BEATRICE HUNTER
Cancer Research Institute
Evolving Cancer Research in Atlantic Canada

BHCRI Building a Cancer Community
The Cancer Research Training Program is a one-of-a-kind opportunity for cancer researchers such as myself. This program gives us numerous platforms to discuss and collaborate with a wide range of experts. One of my favourite features of the program is communication between clinical researchers and fundamental scientists. I believe that CRTP will continue to improve cancer research in Atlantic Canada.” – Dr. Barry Kennedy, CRTP Trainee; Postdoctoral Fellow, Microbiology & Immunology Department, Dalhousie University

“CRTP exposed me to the power of a cross-disciplinary approach to cancer research. The program brought in experts from diverse fields, stretching from cell biology of cancer, therapeutics, statistics, to not-for-profit organizations, intellectual property, policy making, epidemiology, and cancer patient perspectives. Through the program, I became aware of aspects of cancer that far surpassed the end of my tissue culture dish.” – Dr. Maya Shmulevitz, Former CRTP Trainee; Associate Professor, Medical Microbiology and Immunology, University of Alberta; Canada Research Chair in Molecular Virology and Oncotherapy

“I was offered an independent research position in the Department of Biochemistry at Memorial University as a direct result of my CRTP-supported research. BHCRI has continued to support my research into how different cancers are fundamentally regulated by funding 2 of my PhD students through the CRTP and providing operating funds from the New Investigator program and from the Breast Cancer Society of Canada and the QEII Foundation. These relatively small grants have provided critical support that has allowed me to grow my small research group and contribute new and important ideas to the cancer research community.” – Dr. Sherri Christian, Former CRTP Trainee; Associate Professor, Department of Biochemistry, Memorial University of Newfoundland

“I am extremely pleased to have received stipend support from BHCRI-CRTP throughout my PhD program. My doctoral research has discovered a promising food-derived anticancer drug called phloridzin docosahexaenoate (PZ-DHA) which may lead to a new treatment for metastatic triple-negative breast cancer, which is one of the most aggressive types of breast cancers. PZ-DHA combines a compound found in apple peels with an omega 3 fatty acid of fish oils. Thank you BHCRI for the support!” – Wasundara Fernando, PhD Candidate, Pathology Department, Dalhousie University

“Through the SAP (Skills Acquisition Program), I collaborated with the Atlantic Cancer Research Institute in New Brunswick, which not only allowed me to do more in my research than was possible in my home institution (Memorial University), but also allowed me to make career connections and secure a post-doctoral fellowship. Without the BHCRI and CRTP, my research and career trajectory would not have occurred this way at all.” – Dr. Craig Ayre, Postdoctoral Fellow, Atlantic Cancer Research Institute, Moncton, New Brunswick

The Beatrice Hunter Cancer Research Institute (BHCRI) was founded in 2009 by cancer researchers at Dalhousie University and by the Dalhousie Medical Research Foundation (DMRF). The Institute was named for Ms. Beatrice Hunter, who generously bequeathed over $12 million for cancer research to the Dalhousie Medical Research Foundation in memory of her parents, Dr. Owen and Mrs. Pearle Cameron.

After extensive consultations with cancer researchers throughout the Atlantic Region, the scope of the Institute was extended to include all aspects of cancer research in all four Atlantic Provinces. The BHCRI now incorporates broad representation from across Atlantic Canada and functions as a virtual research network with a small administrative staff of only 2.5 full-time employees.

The BHCRI supports and promotes all facets of cancer research - discovery, clinical, translational, population-based, behavioral and psychosocial - to maximize the impact of cancer research in our region. To accomplish this, the Institute links university departments, health care centres and independent institutes to facilitate collaboration among its talented cancer researchers.

The BHCRI is a highly regarded peer review and administrative conduit for governmental agencies, charitable foundations and patient groups who fund cancer research, including the DMRF, The Terry Fox Research Institute, the Breast Cancer Society of Canada, the New Brunswick Health Research Foundation, the Canadian Cancer Society - Nova Scotia Division, the QEII Health Sciences Centre Foundation, Dalhousie University as well as many smaller agencies and local businesses.

