Manitoba Health Research Council

Impacts & Opportunities

MANITOBA HEALTH RESEARCH COUNCIL
2013 / 2014 - ANNUAL REPORT

13/14

Our Mission:
To promote the growth and co-ordination of the health research enterprise in Manitoba.

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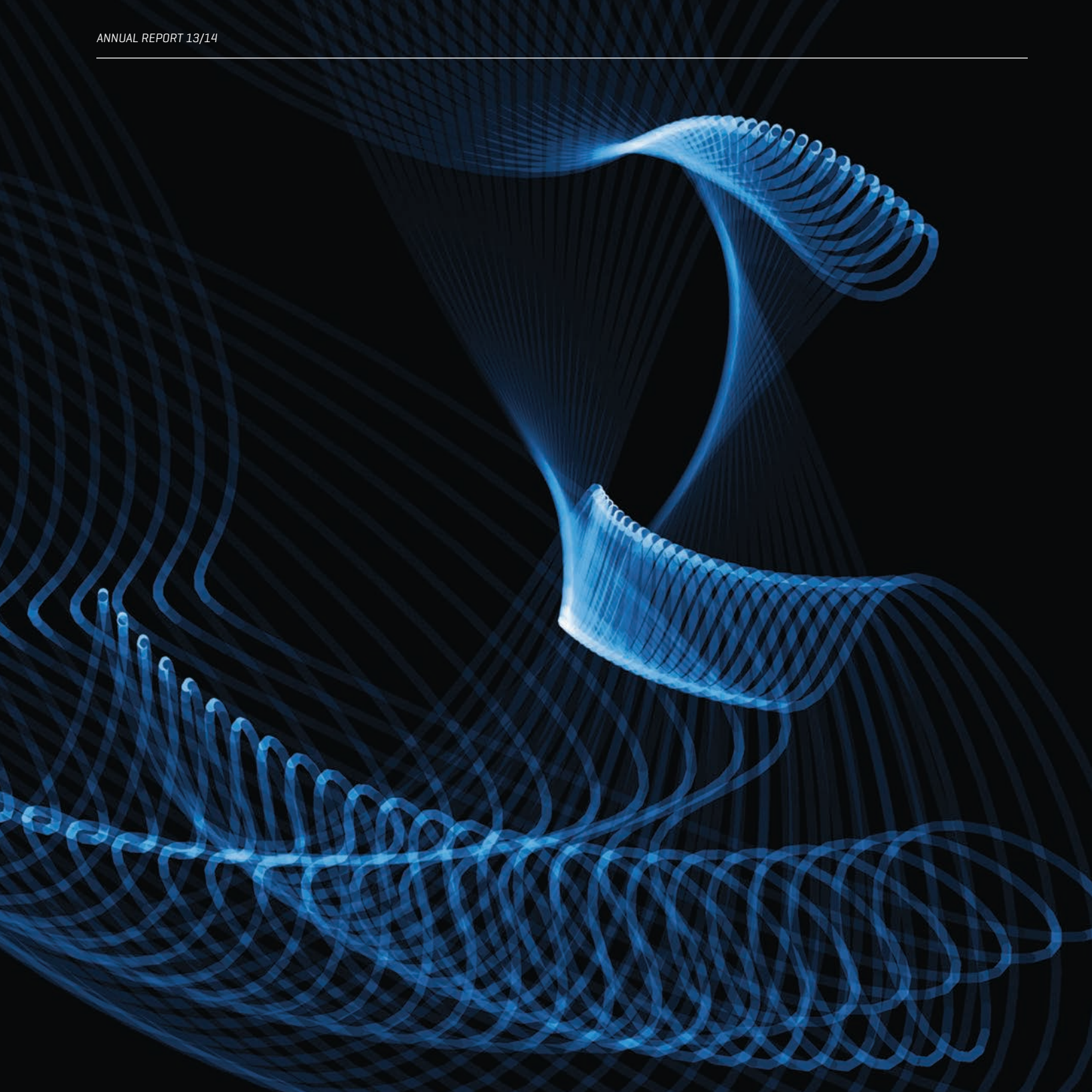
Introduction



