators and centers with recognized expertise in performing clinical trials in the pediatric population. Anne Junker represents Canada through MICYRN, which is among a select few international networks in Enpr-EMA. After the fifth annual Enpr-EMA workshop, transnational ad hoc working groups were set up to develop pragmatic responses to important needs. At the sixth annual meeting in June, it was no surprise to hear about the similarity in issues and barriers faced by EU investigator teams to those in Canada conducting research across multiple jurisdictions. The relationship with Enpr-EMA presents a terrific opportunity to exchange ideas and innovations, and to achieve global economies of scale to the ultimate benefit of the children for whom we care.

The PTN is made possible by the U.S. Best Pharmaceuticals for Children Act, and is supported by U.S. National Institutes of Health Eunice Kennedy Shriver Institute of Child Health and Human Development (NICHD), the NIH, and the U.S. Department of Health and Human Services.

Global Pediatric Clinical Trials Network

Major international pharmaceutical companies are joining together in an initiative to create a Global Pediatric Clinical Trials Network in response to U.S. and EU legislation that requires manufacturers to submit acceptable pediatric investigation plans before authorization of any new medicine. Pediatric drug development is inherently multi-national as no single country has enough sick children or enthusiastic

investigators to complete pediatric investigation plans, particularly in rare diseases. A major barrier to conducting pediatric studies is the need to repeat the setting up of infrastructure for each new study at each site involved. Core infrastructure includes qualified and experienced staff who can act as a contact for sponsors, reduce the time to study start-up, and improve the quality of research. Sam Maldonado, vice president of the Child Health Innovation Leadership Department at Janssen Pharmaceuticals, initiated events and engaged representation from Pfizer, Novartis, Eli Lilly, Bristol Myers Squibb, Genentech, the Pharmaceutical Research and Manufacturers of America, the USA Biotechnology Industry Organization, the American Academy of Pediatrics, the European Medicines Agency, and Enpr-EMA. Drs. Colin Macarthur, Martin Offringa (SickKids) and Anne Junker were invited to join an inaugural advisory board that involved 25 members, diversified by pediatric subspecialty and sector, including representation from the NIH and FDA.

Pediatric Clinical Trials Stakeholder Forum attendees (November 2014)

Clinical Research Informatics (CRI)

MICYRN has a well-established CRI working group that involves multiple representatives from our member organizations across the country. The group has been instrumental in harmonizing approaches to research data management, agreeing on best practices, and identifying new directions to pursue.

Research Electronic Data Capture (REDCap)

The REDCap software for academic use was developed in the U.S. by the bioinformatics core at Vanderbilt University, with ongoing support from the National Center for Research Resources and the NIH. The REDCap consortium is a collaborative, international network of over 900 institutional partners in over 70 countries with more than 100,000 end users employing the software in more than 100,000 ongoing studies. MICYRN represents one of the very few organizations in the world where there has been a collaborative national approach to encourage the use of REDCap, provide assistance in setup, and link professional support staff.

MICYRN's CRI group members took leadership last year by enrolling to sit on several of the global REDCap special-interest groups.

Rick Watts (WCHRI) joined the Regulatory (21 CFR Part 11, HIPAA) and Software Validation task force; Yael Kamil (CHEO-RI) the Publications task force, and Rupinder Mann (Lawson Health Research Institute) the Training and Training Materials task force.

facilitating...

In a ‘hub and spoke’ approach, REDCap installations are now established at the majority of MICYRN member sites, linked through the MICYRN CRI working group. The ‘hub’ is a super-stable, validated version of REDCap, which is hosted at WCHRI. A shared effort with CHEO-RI maintains an environment that meets requirements for data management in regulated clinical trials. The MICYRN Board approved a business model and terms of reference drafted by the CRI working group for the use of this MICYRN resource on a cost-recovery basis. MICYRN is currently providing data management support to Canadian investigator-initiated clinical trials.

This year, the CRI group initiated work to define a framework for developing plugins (pieces of computer code that add extra functionality) to the REDCap program, which will enable us to collectively build knowledge about plugin development across our member organizations.