The Institute also encourages and supports student trainees and new investigators who have declared their career interest in cancer research. The BHCRI currently administers the peer-reviewed and highly acclaimed Cancer Research Training Program and various competitions for funding established investigators that directly support the future of cancer research in our region.

Since inception in 2009, the BHCRI has distributed over $6.8 million in cancer research funding and supported the training of more than 250 students at all levels. Together with its seminar series, and workshop, its biennial cancer conference and a variety of public lectures, the BHCRI is well positioned to have considerable impact in the Atlantic region for many years to come.

Future endeavors for the Institute will include bringing in more clinical cancer researchers to its programs and increasing both involvement and support from academic and governmental agencies in participating provinces.
Johnston explained that the challenges the Institute faces now are precipitated by two distinct developments. The first is that a number of the provincial and federal government organizations that traditionally supported such organizations as the BHCRI have down-graded or completely abandoned their money is spent only on national projects, it will be harder for people to connect with the idea of where their money is going."

In the meantime, the reinvention project has already started in discussion stage. "We are examining the possibility that we may have to become more than a research institute: we will partner more closely with selected fundraisers but ultimately, if all other efforts fail, the only other alternative may be to become a fundraising institute as well."

Johnston encouraged the public to read this latest report to the community to see first-hand the kind of cancer research that is being accomplished right here in Atlantic Canada. "There is no better way to show the value of what we do in our region," he added.

"Historically, BHCRI has been able to help researchers when inevitable lapses in funding occur by a 'bridge' to new sources of funding. The Institute also provides financial and administrative support for training of research personnel (graduate students, post-doctoral fellows and residents).

"Research requires continuity of support to maintain valuable personnel and research momentum. The big challenges and the opportunities for the Institute (and where I will be putting my attention) are to create and enhance research supports, identify resources by engaging with foundations and research agencies and continue to provide an effective voice for the cancer research community within Atlantic Canada.

"The BHCRI has forged excellent partnerships through the years with universities, hospitals and the charitable sector and those relationships have given BHCRI researchers great benefit."

Gerry observed that many people do not realize the remarkable level of research expertise within Atlantic Canada. Gerry states that, "The Atlantic region is small but I have seen a tremendous willingness to work together for mutual success and benefit. We need to continue to harness this sense of a collective enterprise to forge a more coherent and integrated approach to support the excellent cancer research and training that has been a hallmark of BHCRI. This outcome will mean an even greater emphasis on building close working relationships with universities, fundraisers and government agencies."

Gerry is clearly optimistic about the potential for BHCRI to continue to grow and create a supportive network among institutions, provide much-needed resources for cancer research including financial programs, workshops and conference opportunities, and become more visible to the general public.
Chris MacDougall, Chair of the Beatrice Hunter Cancer Research Institute’s Management Advisory Council, firmly believes that everyone can make a difference in the battle to find more effective ways to treat cancers. Last year, he bicycled solo all the way across Canada, raising an amazing $320,000, to date, for the institute in the process. The owner of the Tim Horton’s franchises in Elmsdale and Enfield, NS, Chris collected pledges in support of cancer research along the way. This money became the Charlie and Dan MacDougall Endowment Fund in honor of his sons, one of whom he lost to cancer.

“When people ask me if cancer research is really making that big a difference, I tell them my story,” he says. Chris says the challenge ahead for BHCRI is that there are some dark clouds on the horizon when it comes to securing funding their traditional way. “The way cancer funding is being allocated is changing, and funding is getting scarce in other areas. This is posing the potential for some logistical changes for the BHCRI. We are taking the steps we believe essential to secure our survival in the future and protect the valuable work that we do,” he said.

For families who have lost children and other loved ones to cancer, the importance of continuing research is accepted. Chris aims his message farther than that, to cancer, the importance of continuing research is accepted. Chris aims his message farther than that, “Supporting the work of the researchers is really the only way most of us can keep up this fight,” he said. He believes everyone can do something. “If you have no money to give, then you could volunteer;” he says.