Message from the Chair

Dr. Brian Postl
CHAIR
Dean, Faculty of Medicine,
University of Manitoba

The Manitoba Health Research Council (MHRC) is committed to the future – one that will ensure our researchers continue to make a difference in the lives of countless Canadians for generations to come. The research we are committed to funding can develop new knowledge that translates into improvements in the health systems or access new and innovative treatments for cancer via local clinical trials. Health research plays a vital role in protecting the health and well-being of people in Manitoba and MHRC is here to promote and coordinate excellence in health research through our activities and programs.

Throughout this annual report you will see only a small portion of the breadth, diversity and accomplishment that our funding envelops. We share a few examples of the leading edge health research conducted by our investigators in our "Making an Impact" section. We have highlighted three researchers who were funded in past competitions but whose grants came to an end in 2013; an end with exciting influence going forward!

The MHRC has worked hard to celebrate the successes of health researchers in Manitoba and the impacts they are having, but we also remain aware of our defined role in building capacity in Manitoba and how that must adapt as the systems or funding environment around us evolves. In 2013/14 we began to look at how we need to transform our funding through a comprehensive review of our program objectives to ensure MHRC accommodates change and keeps abreast of local and national activity. The review will help us clarify the desired objectives for the Council's programs so we continue to meet the needs of the community and build on the significant capacity for health research and impact we have in the province.

Our successful efforts at MHRC would not be possible without our network of partners that share our passion for research. Thank you to those in our alliance for your contribution with the $1.9 million dollars invested, we are able to heighten the impact we have on health research taking place in our province. In addition to the partnered funds, we are also very proud of the $9.9 million dollars in leveraged funds that the MHRC and/or supported researchers get from external/partnered sources over and above its own initial investments as leveraged funds.

The Council greatly appreciates the dedicated and untiring endeavors of the MHRC team and Executive Director Christina Weise's leadership towards making our mission a reality.

I would also like to acknowledge our Council members and thank them for their guidance, governance and continuing support; their time and efforts in contributing to a strategic vision encourages health research to become a higher priority for the nation. Thank you also to our outgoing Deputy Ministers, Mr. Grant Doak and Mr. Milton Sussman for their support and commitment to the MHRC mission and a warm welcome to our incoming Deputy Ministers Ms Karen Herd and Mr. Hugh Eliasson we look forward to working with you.

Message from the Executive Director

Christina Weise
EXECUTIVE DIRECTOR
Manitoba Health Research Council

In 2013/14 we embarked on a new decade at the Manitoba Health Research Council after celebrating our 30th anniversary last year. In keeping with tradition we continue to focus on building capacity for health research in the province and as a result we enthusiastically developed and released two new programs.

The Applied Health Services Research Program was created in partnership with the Regional Health Authorities of Manitoba (RHAM), Manitoba Health and the George and Faye Yee Centre for Healthcare Innovation (CHI), will support applied research which answers questions that are of critical importance to the health system.

The Collaborative Team/Cluster Development Program was created through broad consultations with stakeholders and will:

- Support multidisciplinary research programs, which have a specific major objective / basic theme;
- Support innovative and cutting-edge research that advances Manitoba as a national/ international leader in the field; and
- Support research that engages appropriate end-users in the development of the research question and to apply the findings which are relevant and will have an impact on the health of Manitobans and the health system.

We are very proud of these two programs because they address identified needs within the health research community. The programs require an integrated knowledge translation approach with significant involvement of end users throughout the life of the projects. This method is intended to ensure that the research questions and expected outcomes of the funded projects are relevant and feasible. We thank the Knowledge Translation platform within the CHI as they provided critical support and advice to applicants on engaging end users and patients during the development of their Expressions of Interest for both programs, demonstrating early on the value of the CHI to the community.

Over the last several years provincial funding for health research remained stable but at the federal level there are significant changes taking place. To ensure our current programs will meet the needs of the community in the coming years, the Council with consultation from stakeholder groups initiated a detailed analysis of the objectives of our current funding programs. Because this process is still ongoing; any changes will be reflected in our 2015 Competition.