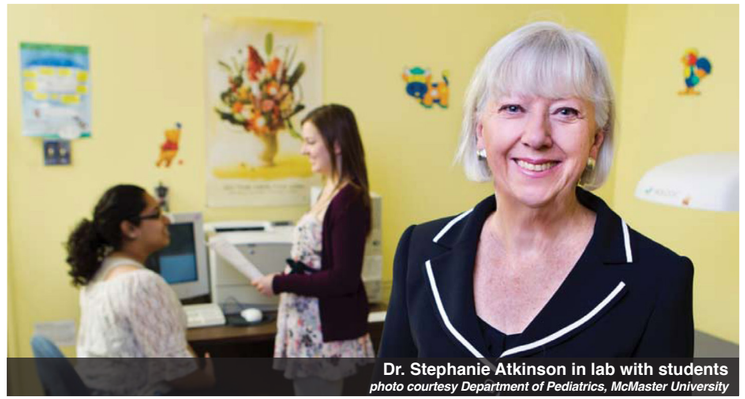
Stay tuned...

We are faced with the needs of investigators/teams in our community to share data between project collaborators or with other teams nationally and internationally, and to be able to link and integrate data in one system with others. Thus, there is the requirement for tools that can harmonize, link or integrate data across different informatics platforms, not only within the research world, but also with hospital and community clinical information systems and electronic health records. MICYRN is developing a number of tactics to provide support in these areas.

Birth Cohorts

MICYRN’s online inventory of Canadian pregnancy/birth cohort studies was updated this year, and represents the largest national collection of details of completed or ongoing cohort studies available in the public domain in an e-searchable database.

Plans to create a Canadian data repository were initiated with the leaders of independent studies that collected similar information on environmental exposures (including physical, emotional and nutritional aspects of pregnancy) and longitudinal outcomes (cardio/metabolic, and neurodevelopment measures). Harmonization of the datasets will establish information that is nationally representative across culturally and geographically diverse populations, which then provides the opportunity to address expanded or new research questions not included in the original independent cohort studies.



Dr. Stephanie Atkinson in lab with students
photo courtesy Department of Pediatrics, McMaster University

advances

Rare Diseases Models and Mechanisms Network (RDMM)

Christine Oriel, MICYRN Coordinating Center

At the forefront of MICYRN's research partnerships is the Rare Diseases: Models and Mechanisms Network (RDMM), with principle investigators Philip Hieter (UBC), Janet Rossant (SickKids-RI), and Kym Boycott (CHEO-RI). In October 2013, the CIHR Institute of Genetics and Genome Canada launched a $2.3 million funding opportunity to create a single national consortium that would expedite collaborations between clinicians identifying rare disease gene mutations in patients, and researchers who can use model organisms (fruit fly, worm, yeast, zebrafish, mice) to study these genes.

Early on in the RDMM proposal development, MICYRN was engaged as a key partner and our Coordinating Center staff began providing administrative, application process, and communications support, including development of the RDMM website. In November 2014, the RDMM was announced as the successful applicant and will award approximately 100 grants over the next three years to catalyze connections between clinicians and basic researchers, and spur research on rare diseases.

National Collaboration Tools

An ongoing challenge for a national network is determining how to efficiently collaborate over vast distances with available technology. Responding to an increased need to facilitate productivity, workflow and collaboration amongst groups, MICYRN secured space for its own use on the Public Health Agency of Canada's online tool, the Canadian Network for Public Health Intelligence (CNPHI).

Now in its tenth year, the system has expanded to offer a suite of collaboration tools, including: documents manager, discussion board, news board, meetings manager, group notification, PING and web/survey data. The CNPHI resource has been invaluable in supporting the work of the RDMM in tracking the multiple catalyst grant applications at various stages of the application process, from the review of the gene application and results of evaluations to application workflow and communication. With expertise gained through these efforts, MICYRN is now in a position to offer the CNPHI tool to other research networks and teams.

MICYRN's Coordinating Center is providing key support to the RDMM Network. This past year we welcomed new administrative assistant, Christine Oriel, BSc, who has a background in healthcare administration. Christine has played a major role in streamlining the workflow and maintaining efficient collaboration amongst RDMM members who are widely distributed across the country. With the help of MICYRN's access to the Canadian Network for Public Health Intelligence (CNPHI) online collaboration tool, the RDMM has been able to markedly reduce administrative costs, allowing the savings to go to where it really matters – the research.