“When Terry Fox was diagnosed with his rare cancer, he had only a 30% survival chance. When Charlie was diagnosed with the same rare cancer, he had a 70% chance for survival. Today, 13 years later, the survival rate is up to 80%. That is because our researchers are attaining more and more knowledge about the cause, the treatment and the prevention of cancer.

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For families who have lost children and other loved ones to cancer, the importance of continuing research is accepted. Chris aims his message farther than that, reminding people that if everyone in the country did something, as little or as large as they could manage, it would make a huge difference.

“When I biked across Canada, what struck me the most, as I went from town to town, was the reality that absolutely everyone has a cancer story to tell. People have had it, are still struggling with it, have lost children and siblings and parents and best friends to it. It is pervasive and it impacts us all,” he says.
Atlantic Canada Member Locations

Supporting Research Across Atlantic Canada

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Membership Information

Currently BHCRI has 296 members, distributed over the following regions:

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<th>Category</th>
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Membership is distributed as follows over the different research disciplines:

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Are you an Atlantic Canadian cancer researcher and interested in becoming a member of BHCRI? Visit bhcri.ca/membership for further information.

Honorary Membership

Honorary Membership is one way in which the Institute is able to recognize particular individuals who have made key contributions to the goals of the BHCRI.

BHCRI Honorary Members are:
- Dr. Mark Bernstein
- Dr. Jonathan Blay
- Ms. Alison Edwards
- Mr. Fred Fox
- Ms. Judith Fox
- Dr. David Hoskin
- Dr. Gerry Johnston
- Dr. Michael Johnston
- Dr. Sara Kirk
- Dr. Patrick Lee
- Mr. Chris MacDougall
- Ms. Nancy Margeson
- Dr. Louise Parker
- Dr. Geoff Porter
- Dr. Daniel Rayson
- Ms. Maureen Summers
Many things impact the patient’s responses to a second cancer diagnosis that make it genuinely different from the first. For starters, the patient is typically not at the same place in their life cycle when they hear the second diagnosis. Their life circumstances have changed. Perhaps they were single before, and now they are married and have children. “All of these circumstances impact how they respond,” Wilkins says.

Some people respond to their second diagnosis with guilt. “They think ‘what have I done?’” Another potential response is to use the second diagnosis as a means of further character growth. Some are hopeful. They know they have survived one cancer; they are confident they can survive another.” Wilkins said the response is different for different people.

What often happens is that the patient’s expertise in understanding the cancer treatment system is over-estimated. This can cause the patient to experience more discomfort the second time around if the processes and treatments are not explained to them again. Patients also report that the cancer care system has changed so much in the years between the two diagnoses that they feel in strange territory again. “We need to be aware of our assumptions and realize that the patient is not always an expert navigator of the system,” she adds.

“Assuming that having cancer once automatically prepares a person for having cancer again can lead to confusion and problems with care.” Getting cancer again is disappointing and discouraging and these second-time patients have different care needs. They are walking evidence that cancer can happen again, that it is not always a “one-time deal.” Just because the cancer experience is familiar, it does not make it any less real.

Approximately one in nine Canadians will develop two or more cancers in their lifetime. While much research is ongoing into the causes and cures for various cancers, very little attention has been focused on the cancer patient and how they deal with their diagnosis.

Krista Wilkins, Associate Professor of the Faculty of Nursing at the University of New Brunswick in Fredericton, and her team of undergraduate and graduate nursing students are changing that. Their research, supported by the Beatrice Hunter Cancer Research Institute and the New Brunswick Health Research Foundation, is about the patient, not the disease.

What her research is discovering is that the cancer survivor’s needs are much more complex than most health care providers assume.

“We know now that each cancer experience is different and that there is no one-size-fits-all approach to survivorship,” she says. “This challenges the perception that cancer is the same each time. We think cancer is cancer, right?” Wrong.