There will certainly be challenges ahead, but with the support of all our stakeholders, the health research funded by MHRC will continue to benefit Manitobans and strengthen the Canadian health care system.

Thank you for taking the time to read about our work.

Members of the Manitoba Health Research Council

The MHRC's Council includes membership from the health research community, provincial government, business, academic institutions and health agencies. The Council's appointments are made by order in Council by the Government of Manitoba.

Dr. Brian Postl, Chair
Dean, Faculty of Medicine, University of Manitoba

Mr. Grant Doak
Deputy Minister (to October 2013), Innovation, Energy & Mines, Province of Manitoba (non-voting member)

Dr. Digvir Jayas, Vice Chair
Vice-President (Research and International), University of Manitoba

Mr. Hugh Eliasson
Deputy Minister (from October 2013), Jobs and the Economy, Province of Manitoba (non- voting member)

Mr. Bob Brennan, Secretary Treasurer
Former President and CEO, Manitoba Hydro (Retired)

Ms Karen Herd
Deputy Minister (from October 2013), Manitoba Health, Healthy Living and Seniors (non- voting member)

Ms Jan Currie
Former Vice-President and Chief Nursing Officer, Winnipeg Regional Health Authority (Retired)

Dr. John Langstaff
PhD.

Members of the Manitoba Health Research Council

Mr. Kevin Kavanagh
Past President, Great-West LifeCo.

Mr. Milton Sussman
Deputy Minister (to October 2013), Manitoba Health, Province of Manitoba (non-voting member)

Dr. Susan McClement
Associate Professor, Faculty of Nursing, University of Manitoba, Manitoba Palliative Care Research Unit, Cancer Care Manitoba

Dr. Barbara Triggs-Raine
Professor, Department of Biochemistry and Medical Genetics, Faculty of Medicine, University of Manitoba

Dr. Peter Nickerson
Associate Dean (Research), Faculty of Medicine, University of Manitoba

Ms Arlene Wilgosh
President and CEO, Winnipeg Regional Health Authority

Ms Cathy Nieroda
Client Executive, Solvera Solutions

Staff Members of the Manitoba Health Research Council

Ms Christina Weise
Executive Director

Dr. Jim Davie
Scientific Director
(to December 2013)

Ms Shannon Rogalski
Manager, Funding Programs

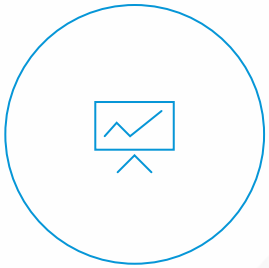
Ms Liz Ford
Financial and
Administrative Officer

Mr. Ambrosio Catalla
Evaluations and Policy Analyst

Ms Kristen Hooper
Communications
Officer

Ms Lesley McKenzie
Administrative Assistant,
Funding Programs

Research Advisory Committee



The Research Advisory Committee (RAC) provides advice and makes recommendations to the Council on all research-related matters including administration of existing programs and opportunities for development of new programs and research initiatives.

Dr. Jim Davie
Chair (to December 2013)

Dr. Barbara Triggs-Raine
Chair (from January 2014)

Dr. Susan McClement
Council Representative

Dr. Raj Bhullar

Dr. James Bolton

Dr. Patricia Caetano

Dr. Peter Cattini

Dr. James Currie

Dr. Gary Glavin

Dr. Yuewen Gong

Dr. Kent HayGlass

Dr. Xin-Min Li

Dr. Sharon MacDonald

Dr. Michael Moffatt

Dr. Michelle Porter

Dr. J. Renée Robinson

Dr. Carolyn Snider

Dr. Kristy Wittmeier

Dr. Roberta Woodgate

Making an Impact

Making an Impact

Soheila Karimi

Project:
Therapeutic Activation of Neural Stem Cells for Repair and Regeneration of the Injured Spinal Cord

MHRC Establishment Grant, 2010

How did you become interested in your field of research? How long have you been a researcher? What do you enjoy most about your research and your job?

