When it comes to healthcare for women, you start by recognizing they’re not men.

Welcome to Women’s College Hospital
Michele Landsberg, Chair of the Board

Women’s College Hospital was born nearly a century ago so that medically trained women could study and practice medicine, at a time when that just wasn’t possible anywhere else.

Almost a hundred years later, these women – and the women and men who came after them – have collectively created a unique and prized hospital. Among other trailblazing advances, Women’s College pioneered the use of the Pap test. We opened the first Cancer Detection Clinic in Ontario. We were the first hospital in Ontario to use mammography and the first in Canada to have a Perinatal Intensive Care Unit. We delivered the nation’s first test-tube quintuplets and established the country’s first Women’s Cardiovascular Health Initiative.

Women’s College has a proud history of creative and courageous innovation. Our future plans are no less bold.

In fact, we’re focusing on one of today’s most important and under-recognized healthcare realities. Simply, when it comes to health, women and men are not the same. Sounds obvious. But Women’s College has been amongst the first to recognize that research and treatment around women’s health must be tailored to women’s unique needs.

Recognizing sex and gender differences in health and healthcare is a burgeoning field world-wide and Women’s College is at the forefront of it. We’re generating new knowledge and technologies in support of women’s health, and we’re translating that knowledge into better and more effective clinical practice.

This is a thrilling time for all of us, staff and volunteers, who are devoted to Women’s College Hospital. We have wonderful new leadership, we’re developing state-of-the-art programs, we boast some of the world’s most acclaimed physicians, researchers and staff, and we’re fired up by an ambitious vision.

We’ve got a critical job to do. We need to ensure that, when it comes to healthcare, women’s needs are profoundly understood and brilliantly treated.

Nothing less will do.

Michele Landsberg, Chair of the Board
When you’re at the forefront of women’s health, you treat women differently.

The past few years have been all about change for Women’s College Hospital. We’ve regained our independence. We’ve become Ontario’s first and only independent ambulatory care hospital. And we’ve broken new ground in vital areas of health – breast disease, skin cancers, osteoarthritis, HIV treatments for women, mental health, diabetes, and cardiac rehabilitation.

As Women’s College Hospital’s new president and CEO, I am honored to be here, and to be a part of leading the institution’s pursuit of its singular mission: groundbreaking advances in women’s health.

Every day we succeed a little bit more.

We are home to Canada’s largest research program dedicated solely to generating knowledge about women’s health. We are creating and expanding programs focused on women’s healthcare needs. We have Canada’s only cardiac prevention and rehabilitation program designed exclusively for women. We are creating breakthrough treatments to address post-partum depression. We are running a respiratory health pilot program for women to diagnose and manage Chronic Obstructive Pulmonary Disease. We have Canada’s first Multidisciplinary Osteoarthritis Program headed by one of the country’s most renowned researchers. And we are a world leader in understanding the genetics of breast and ovarian cancer, again led by one of the world’s most distinguished researchers in the field. And those are just a few examples.

And, of course, we’re building. Our new 500,000 square foot ambulatory facility – on our Grenville site – will deliver fast diagnoses and on-the-spot care, using unique interprofessional teams and cutting-edge technology.

There is nothing more important to Women’s College Hospital than women’s healthcare. That’s why we’re doing everything possible to promote leading-edge research and to provide state-of-the-art services around women’s health.

After all, when you’re at the forefront of women’s health, you treat women differently.

Marilyn Emery, President and CEO
The reality is, medical research has traditionally been done by men, on men.

Until now.

At the Women’s College Research Institute, Canada’s largest institute dedicated solely to generating knowledge about women’s health, we are leading the charge in breakthrough research and charting the path globally in new developments.

In just over a decade, our accomplishments have been remarkable. Because of our research, breaching births are safer around the world. We’re a world leader in discovering and understanding the genetics of breast and ovarian cancers. And young women can now be told about their potential risk for osteoporosis before it develops.