Most people think that your DNA is your DNA. It defines you. It comes from your parents and you pass it on to your children. But what researchers are aware of is that your DNA can change and your body can change. The enzyme Activation-induced cytidine deaminase (AID) is what can cause those changes, and it is the focus of the work of Dr. Mani Larijani, an immunologist, cancer researcher and Associate Professor at Memorial University of Newfoundland in St. John’s. Larijani’s work is supported in part by the Beatrice Hunter Cancer Research Institute and the New Brunswick Health Research Foundation, is about the patient, not the disease.

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10

have chemotherapy or radiation, depending on their diagnosis, some people have surgery and some “Most people are aware that after a lung cancer targeted therapy to deal with their unique situation. In essence, it allows people to receive personalized significant impact on how their cancer can be treated. ALK gene in lung cancer, he and his team gain insight into various subgroups based not only on tumour pathology and cytopathology. Since 2005, he and his colleagues also established the QEII Tumour Bank for research. Since that time they have collected, with patient consent, surgically resected lung cancer specimens. Xu is Director of the Tumour Bank, now one of the largest and the most comprehensive in the country, and it is certified by the Canadian Tissue Repository Network (CTRNet).

“My work and its impact on the treatment, nationally, of lung cancer, sends a message that the BHCRI is not just an organization localized in the Atlantic region,” he notes. He also collaborates with many other national and international researchers on studies involving cancer metastasis, proteomics, and gene identification in lung cancer.

Xu says that lung cancer patients can be divided into various subgroups based not only on tumour morphology but also on molecular profiling, and it is the latter that fascinates him. By pushing for testing for the ALK gene in lung cancer, he and his team gain insight into the patient’s gene mutational status and this has a significant impact on how their cancer can be treated. In essence, it allows people to receive personalized targeted therapy to deal with their unique situation.

“Most people are aware that after a lung cancer diagnosis, some people have surgery and some have chemotherapy or radiation, depending on their clinical status. Patients can also be treated with drugs to target gene mutations. To do that successfully, we need an established program for testing for the presence of gene mutations, as these genes play a major role in tumor development,” the scientist says.

Multiple genes such as EGFR, ALK, KRAS, BRAF, PIK3CA, ERBB2, NRAS and MET are tested in Atlantic Canada, while in the rest of the country, most facilities test only two genes (EGFR and ALK). At this point, more than 4000 patients have been tested right after diagnosis and the response to the more targeted drugs has been very successful. In addition, PD-L1 testing, under Dr. Xu’s direction, has made Halifax a reference/referral centre in Atlantic Canada. It is a new direction in modern oncology and its roots are right here in Atlantic Canada.

Xu, who is a Senior Scientist in the Beatrice Hunter Cancer Research Institute and a Professor in the Department of Pathology at Dalhousie University, as well as staff pathologist at the QEII Health Sciences Centre in Halifax, is known for his pioneering work in pulmonary pathology and cytopathology.

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Dr. Zhaolin Xu
Nova Scotia Health Authority

Dr. Jeanette Boudreau
Cameron Scientist, Dalhousie University

We all have natural killer cells in our body, ready to attack disease and fight to keep us healthy. Dr. Jeanette Boudreau points out that when people get cancer, something has gone wrong with their immune system and their killer cells aren’t working as well as they could.

Boudreau, an Assistant Professor in the Department of Microbiology and Immunology and the Department of Pathology at Dalhousie University in Halifax, says cancer happens when mutations in a person’s DNA drive uncontrolled growth of a population of cells.

While there are many common features in cancer, it is a unique disease for each patient, requiring a customized solution tailored to the cancer of that patient.

Funded by the Beatrice Hunter Cancer Research Institute, Boudreau and her research team are focused on doing this by defining the features of tumours that drive uncontrolled growth of a population of cells.

In other words, they are trying to find the means to train the body’s natural killers to fight, on demand, as a precise form of immunotherapy.

“The question we are asking is: Can we drive the behavior of these NK cells?” said Boudreau.