I have had a long-term interest in spinal cord repair and regeneration. When I was an undergraduate student, I was fascinated by the fact that unlike other organs including our nerves, the spinal cord cannot regenerate after an injury. This interest drove me to choose spinal cord research for my graduate studies 18 years ago. I initially studied normal development and physiology of the spinal cord and how nerve fibers grow and extend in the developing brain to make functional connections with their target cells in the spinal cord. Through my graduate studies, I became interested in the pathophysiology of spinal cord injury and developed a strong passion for spinal cord injury repair. For my postdoctoral training, I invested my efforts on understanding the mechanisms of spinal cord injury and developing stem cell therapies for this currently incurable condition. Although spinal cord injury is a challenging area of research, I enjoy every moment of my research. I view my research as a rewarding experience with the hope that our discoveries can eventually aid in finding a treatment for this life altering condition and help improve the quality of life in patients suffering from spinal cord injury.

"Our research allows for a better understanding of the injured spinal cord environment. Moreover, knowledge gained from our research can be applied to other neurological conditions including brain injury, stroke, cerebral palsy, and multiple sclerorsis."

What were the specific research questions you were trying to address in your 2010 MHRC Establishment Grant?

The current focus of our research is to optimize the outcomes of neural stem cell therapies for the treatment of spinal cord injury. Extensive preclinical studies by our group and others show that application of neural stem cells offers tremendous potential for treatment of the injured and diseased spinal cord. However, despite this potential, there are currently several challenges and gaps in the application of neural stem cells in experimental models that have prevented its translation into clinical testing. The main challenge is the inability of these stem cells to survive long enough after transplantation into the injured area of the spinal cord to result in any long-term functional improvement. This failure is mainly attributed to the unfavorable environment that is present in the injured spinal cord tissue.

Our main goal in the MHRC project was to identify the inhibitory factors that cause the injured tissue to become a hostile environment for these stem cells. Over the past years, our MHRC funded studies have uncovered that the formation of a scar tissue around the spinal cord lesion and increased production of inhibitory molecules in the scar milieu is a major obstacle for the success of stem cell transplantation. We have shown that removal of these factors from the injured cord prior to stem cell transplantation is beneficial in enhancing the long-term survival of stem cells and their abilities for tissue regeneration. We have identified specific biomedical treatments for targeting these inhibitory factors. We are currently investigating several aspects of these treatment strategies including dosing, delivery methods, safety, and most importantly their potential in improving functional recovery after spinal cord injury.

In summary, our research allows for a better understanding of the injured spinal cord environment. Moreover, knowledge gained from our research can be applied to other neurological conditions including brain injury, stroke, cerebral palsy and multiple sclerosis with similar pathological outcomes.

What are the medium and long term impacts of the 2010 MHRC Establishment Grant?

The MHRC award was important in establishment of critical research platforms in my program that include a preclinical model of spinal cord injury and a culture system to study the potential of neural stem cells for spinal cord repair. We have made several novel discoveries and contributions related to the application of neural stem cells in spinal cord injury.

Importantly, the MHRC award was instrumental in obtaining proof of concept data and publications that made our new program nationally recognized and highly competitive for obtaining long term funding from NSERC and CIHR. Our research initially supported by MHRC and currently by CIHR has long term impact on development of promising stem cell therapies for spinal cord injury with the feasibility for translation into clinical practice.

Making an Impact

In 2013 several projects that had been funded in past years were completed. Of those projects, we have selected three researchers to highlight in this year's Annual Report.

Making an Impact

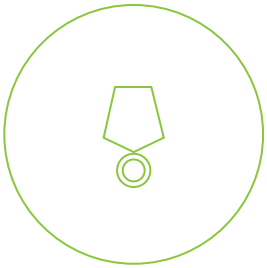
Yunhua Luo

Project:
Advanced Computer Modeling of Closed Head Injuries: Mechanism, Diagnosis and Protection

MHRC Establishment Grant, 2010

How did you become interested in your field of research? How long have you been a researcher? What do you enjoy most about your research and your job?