Today, our research continues to forge new ground. The Familial Breast Cancer Research Unit – led by world-renowned scientist Dr. Steven Narod – works with families who may carry the BRCA1 and BRCA2 genes. The Unit offers genetic testing and advice, and collects data in order to develop new options in the treatment and prevention of genetic cancers. The Women’s Mental Health Research Program is a Canadian leader in the study of anxieties and depressions related to a woman’s reproductive stages – pre-menstrual syndrome, pregnancy, post-partum depression and menopause – and in treating the psychological consequences of past trauma.

Our newest initiative – Women and HIV Research Program – is conducting research to identify which antiretroviral therapies are most effective for women. The work is crucial. Because women have been historically underrepresented in antiretroviral therapy trials, they’ve been given drugs in doses that were studied only in male patients. The results? Women experience different and more frequent side effects – some of which have been fatal.

And, of course, we are dedicated to developing a model of ambulatory care that meets the needs of women and their families. We’re leaving no stone unturned as we evaluate each and every element of ambulatory care: its organization and delivery, its integration and measurement, and its training, research, education and promotion.

As always, our commitment to advancing women’s healthcare continues unabated.

Women who smoke are about 50% more likely to develop lung cancer than male smokers.
At Women’s College Hospital, we’re doing what no else is: We are using an innovative technique with the highest cure rate of any treatment for complicated skin cancers.

Our nationally renowned surgeons – Dr. Nowell Solish and Dr. Christian Murray – are the only two specially trained surgeons in Ontario who are performing the groundbreaking procedure called Mohs Micrographic Surgery. Patients undergo their surgery not in an operating suite, but in the comfort of a surgical clinic. And they’re discharged the same day. Most amazing is that 100 per cent of the excised tumour margins are evaluated immediately, so that the surgeons do not have to wait days or weeks to determine the success of the procedure.

The need for Mohs is more urgent than ever. Non-melanoma skin cancer is by far the most common cancer in Canada. There are more diagnoses every year of this type of cancer than breast, colon and lung combined. What’s more, young women are the fastest growing group affected by the disease. The results of the Mohs treatment speak for themselves: better quality of life, more patient satisfaction, and greater cost-effectiveness. Just another example of our commitment to state-of-the-art practice and pioneering solutions.
Twenty percent of women with gestational diabetes will go on to develop type 2 diabetes.

It's not news that in the past decade, rates of type 2 diabetes have soared so drastically that experts are calling it an epidemic. But here's what is news.

Younger women between the ages of 20 – 50 are experiencing the biggest rise.

That's why Women's College Hospital has established a unique education and treatment program that addresses the realities and implications of diabetes for women at different stages throughout their lives.

Women with diabetes who become pregnant, for instance, need information and treatment options that promote the healthiest pregnancy possible. Women who get gestational diabetes need to manage their condition while they're pregnant. While twenty percent of those women will go on to develop type 2 diabetes after their pregnancy, there are ways to prevent this from happening. And women who are menopausal face different sets of challenges.

Endocrinologists at Women's College Hospital are spearheading the research that has illuminated the changing face of diabetes in Ontario. Now they are determined to have Women's College stem the epidemic.

How well women are treated when it comes to diabetes is a function of how well we understand them physiologically, emotionally and socially. And it's a matter of treating the whole person, not just the disease. At Women's College, we're expert at both.
Women’s College Hospital is home to one of Canada’s top centers for breast reconstruction.

It’s no wonder. We treat more patients than any other facility in the province. Our program is led by two of the country’s most eminent plastic surgeons – Dr. John Semple and Dr. Mitchell Brown. Our work is supported by on-going research. And we have an amazingly high patient satisfaction rate.

After all, we are dedicated to providing patients with an uncommon level of care. Patients – who are undergoing surgery because of cancer or other breast disease – are treated by general and plastic surgeons who work together, before and at the time of surgery, to provide access to the full spectrum of treatment options and expertise patients need to make difficult decisions.

And we’re now beginning the first breast reconstruction support and education group in Ontario. Health professionals will help patients who are awaiting surgery understand what to expect and what issues they’ll need to grapple with – everything from mobility to body image, from personal stress to family management.