Extending that possibility, could they take the natural killer cells from one person through an adoptive transfer and put them in another person to conduct the fight? The NK cells could be taken from one person, grown in a laboratory, and then infused into a patient in this scenario.

Boudreau says she has a great environment in which to do her work that could have ground-breaking impact.

“I did work at a larger institute, but I love it here. There is a sufficient critical mass of researchers, but it is still small enough that I can find great people to work with me. In our region, we are part of a bigger research community, with local and international collaborators, all working on NK research and we share our findings with each other and try to move forward on this,” she explained.

Dr. Helmi Alfarra, a Postdoctoral Fellow in Boudreau’s laboratory, is also funded by the BHCRI and she said that as a new investigator in her field, it has been “great to have a well-funded, talented researcher on my team from the start, helping me.”

In her lab, Boudreau uses bioinformatics, humanized in vivo models, cell-signal analysis and highly-parametric flow cytometry to understand how genetic variation creates diversity in human immune potentials.

Her long-term goal is to be able to translate her research findings into precision therapies.

Dr. Jeanette Boudreau

Dr. Zhaolin Xu

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Cancer Research Training Program: The Next Generation of Cancer Researchers

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<td>Margaret Thomas</td>
<td>Dr. Paola Marcato</td>
<td>Pathology, Dal</td>
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<td>Marie-Laurence Tremblay</td>
<td>Dr. Kimberly Brewer</td>
<td>Biomedical Translational Imaging, IWK</td>
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<td>Penti Tutelman</td>
<td>Dr. Christine Chambers</td>
<td>Psychology &amp; Neuroscience, IWK</td>
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<td>Kalya Wall</td>
<td>Dr. Sheila Garland</td>
<td>Department of Psychology, MUH</td>
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The Cancer Research Training Program (CRTP) annually supports approximately 40 Graduate Students, Postdoctoral Fellows, Medical Residents and Clinical Research Fellows pursuing cancer research within cutting edge facilities overseen by successful cancer researchers across Atlantic Canada. The program imparts a sense of community, allowing cancer research trainees to discuss their work and interact freely with their peers.

In addition to salary support to top-ranked trainees in Atlantic Canada, the CRTP provides:

- Monthly Work-in-Progress sessions where trainees present their work to peers
- Quarterly Integrated Learning Sessions where local and national speakers share their expertise
- Bimonthly Seminar Series sessions where Atlantic Canadian cancer researchers from varied backgrounds present their work
- Travel awards allowing trainees to attend cancer research conferences around the world
- Training in our annual Cancer Research Workshop and biannual Cancer Research Conference

A Skills Acquisition Program, offering financial support to cancer research trainees wishing to visit another Institution to learn new techniques.

Many of the over 250 trainees who have taken part in the Cancer Research Training Program to date have chosen to pursue cancer research as a career.

Highlighting Cancer Research Training Program (CRTP) Members

Madumani Amararathna

Today Madumani Amararathna is a keen and promising interdisciplinary PhD student probing the lung cancer prevention potential of the hashtag berry.

What casual acquaintances may not know is that she is in a follow-up program for Hodgkins Lymphoma. “So far I’m good,” she says. Her stage-two cancer was diagnosed in 2013, just as she was about to leave home in Sri Lanka to begin MSc studies in plant, food and environmental sciences at Dalhousie University’s Faculty of Agriculture. Instead she spent the next six months in chemotherapy and recovery.

“I had serious side effects with chemo. It was really hard.” Yet she laughs and adds, “I’m still here.”

Before cancer struck, she was a horticulturalist knowledgeable in the health-giving properties of Sri Lankan fruits. “I knew that these plants have medicinal properties that can help heart disease, stroke, diabetes and even cancer. So when I got here to Canada, with this cancer background, I was already familiar with and interested in Dr. H.P. Vasanthi Rupasinghe’s work related to medicinal properties and neutroceuticals. I could join his lab, and they were doing cancer research, so I thought, why not? I can study cancer prevention properties of food products grown in Canada.”

Now, for her thesis, she is assessing polyphenols – micronutrients with antioxidant properties - in the locally grown hashtag berry for their lung cancer prevention ability.