My research project supported by the MHRC is the analysis and prevention of traumatic brain injury (TBI) by the finite element method. I have been doing research in field of finite element method since 1995, starting with my PhD research project. The finite element method is an advanced computational method and has become a very useful tool in engineering for evaluating material damage, assessing structural safety and designing more reliable products. I became interested in the research on TBI after watching a number of TV documentary reports about TBIs occurring in sports, battle fields and daily life. As the human brain is such a delicate and vulnerable biological structure, computer simulation based on the finite element method provides a number of advantages over the experimental methods in understanding TBI, especially the mechanical processes appearing within the cranium during an impact.



"The human brain is such a delicate and vulnerable biological structure, computer simulation based on the finite element method provides a number of advantages over experimental methods."

What were the specific research questions you were trying to address in your 2010 MHRC Establishment Grant?

The objective of my project funded by the MHRC is to understand mechanistic causes leading to a traumatic brain injury, for example concussion. It is the first step for preventing TBI and for designing more effective helmets.

What are the medium and long term impacts of the 2010 MHRC Establishment Grant?

The mechanistic causes involved in TBI are very complicated and cannot be uncovered by a single short-term project. However, the outcomes generated from our project will become a base for our group and the other researchers in the field to do further research for alleviating or even preventing TBI.

Making an Impact

Shikha Mittoo

Project:
Assessing and Predicting Lung Function Decline in Connective Tissue Disease (CTD)

Operating Grant, 2009

How did you become interested in your field of research? How long have you been a researcher? What do you enjoy most about your research and your job?

I have been deeply committed to service, particularly of marginalized populations since I grew up in Winnipeg. I volunteered over 300 hours in my community at a young age and dreamed of eventually providing clinical care to the poor in India. In medical school, I volunteered at a public hospital in India and treated patients with lung (tuberculosis, lung cancers, pleural effusions) and rheumatology conditions. When I did my post-graduate training, I was interested in treating patients with rheumatologic and lung conditions, but never knew how to combine the two fields. I remember a 36-year old man with his lung filled with pneumonia on a ventilator who passed away in the intensive care unit and I realized that even if I pursued respirology, I would potentially manage extremely sick patients and I would feel sad to witness patients at the end of life. I eventually decided on rheumatology, in part because of strong clinical mentorship in rheumatology during my internal medicine training, and partly because I wanted to have a long-term relationship with my patients and not be a witness to their end of life. Then I had two life-changing encounters as a rheumatology fellow at Johns Hopkins Hospital that compelled me to commit myself to develop a clinical and research program in the field of autoimmune lung disease. The first was being mentored by Dr. Fredrick Wigley, a masterful clinician, devoted to his patients,

"The best part of my day is the knowledge that I have helped a patient at the bedside, either directly through my clinical care or by applying concepts learned through research directly back to the patient(s)."

who fostered my passion for autoimmune lung disease by offering me the opportunity to do research in scleroderma lung disease and suggested I also meet with Dr. Robert Wise, a respirologist, who eventually would further my understanding of the behavior of scleroderma lung disease. I decided to get my Master's in Clinical Investigation/Epidemiology in 2006/2007 and started participating in research projects where both respirologists and rheumatologists worked together. The second experience during my fellowship was even more powerful. During one clinic, I encountered a young woman in her 30s who was a single mom with scleroderma lung disease. She had terrible lung disease and was on oxygen, failing various treatments. She needed to live to provide care for her son. We had little to offer her in terms of new treatments. I realized the need to do research in this field and develop an autoimmune lung program, even if it was merely to raise awareness of this area. I returned back home to Winnipeg with full support from Dr. Hani El-Gabalawy, rheumatology chair at the University of Manitoba, to develop such a research program.

