

SPRING 2023

WOMEN'S NOW

GENEROSITY AT WORK. REVOLUTION IN ACTION.



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A study combining key screenings can increase heart disease prevention for women
- Type 2 diabetes prevention program for postpartum women
- A way forward in reducing surgical waitlists



A BEACON OF HOPE FOR CARDIAC HEALTH

An innovative look at how combining key routine screenings can increase heart disease prevention for women

If you ask Canadian women what they are most afraid of, most of them will say breast cancer.

As a result, most women above the age of 50 will choose to undergo breast cancer screening through regular mammograms. However, the reality is, women are five times more likely to die from heart disease than from breast cancer with little opportunity or awareness on how to proactively screen for cardiovascular disease.

Dr. Elsie Nguyen, Dr. Paula Harvey, Researcher Coordinator Teresa Bianco and their team at Women's College Hospital (WCH) are working to change that through innovative new methods of early detection and prevention in order to decrease the risk of heart attacks and strokes.

"Calcium deposits in breast arteries are associated with higher heart disease risk in women," says Dr. Nguyen, Principal Investigator on the study and Director of the Cardiac CT and MRI Program at WCH. "Identifying the impact of the relationship between calcium deposits in breast arteries and calcium deposits in the heart could play a crucial role in disease prevention."

This is the goal of the Joint Breast Cancer & Cardiovascular Screening in Women (BEACON) Research Study taking place at WCH, which aims to combine screenings for heart disease with mammography screening. While heart disease in women remains vastly under-researched, the hope is that through creating a joint breast cancer and cardiovascular screening

program, women and their healthcare providers will be better equipped to understand and integrate preventative health care to improve health outcomes for women.

The BEACON study is just one of the many ways that WCH sees things differently. "We are constantly adapting in order to increase awareness and improve the lives of our patients," says Dr. Harvey, Head of the Department of Medicine at WCH and one of the lead investigators on the study.

“

Five, ten years down the line, we hope that when women receive their annual mammogram reminders from the Ontario government, they're also receiving a reminder to get screened for cardiac disease," says Dr. Harvey. "That would be really incredible.

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You may be eligible to participate in the BEACON Study and learn more about your heart disease risk.



To learn more, visit:

[womensresearch.ca/
active-studies/joint-breast-
cancer-cardiovascular-
screening-in-women-
beacon-research-study/](https://womensresearch.ca/active-studies/joint-breast-cancer-cardiovascular-screening-in-women-beacon-research-study/)

BEATING THE BACKLOG

Addressing long waitlists for surgery

Nobody likes to wait – especially when it comes to surgeries that can impact one’s quality of life.

“In terms of how many patients are waiting and how many surgeries were postponed because of the pandemic, estimates show that the numbers have doubled,” says Dr. David Urbach, Head and Medical Director of Perioperative Services at Women’s College Hospital (WCH) and Professor in the Department of Surgery at The University of Toronto.

As a surgeon-scientist (which accounts for less than 2 percent of all surgeons in Canada), Dr. Urbach is no stranger to advancing health policy and improving patient care. At WCH, his team was responsible for creating Canada’s first program for same-day joint-replacement surgery in an outpatient setting.

Now, he is working to reduce surgical wait times by collaborating with partner hospitals in Toronto. In doing so, he aims to address bottlenecks in the system and reduce the suffering of patients whose conditions may not be life-threatening, but still require attention.

“The idea is to change from an independent, siloed model of care into a coordinated model of care,” says Dr. Urbach. “Surgeons [from different hospitals] can work together to care for patients through the use of a single-entry model.”

When patients enter a single queue – instead of being put on separate wait lists at different hospitals – they can be seen by the next appropriate surgeon who becomes available. This system increases efficiency for surgeons and allows for the better

allocation of resources, from nursing staff to surgical facilities.