Reflecting on her cancer experience, she says, “I look at things with a different perspective now. I’m looking for more practicable multidisciplinary solutions.”

Mohammad Sultan

A bright emerging cancer researcher, Mohammad Sultan would likely be laboring over architectural drawings today, if late-stage Hodgkin’s Lymphoma hadn’t disrupted his studies in Syria and nearly cost him his life.

“After my experience with the disease, I realized science is where my interest really lies, and I guess it’s correct because I’m doing a PhD and cancer research now.” His thesis work in pathology at Dalhousie University is on cancer stem cell immunology and chemotherapy resistance.

By the time he switched to science, he was four years into a five-year architecture degree and the survivor of an 18-month critical bout with Hodgkins that started at age 19.

“I was told in Syria they couldn’t do anything more for me,” Sultan says, after he relapsed after his initial treatment. Later, he learned more advanced therapy was available in the United States. Because he and his family had moved there when he was in high school, he was able to return to the U.S. to receive it.

“I looked up the treatment and it was pioneered in a lab and it was a clear example of lab research that had been brought into the clinic and had worked.” He knew he had been lucky. “It kind of affected my decisions after that,” he said.

Now when he encounters obstacles or hardships, he says, “It’s not the end...it’s just time to go back and look at it from another angle – to go around it, or actually solve the problem.”

Name                  Supervisor                        Department
Madumani Amararathna  Dr. H.P. Vasanthi Rupasinghe  Biomedical Sciences, Dal
Mohammad Sultan       Dr. H.P. Vasanthi Rupasinghe  Biomedical Sciences, Dal
The Beatrice Hunter Cancer Research Institute has many partner organizations that provide funding support. These partners are committed to working together to develop research capacity in Nova Scotia, to forge broad-based research collaborations across the province and region, and to create a unified focus for fundraising and community engagement. We are grateful to all of our partner organizations for supporting cancer research at locations across Atlantic Canada.

In addition to applying for support to fund cancer research trainees through the Cancer Research Training Program (see page 12), BHCRi Senior Scientists and Associate Members across Atlantic Canada are able to apply for various types of funding, including:

- New Investigator Awards: Three awards of $25,000 per year for 2 years are offered annually. Principal Investigators within four years of starting a first, full-time faculty-level appointment at a recognized institution in Atlantic Canada are welcome to apply.

- Seed Funds: Provide application support, initial results, or other inputs that are critical to a future funding application of an individual or team, where the absence of these materials or support would greatly compromise the future application.

- Bridge Funds: Applies when operational or personnel funds are insufficient for ongoing research and is intended to provide one year of essential support.

- Matching Funds: Provide support for an awarded grant from an external agency that requires a matching contribution.

- Miscellaneous Funds: Provide financial support for cancer research related items not supported by BHCRi under any other program.

We rely on donations through our fundraising partners. Please consider donating to one of our partners and requesting that the funds be directed to the Beatrice Hunter Cancer Research Institute. Please contact cpettipas@dal.ca for further information, or visit www.gifftool.com/donations/Donate?ID=1239&AID=1248 to make a direct donation. Thank you.
Committees of BHCRI: Highlighting the Volunteer Chairs

Communications Committee
The role of the Communications Committee is to determine the Communication needs for BHCRI, including but not limited to public relations, branding and marketing, and to develop initiatives which will be recommended to the BHCRI Management Advisory Council for approval and implementation.

Chair: Ms. Heather Strong
Ms. Heather Strong is the former Terry Fox Foundation’s Provincial Director in Newfoundland & Labrador. Heather’s profession afforded her the opportunity to combine her two passions - funding cancer research and celebrating the legacy of a Canadian hero. Having been responsible for the oversight of hundreds of annual cancer research fundraising events hosted exclusively by passionate and dedicated volunteers, Heather has extensive experience. In her spare time, Heather is a national caliber curler who has represented her province on several occasions over the last two decades.