The best part of my day is the knowledge that I have helped a patient at the bedside, either directly through my clinical care or by applying concepts learned through research directly back to the patient(s). Research for me is a way to promote dialogue about rare conditions, challenging previous concepts about a disease, and, in particular, to foster change for patients with an orphaned condition who have been marginalized to some extent by the health care and research system. This grant helped create a paradigm shift in autoimmune lung disease in Canada by garnering attention from researchers and clinicians across Canada and internationally. The ultimate beauty of research is that it can lead to change of policy/systems at a societal/population level through discovery of new information, but also by fostering collaborative networks (including multiple specialties) and being a vehicle to drive an underlying ethos, which for me is delivery of care to patients with such orphaned conditions.

In your 2009 MHRC Operating Grant what were the specific research questions you were trying to address?

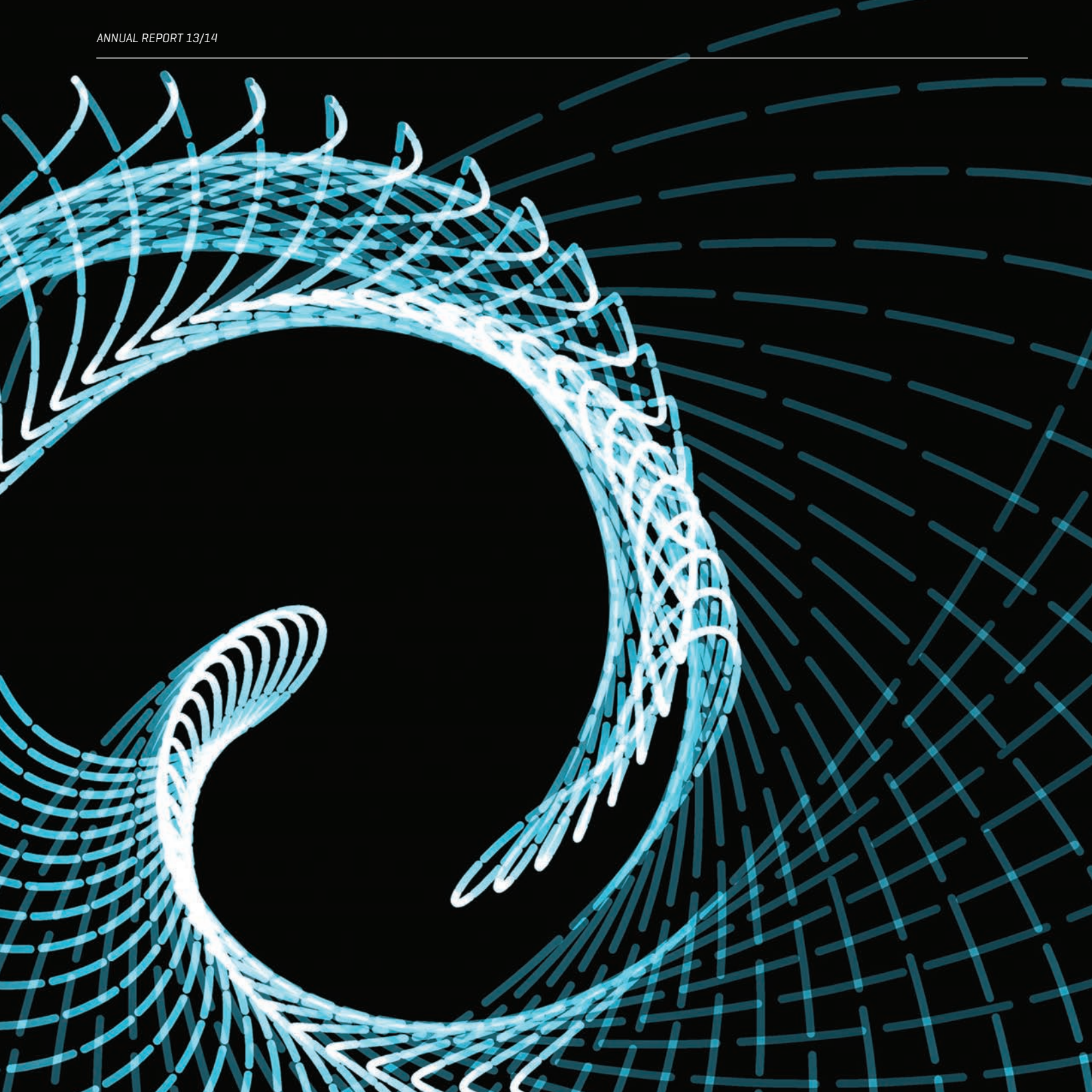
We wanted to find out how interstitial lung disease (ILD), a type of lung condition, among patients with autoimmune disease (lupus and scleroderma) evolves over time and if we could identify patients at risk for worsening lung disease using a blood test to detect markers of lung inflammation/damage.