Our teaching is no less impressive. We host one of North America’s most prestigious annual symposia on breast surgery, which draws an international faculty. And we have a Toronto Breast Reconstruction Fellowship which attracts an international base of fellows to train at Women’s College Hospital.

Perhaps of greatest significance, we are working at the leading-edge of discovery and treatment. We have just completed Canada’s first breast implant reconstruction in a single stage using a regenerative tissue substitute.


It’s no surprise that Women’s College Hospital remains at the forefront of women’s health.
Every year in Ontario, 50,000 new mothers get the ‘baby blues.’ They’re inexplicably sad when everyone thinks they should be overjoyed. They’re exhausted but cannot sleep. They’re unable to concentrate and they’re not interested in eating. These symptoms usually last just a short time after delivery.

But for 10,000 Ontario women, the symptoms are much more severe and enduring. These women are depressed during pregnancy or have postpartum depression, a serious condition that is too often dismissed as trivial or even self-indulgent. The reality is, perinatal depression can be one of the most serious forms of depression. What’s more, the stigma attached to it can be debilitating. At Women’s College, we see postpartum depression as urgent.

That’s why, at Women’s College Hospital, we’ve got a renowned team of mental health experts working on a province-wide system that reaches women as quickly as possible. It’s why women are welcome to bring their babies along when they come for mental health treatment. It’s why we provide telephone support to healthcare providers who are in need of urgent expertise and to patients who are medically unable to travel to the hospital. It’s why we refuse to close our waiting list, no matter the demand. And it’s why we’re conducting world-class research to identify gaps in knowledge and pinpoint areas that need greater research focus.

It’s why, among other reasons, Women’s College is becoming a world leader in areas connected to women’s mental health.
The facts are startling. About four million Canadians suffer from arthritis. Two thirds of Canadians with arthritis are women. And, women are twice as likely to be disabled by arthritis as men.

Dr. Gillian Hawker, Chief of Medicine at Women’s College Hospital and one of the country’s leading experts on osteoarthritis, heads up a unique program designed to meet the particular healthcare needs of people living with advanced osteoarthritis. The program is built on self-management and informed decision-making about treatment options.

In fact, the Multidisciplinary Osteoarthritis Program is a ‘one-stop’ approach to care that takes into account the priorities, needs and choices of each patient. Focused on people with hip or knee osteoarthritis, the program offers clients access to a full team of specially trained professionals – physicians, pharmacists, physical therapists, occupational therapists and clinical nurse specialists – who, along with the client, collaboratively develop a personalized program.

Hawker and her team developed the osteoarthritis program based on two decades of research that highlighted serious misperceptions about osteoarthritis by both patients and their physicians – resulting in substantial gaps in care, particularly for older women.

The program’s success has been groundbreaking, measured not only by the number of peer-reviewed grants and publications, but in the impact of our work. In fact, our research and advocacy are playing a key role in the development of a national strategy that deals with the increasing burden of osteoarthritis on Canadians.

We believe our achievements are a testament to the close integration between research and practice – a defining and enduring value at Women’s College Hospital.
Interprofessional Education

At Women’s College Hospital, we’ve always been a leader when it comes to interprofessional teams. That’s why we’re now at the forefront of interprofessional education, where students from all health occupations learn together in order to improve collaborative work and quality of care.

In fact, Women’s College is the first Centre for Ambulatory Interprofessional Education in Ontario. We’re developing new, robust interprofessional programs in affiliation with the University of Toronto and with support from the Ontario government. Our goal is vital: to lead in ambulatory interprofessional education for the University of Toronto by implementing and evaluating exemplary ambulatory education models.

We’re also developing – with support from Health Force Ontario – an innovative interprofessional education program on behalf of patients with diabetes. The program will offer a new approach for collaborative care that extends across a range of ambulatory care settings. And we’re undertaking the project in partnership with Women’s Health in Women’s Hands – a community organization – and St. Elizabeth Health Care.