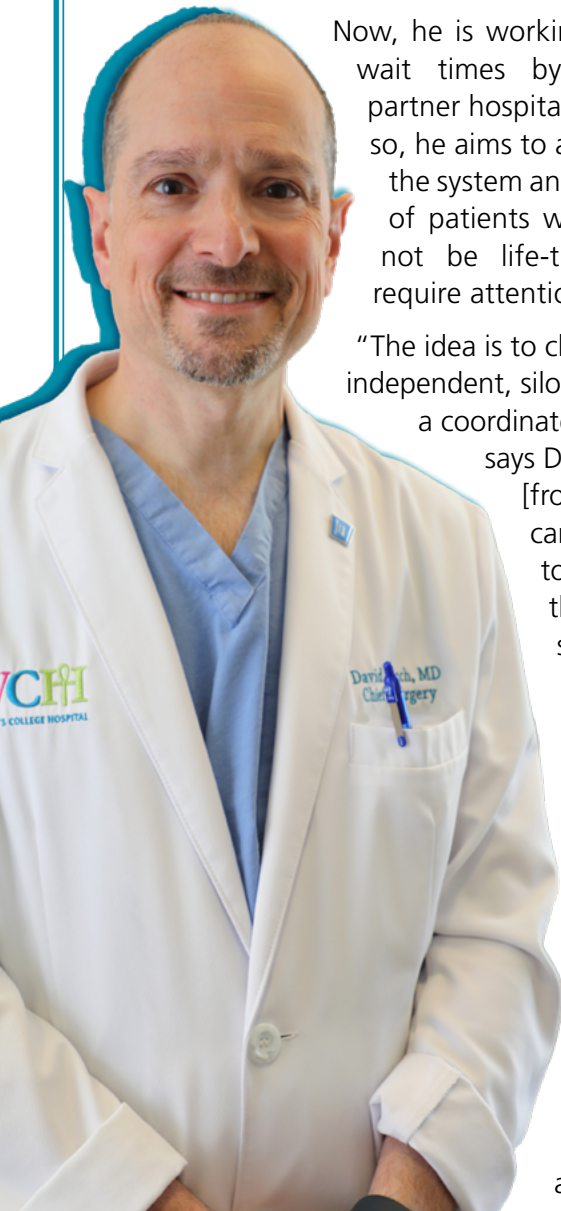
Dr. Urbach has already implemented this model to address the long waitlist of patients in need of surgical procedures for benign anorectal conditions such as hemorrhoids, anal fistulas and anal fissures.

“The Toronto Anorectal Program (TARP) based at WCH has demonstrated that this model works really well,” he says. “The wait times are short and we’re addressing a type of care that’s needed to improve quality of life.”

Ideally, this model can be adopted more broadly in the future to address surgical backlogs on a grander scale.

“I derive a lot of gratification knowing that projects like this can shore up the Canadian health system, and we can restore public confidence in our system’s ability to ensure that people receive good care.”

You can make a difference in supporting surgical innovation at Women’s College Hospital by donating today. To make a one-time gift or become a monthly donor, please visit www.wchf.ca or call 416-323-6323.



DID YOU KNOW?

An estimated **206,000** people in Ontario are currently waiting for surgical procedures.

The following types of surgery account for about half of surgical procedures in Ontario:



Total joint replacement (knee and hip)



Knee joint arthroscopy



Benign uterine surgery



Groin hernia surgery



Gallbladder surgery



Cataract surgery



Anorectal surgery

Sources: Government of Ontario and Ontario Ministry of Health



A WINDOW OF OPPORTUNITY

Diabetes prevention and support as a key piece of postpartum care

Between five and 10 per cent of pregnancies will result in the development of temporary gestational diabetes, putting individuals at increased risk of developing type 2 diabetes in the future. Yet, most women pre-disposed to this condition are only being screened once for type 2 diabetes anywhere between six weeks to six months after giving birth.

“If we’ve identified that someone has higher risk for type 2 diabetes, we owe it to those women to help them navigate their diagnosis,” says Dr. Lorraine Lipscombe, Senior Scientist at Women’s College Research Institute (WCRI) and Endocrinologist at Women’s College Hospital (WCH).

That’s why Dr. Lipscombe, along with her team of researchers, started the Avoiding Diabetes After Pregnancy Trial in Moms (ADAPT-M) program, modelled after WCH’S own Women’s Cardiovascular Health Initiative, which offers telephone-based health coaching.

Dr. Lipscombe has identified this postpartum period as “a huge window of opportunity to identify and reduce risk for women,” when it comes to developing type 2 diabetes. She adds that women deserve “wraparound care” that accounts for those who face a greater likelihood of developing this condition during and following pregnancy.

“ADAPT-M provides postpartum women at increased risk of type 2 diabetes with health coaches who are trained diabetes educators,” says Dr. Lipscombe. “The educators provide short, frequent follow-up calls to help women meet their own goals.”

The ADAPT-M program was created with gender and sex-specific barriers to care that women face in mind, and to provide a holistic approach to health and wellness care that is deserved and needed after pregnancy, Dr. Lipscombe notes. “New mothers have competing priorities; they are often expected to be a good mom and a good partner while also juggling the physical demands of being postpartum,” says Dr. Lipscombe.

We saw that many places had tried to create classes and counselling opportunities to be given this support, but it wasn’t really working. Women weren’t going, and one-time counselling was shown to be really ineffective.

This is why the program offers care that is almost entirely virtual – participants receive two health assessments before and after the study, that include questionnaires and blood tests. They also receive a one-on-one counselling session with one of the program’s diabetes education partners on health prevention and health behavior changes. They are then offered a home-based physical activity program, a home-based nutrition program, or a combination of the two.