The RDMM is unique in the world and will build on Canada's leadership in rare disease gene identification, and extend its involvement into the development of treatments and therapeutics for rare disorders. We are delighted that the network 'web' that is MICYRN will optimize participation in the RDMM, and facilitate communication about findings to the ultimate benefit of patients and their families.

A rare disease is defined as a condition affecting less than one in 2000 people. There are over 7000 rare diseases, many of which present in childhood with devastating consequences. Approximately one in 12 people (nearly three million Canadians) have a rare disease.

Photo by Robert Teteruck
Creative Services Studio, SickKids

Dr. Janet Rossant, Chief of Research, SickKids

Dr. Janet Rossant, a founding MICYRN member representative for SickKids-RI and recent Canada Gairdner Wightman Award winner, is an RDMM co-PI.

informing

best practices

Best Practices for Research

Frameworks to guide the governance of research activities and ensure research integrity, and policies and practices that meet ever-evolving demands of the ethical, legal and societal implications (ELSI) of research, particularly in children and pregnant women, are fundamental elements needed by all of us. The partnership that is MICYRN provides all of its members ease of access to international best practices, saving the time and cost of independent reviews. Moreover, linking the MICYRN investigator community to ELSI working groups can help to shape recommendations that provide pragmatic solutions to real world issues.

P3G International Pediatric Research Program (IPRP)

MICYRN is partnered with the Center of Genomics and Policy (CGP) based at McGill University (Director, Bartha M. Knoppers) and the Care for Rare project (PI Kym Boycott, CHEO-RI) to support the IPRP, which brings together pediatric experts from around the world to regroup tools and resources on ethical, legal and societal issues in order to optimize pediatric research. Led by Ellen Wright Clayton (Vanderbilt University), coordinated by Minh Thu Nguyen (CGP) and assisted by the Public Population Project in Genomics and Society (P3G), the IPRP has produced policy recommendations related to genetic studies in children and return of results.

Guidance for Pediatric Clinical Trials

Spirit© and Consort©

The Standard Protocol Items: Recommendation for Interventional Trials (SPIRIT) and Consolidated Standard of Reporting Trials (CONSORT) statements provide a minimum set of recommendations to guide investigators in the development and reporting of clinical trials. The guidance improves the quality of research/reporting and the ability to compare the results from one study to the next. Yet, these statements lack specific elements important for trials with children, such as details about the intervention, drug dose and method of delivery, and outcomes measured. A CIHR-Planning grant allowed Martin Offringa, the head and senior scientist of the SickKids Research Institute Child Health Evaluation Sciences unit, to host an international meeting in September and develop consensus on child-friendly additions to these statement checklists. A plan is being developed to guide researchers on how to implement the checklists, and MICYRN is well positioned to disseminate results and facilitate endorsement.

Ethics Review

MICYRN's Ethics group is collaborating with Martin Offringa on several project proposals to improve the quality and consistency of ethics review of multi-site pediatric clinical trial protocols. One initiative involves a working group of the EU-funded Global Research in Pediatrics (GRiP) Network of Excellence, which aims to provide pragmatic guidance. An international group of ethics experts with pediatric expertise has developed a short set of critical and specific questions that should be addressed in a study protocol or

by the researcher. Considerations and guidance to aid in the REB evaluation are provided in a layered document from which the user can utilize a one-page summary of the questions and considerations for each ethics issue (e.g. risk/benefit ratio, informed consent) and seek the additional guidance or background discussion on the topic, where needed, without reading the document from start to finish. A pilot project is in development whereby members of MICYRN's Ethics Group will involve their REBs in further beta testing and refinement of the approach.

Young Persons Advisory Group

We are pleased to see more research groups connecting with the Young Persons Advisory Group (YPAG) based at CFRI and funded by a grant from the Peter Wall Foundation. YPAG members have been involved in informing the development and conduct of research studies, bringing their unique insights to the teams to improve the quality of research. In return they are learning about important work that can have an impact on them and their peers. YPAG representatives have provided feedback on areas including development of study protocols and consent forms, recruitment processes, and utility of new technology. The inaugural YPAG project, MobileKids, garnered much attention in 2014 and was featured in articles in national media. Abstracts of the work were accepted for presentation at YTH Live, Active Healthy Kids Canada's Global Summit, and the Western Society for Pediatric Research.