Finance Committee
The Finance Committee is a standing committee of the Management Advisory Council whose role is to provide proper oversight and accountability, in accordance with policies determined by the Board of Directors, to the financial activities of the Institute and to advise the Management Advisory Council on general financial policy.

Chair: Mr. Ray Smallwood
Mr. Ray Smallwood is a First Vice-President of CIBC Wood Gundy in St. John’s, Newfoundland. Ray graduated from the Masters in Business Administration program at Saint Mary’s University after obtaining his Bachelor of Science degree from Dalhousie University. Mr. Smallwood has not only been active in his industry association, but has also served on many charitable boards and task forces. Mr. Smallwood and his wife Cathy have three children. Ray’s hobbies include reading, golf, fishing and alpine skiing.

Membership Committee
The Membership Committee is a standing committee of the Management Advisory Council whose role is to determine the criteria for membership of the Institute and ensure that members uphold the vision and standards of the BHCRI.

Chair: Dr. Stephen Lewis
Dr. Stephen M. Lewis grew up in Truro, Nova Scotia and pursued his undergraduate and doctoral training at Dalhousie University. He then went to Ottawa to work as a postdoctoral fellow at the Apoptosis Research Centre at the Children’s Hospital of Eastern Ontario. Dr. Lewis is currently the Assistant Scientific Director at the Atlantic Cancer Research Institute, where he oversees projects focused on the development of better diagnostics and therapeutics for cancer. He is interested in understanding how protein synthesis contributes to the development and progression of cancer, with a particular emphasis on metastatic breast cancer. In his spare time he enjoys hiking in the woods of beautiful New Brunswick.

Nominating Committee
The Nominating Committee is a standing committee of the Management Advisory Council whose role is to ensure balanced and strategic ongoing membership of the Management Advisory Council and its Committees.

Chair: Daniel Tweel
Danny is a lawyer in private practice in Charlottetown. He holds an honours degree in law from Leeds University, England, is a member of the PEI Law Society and the Canadian Bar Association and has appeared before numerous boards, tribunals and the three levels of Court in the province. He has held positions on numerous boards including the National Trust where he represented Prince Edward Island for several years. He has been involved with BHCRI since 2012 and has served on various committees. Danny is an avid photographer and enjoys restoring and driving classic British cars. He is an active participant and restorer of built heritage in downtown Charlottetown.

Research Committee
The role of the Research Committee is to consider specific issues of research policy as requested by the Management Advisory Council and to oversee the processes for peer review of applications for operating or equipment monies that are handled by the BHCRI. The Research Committee also deals with exceptional requests for funding. It does not administer traineeship programs or funding, which are handled directly by the Training Committee.

Chair: Dr. Laura Gillespie
Dr. Laura Gillespie is a Professor in the Division of BioMedical Sciences within the Faculty of Medicine at Memorial University and one of three faculty members who run the Terry Fox Cancer Research Labs. Research in her laboratory is focused upon understanding how breast cancer growth and progression is regulated at the molecular level. In particular, they are investigating a gene they discovered that not only encodes a tumour suppressor, but also shows promise in helping predict, with greater accuracy, which women with ductal carcinoma in situ (DCIS) are at highest risk of developing the more serious, invasive form of breast carcinoma.

Training Committee
The role of the Training Committee is to administer and develop the programs that support research trainees, and to oversee the processes for peer review of applications for trainee support that are handled by the BHCRI. The programs currently administered by the Training Committee are the Cancer Research Training Program (CRTP) and Summer Studentship award programs.

Chair: Dr. Sherri Christian
Dr. Sherri Christian took a circuitous route to Atlantic Canada, starting in Alberta for her BSc then to BC for graduate school. She then spent a few years in Alaska before moving to Newfoundland with her husband and 2 children. As an Associate Professor in the Department of Biochemistry at Memorial University, she has long-standing research interests in understanding how proliferation of normal and cancer cells is regulated. Recently, she has focused on how the interactions between cancer and normal cells, through the release of extracellular vesicles, can influence the fate of these cells. When not in the lab, she likes to spend time outdoors with her family and friends.

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