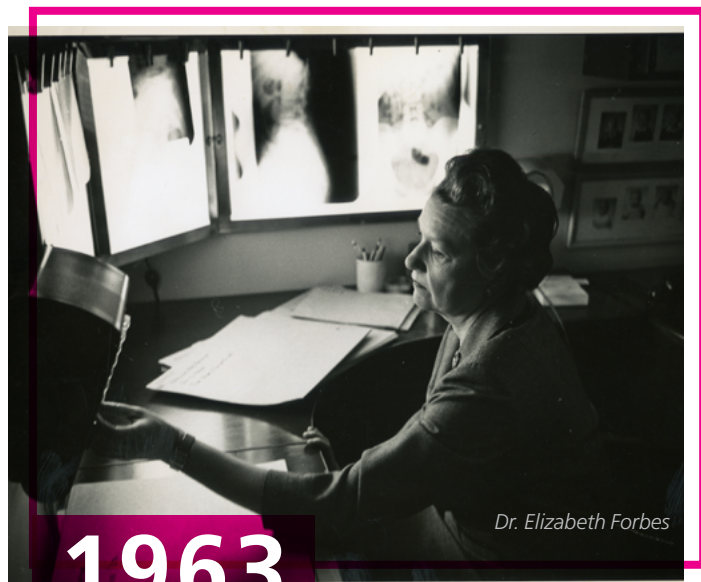
““

Being part of the program was very positive for me and I was glad to have people checking in on me.” says one of the ADAPT-M participants. “It kept me thinking about my health. When a baby is born, you devote all your resources to the baby and you kind of forget yourself for a while, but it helped me think a little bit about me.

””

A HISTORY OF LOOKING FORWARD

As Women's College Hospital (WCH) marks its 140th anniversary this year, it is a prime opportunity to reflect back on the hospital's rich history of trailblazing firsts and the significant advancements in research and care that took shape within its walls.



Dr. Elizabeth Forbes

1963

2023 marks the 60th anniversary of a major milestone in the care of patients with breast cancer. In 1963, WCH became the first hospital in Ontario to use mammography as a routine diagnostic tool for detecting breast cancer. It was part of a research study at WCH by Dr. Henrietta Banting (Director of the Cancer Detection Clinic) and Dr. Elizabeth Forbes (Head of Radiology), which went on to become one of the first published studies on mammography in Canada.

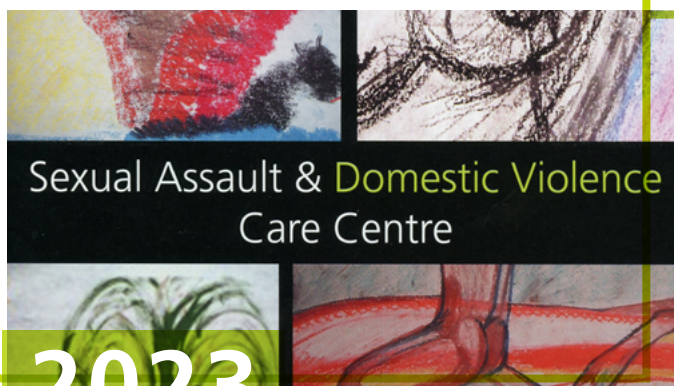
This milestone was just one of many at WCH – including the launch of one of Canada's earliest long-term breast cancer studies in 1945, and the opening of Ontario's first cancer-detection clinic for women in 1948.

In 2023, WCH celebrates the 50th anniversary of the Bay Centre for Birth Control, Toronto's first hospital-supported walk-in centre to offer comprehensive sexual healthcare services. Since 1973, the Centre offers patients from across Ontario access to a multi-disciplinary healthcare team and a variety of confidential services, including physical examination, counselling, information and referrals.



1973

This year also marks the 25th anniversary of WCH's Sexual Assault and Domestic Violence Care Centre (SA/DVCC), which acted as the first regional space of its kind in Ontario. Originally devoted solely to sexual assault victims, the SA/DVCC has since expanded to include victims of domestic violence and has mobilized its delivery of care.



Sexual Assault & Domestic Violence Care Centre

2023

With the support of donors and community partners, Women's College Hospital Foundation looks forward to continuing its work in helping the teams at WCH achieve remarkable new milestones for years to come.



MIND THE HEALTH GAP

A podcast brought to you by Women's College Hospital Foundation

Offering in-depth conversations with physician experts and prominent leaders from Women's College Hospital in Toronto, Mind the Health Gap focuses on the gaps at play within healthcare as they relate to women and marginalized communities.

LISTEN NOW!



Join the movement to revolutionize healthcare.

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Giving is easy

- Call the Foundation at **416-323-6323**
- Visit www.wchf.ca and click on **Ways to Give** or **Donate**
- Visit us on the fourth floor of Women's College Hospital (76 Grenville St., Toronto)

We love hearing from you!

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