Interprofessional care is the backbone of Women’s College Hospital. We have a culture that values the contributions of all health professionals – from physicians to nurses, from physiotherapists to chiropodists, from nutritionists to pharmacists – and a model that’s based on collaboration and communication.

It’s for good reason. The more effectively health professionals work together, the greater the quality of patient care. We’ve learned that from experience. Now we lead in teaching it.

Women’s College Hospital is the first Centre for Ambulatory Interprofessional Education in Ontario.
It’s the most visited women’s health website in Canada. It attracts 4.5 million visitors every year. And it’s award-winning. womenshealthmatters.ca is an on-line resource that provides women with expert health information from Canada’s most reliable source on women’s health – Women’s College Hospital.

The bilingual site covers breaking news and the latest research developments in women’s health. It looks at new treatments and diagnostic techniques, as well as prevention strategies and methods of early detection. It delivers information on an A-Z list of women’s health topics. It provides detailed descriptions of health-related books and periodicals, audiovisual and multimedia materials and websites. It offers a monthly e-bulletin to subscribers. And the Le Club section of the site is a virtual meeting place for women to share their stories, get support, and ask for information from other women and from the health professionals who moderate its discussion groups.

The site is so successful for good reason. It provides the information women need to manage their health proactively, and confidently.

Twelve years since it began, Women’s Health Matters Forum & Expo remains Canada’s largest and most important women’s annual health event.

Over the course of two days every year, up to 20,000 consumers, health-care providers, leaders and advocates gather in Toronto to attend more than 40 seminars featuring top medical experts, over 50 first-hand health demonstrations, and more than 180 exhibitors. There are keynote presentations by leading international health experts. There is a bookstore offering over 300 titles. And there is a special luncheon which attracts up to 800 guests, and has had as its speakers the world’s foremost authorities on health.

At an event like this one, women’s health is put front and centre. Nothing could be timelier. As scientists increasingly uncover the unique biopsychosocial realities that define women’s health, there is more need than ever for the information, ideas and insight that will empower women to take positive action.

Women’s Health Matters Forum & Expo provides exactly that.
With a mandate to be a world leader in women’s health, and as Ontario’s first and only ambulatory care hospital (where patients come and go in less than a day), it is time for a new facility. And so we’re building.

The building will be state-of-the-art. It will be 500,000 square feet of concrete and glass – on our current Grenville site – dedicated to ambulatory care. It means faster diagnoses and less invasive treatments. It means newer surgical instruments and techniques. It means patients get home sooner and recover in the comfort of their own homes. It means less risk of infection. And it means hospital beds are freed up faster, potentially reducing wait times.

The new building will seamlessly integrate research, education and clinical care. It will be modular in design, with flexible clinic spaces that can morph in response to changing needs. And of great importance, it will reflect our enhanced understanding of the ways in which women and men have different healthcare needs.

What Women’s College is doing is unprecedented. We’re building an ambulatory care hospital that will pioneer new ways of day treatment and sustain women and their families in the community. And at the same time we’re continuing our research agenda in women’s health – not just clinical, cellular and biomolecular research, but all the determinants that affect women’s health.

It’s clear. Women’s College is once again living its history of courageous and creative innovation. As always.
The accompanying summarized statements of financial position, operations and changes in net assets are derived from the complete financial statements of Women's College Hospital (the Hospital) as at March 31, 2008 and for the year then ended, on which we expressed an opinion without reservation in our report dated May 28, 2008. The fair summarization of the complete financial statements is the responsibility of management. Our responsibility, in accordance with the applicable Assurance Guideline of The Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these statements may not be appropriate for their purposes. For more information on the Hospital’s financial position, results of operations and cash flows, reference should be made to the complete financial statements.