BC YPAG representatives at a Mini Med School

An EU-funded GRiP Network of Excellence project is underway to develop international consensus guidelines for the formation of youth advisory groups. Led by Winnie Chan, under the supervision of Martin Offringa, an online platform will provide terms of reference for the operation and oversight of advisor groups, as well as advice from "lessons learned" about scope, mandate and activities.

Best Practices for Clinical Care

The Canadian Task Force on Preventive Health Care (CTFPHC) engaged the support of MICYRN to assist in the development and dissemination of its work on "Recommendations for growth monitoring, and prevention and management of overweight and obesity in children and youth in primary care Canadian", which was published in the *Canadian Medical Association Journal.*

The CTFPHC was established by the Public Health Agency of Canada to develop clinical practice guidelines that support primary care providers in delivering preventive health care.

The failure to translate research evidence into day-to-day clinical practices is a significant reason for suboptimal quality care across the health system. MICYRN and its partners in the Canadian Child & Youth Health Coalition were approached by PI Anna Taddio of the Help eliminate pain in kids - HELPinKIDS team (SickKids-RI) to assist in advocacy and dissemination of a guide for parents, caregivers and children on how to reduce vaccine injection pain, originally published in the *Canadian Medical Association Journal* in 2010.

financial report

Statement of Operations	2014/2015* (CAD$)	2013/2014 (CAD$)	2012/2013 (CAD$)
REVENUE			
Member Contributions	$ 315,000	$ 185,000	$ 170,000
Other Sources	68,466	50,808	9,012
Total Revenue	$ 383,466	$ 235,808	$ 179,012

Statement of Results	2014/2015* (CAD$)	2013/2014 (CAD$)	2012/2013 (CAD$)
EXPENSES			
Coordinating Center Operations	$ 36,887	$ 33,479	$ 48,613
Salaries and Benefits	245,549	147,825	163,549
Conferences and Workshops	24,332	32,007	38,658
Platform Salary Support	4,314	-	-
Research Awards	-	-	60,000
Total Expenses	$ 311,082	$ 213,311	$ 310,820

* Unaudited financial statements

2014 Board of Directors

Stephanie Atkinson, McMaster University

Alan Bocking, Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hospital

Sandra Davidge, Women and Children's Health Research Institute

Victor Han, Children's Health Research Institute

Katie Lafferty, Canadian Partnership for Stroke Recovery

Alain Moreau, Centre hospitalier universitaire Sainte-Justine

Martin Osmond, Children's Hospital of Eastern Ontario Research Institute

Brent Scott, Alberta Children's Hospital Research Institute

Aubrey Tingle, Professor Emeritus (Pediatrics), University of British Columbia

Executive Staff

Anne Junker, Scientific Director

Stephen Barbazuk, Executive Director

Christine Oriel, Administrative Assistant

Andrea Rudy, Engagement Associate

Member Institutes

Child & Family Research Institute (CFRI)	BC
Women's Health Research Institute	BC
Women & Children's Health Research Institute (WCHRI)	AB
Alberta Children's Hospital Research Institute (ACHRI)	AB
Royal University Hospital, Saskatoon Health Region	SK
Children's Hospital Research Institute of Manitoba (CHRIM)	MB
Children's Health Research Institute (CHRI)	ON
SickKids Research Institute	ON
Lunenfeld-Tanenbaum Research Institute, Mount Sinai Hospital	ON
Sunnybrook Health Sciences Centre, Centre for Mother, Infant, & Child Research	ON
Laurentian University	ON
McMaster Children's Hospital, McMaster University	ON
Kingston General Hospital, Queen's University	ON
Children's Hospital of Eastern Ontario Research Institute	ON
Centre de recherche du CHU Sainte-Justine, Université de Montréal	QC
Research Institute at the Montreal Children's Hospital, McGill University	QC
Centre d'excellence en recherche de l'Université de Sherbrooke Mère-Enfant	QC
Centre de recherche du CHU de Québec, Université Laval	QC
IWK Health Centre, Dalhousie University	NS
Janeway Children's Health and Rehabilitation Centre, Memorial University of Newfoundland	NF

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