Chartered Accountants, Licensed Public Accountant
### Summarized statement of changes in net assets
For the year ended March 31, 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investment</strong> in property</td>
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<tr>
<td>and equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Unrestricted</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance - Beginning of year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Surplus (deficiency) of revenues over expenditures for the year</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Balance - End of year</strong></td>
<td></td>
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</table>

### Summarized statement of financial position
As at March 31, 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash</td>
<td>18,787,381</td>
<td>20,344,865</td>
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<td>Accounts receivable</td>
<td>4,666,078</td>
<td>2,074,071</td>
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<td>Inventories</td>
<td>462,697</td>
<td>415,751</td>
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<tr>
<td>Prepaid expenses</td>
<td>212,283</td>
<td>167,601</td>
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<tr>
<td><strong>Total</strong></td>
<td></td>
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<tr>
<td><strong>Restricted cash and investments</strong></td>
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<td></td>
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<tr>
<td>Due from Foundation</td>
<td>1,088,000</td>
<td></td>
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<tr>
<td>Property and equipment</td>
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<td>10,418,749</td>
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<tr>
<td><strong>Total</strong></td>
<td>21,942,024</td>
<td>11,497,749</td>
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<tr>
<td><strong>Liabilities</strong></td>
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<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
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<td></td>
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<tr>
<td>Deferred revenue</td>
<td>12,363,187</td>
<td>6,080,012</td>
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<tr>
<td><strong>Total</strong></td>
<td>12,363,187</td>
<td>6,080,012</td>
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<tr>
<td><strong>Post-employment benefit obligation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deferral contributions and grants</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment in property and equipment</td>
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<tr>
<td>Unrestricted</td>
<td>6,131,538</td>
<td>5,244,302</td>
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<tr>
<td><strong>Total</strong></td>
<td>6,131,538</td>
<td>5,244,302</td>
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</table>

### Summarized statement of operations
For the year ended March 31, 2008

<table>
<thead>
<tr>
<th></th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
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<tr>
<td>Ministry of Health and long-term care</td>
<td>54,287,633</td>
<td>47,505,214</td>
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<tr>
<td>Other agencies and patients</td>
<td>6,027,839</td>
<td>6,041,551</td>
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<td>Amortization of deferred capital contributions</td>
<td>1,060,186</td>
<td>264,719</td>
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<td>Auxiliary services and other sources</td>
<td>18,784,771</td>
<td>18,782,133</td>
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<td><strong>Total</strong></td>
<td>73,168,421</td>
<td>57,508,517</td>
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<td><strong>Investment income</strong></td>
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<td><strong>Total</strong></td>
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<td>76,668,421</td>
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<td><strong>Expenditures</strong></td>
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<td></td>
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<tr>
<td>Salaries, wages and benefits</td>
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<td></td>
</tr>
<tr>
<td>Medical and surgical supplies</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other supplies and expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>83,500,000</td>
</tr>
<tr>
<td><strong>Surplus (deficiency) of revenues over expenditures for the year</strong></td>
<td>868,377</td>
<td>(202,153)</td>
</tr>
</tbody>
</table>

### Board of Directors

- Michele Landsberg, O.C., Chair
- Valerie Hussy, C.M.
- Flora Agnew
- Dr. Joan LeMond
- Dr. Ruth Brooks
- Patricia O’Connell
- Dr. Alice Dong
- Wanda O’Hagan, Vice Chair
- Marilyn Emery
- Sharron MacDonald
- Tamara Finch
- Hazelle Palmer, Secretary
- Margot Franssen, O.C.
- Kathryn Giffin, Treasurer
- Dr. James Ruderman
- Marcia Gilbert
- Anne Swarbrick
- Teika Hendrickson
- Dr. Elaine Todres
- Michael Herman
- Dr. Catharine Whiteside
- Rev. Dr. Nan Hudson
- Susanne Williams

### Net Assets
Investment in property and equipment
Unrestricted
Total
Total

Balance - Beginning of year
Surplus (deficiency) of revenues over expenditures for the year
Internally funded property and equipment
Total

Balance - End of year

Honorary Members
- Celia Corcoran
- Carol A. Cowan
- Dr. Burnett Thall
- Janet Machin
- N. Jane Pepino, O.C.
- Gail Regan
- Dr. Beverly Richardson

Board of Directors

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- Susanne Williams

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