What are the medium and long term impacts of the 2009 MHRC Operating Grant?

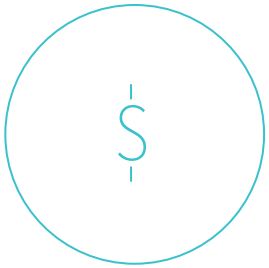
Medium impact: It helped develop clinical management strategies around autoimmune interstitial lung disease and development of the ILD clinic in Toronto. It helped foster investigator lead, industry-sponsored projects related to autoimmune lung diseases. The Canadian Pulmonary Fibrosis Interest Group is formulating Canadian position papers in interstitial lung disease over the next few years; I hope to lead the position paper on autoimmune interstitial lung disease. I am collaborating with centres across Ontario, the US and Australia to develop a shared database for rheumatoid lung disease and eventually hope to bring together in other autoimmune lung disorders.

Long Term Impact: The hope is to get more funding to develop feasible, non-invasive methods to screen and evaluate for interstitial lung disease that could be applied across varying autoimmune diseases either at the bedside or readily available at most hospitals and develop effective therapies through clinical trials in this patient population.

Grants & Awards



Funding Programs



The focus of the Manitoba Health Research Council continues to be on building capacity for health research in Manitoba by targeting funding towards new researchers, new recruits to Manitoba and research trainees. In each of our programs we encourage and support a broad range of human health research including basic biomedical, clinical research, health services and health systems research and research into the cultural, social and environmental determinants of health.

In 2013/14 Council approved approximately $5.6 million in research grants, awards and sponsorships. Partnering with various foundations added approximately $1.9 million to the grants and awards made to the Manitoba Health Research Community.

The demand for funding has rapidly grown between 2005 and 2013 and the quality of applications to MHRC have correspondingly increased since 2008. However, the stable funding levels in the past few years has not kept up with the demand for funding from an increasing number of researchers submitting applications to MHRC.

Number of Received, Fundable and MHRC Funded Applications

		APPLICATIONS RECEIVED		APPLICATIONS FUNDED (MHRC ONLY)		APPLICATIONS FUNDABLE	
		#	AMOUNT	#	AMOUNT	#	AMOUNT
1	STUDENTSHIP AWARDS	176	$ 3,141,600	42	$ 606,900	149	$ 2,661,885
2	DISSERTATION AWARDS			2	$ 9,428		
3	CLINICAL FELLOWSHIP AWARDS	3	$ 114,750	0	0	2	$ 76,500
4	FELLOWSHIP AWARDS	37	$ 1,415,250	5	$ 159,000	28	$ 1,071,000
5	MANITOBA RESEARCH CHAIRS	6	$ 600,000	2	$ 200,000	5	$ 500,000
6	ESTABLISHMENT GRANTS	31	$ 1,121,954	10	$ 396,806	24	$ 933,504
7	OPERATING GRANTS	45	$ 3,549,341	5	$ 351,936	28	$ 2,255,687
8	BRIDGE FUNDING			4	$ 107,500		

Funding Programs

The MHRC believes that working together with organizations to achieve common goals is the most effective approach to fostering and promoting excellence in health research in our province. We thank our partners for their participation in 2013/14.

MHRC Funding Partners

CANADIAN INSTITUTE OF HEALTH RESEARCH

CANCERCARE MANITOBA FOUNDATION

HEALTH SCIENCES FOUNDATION

MANITOBA INSTITUTE OF CHILD HEALTH

MS SOCIETY OF CANADA

THE LUNG ASSOCIATION, MANITOBA

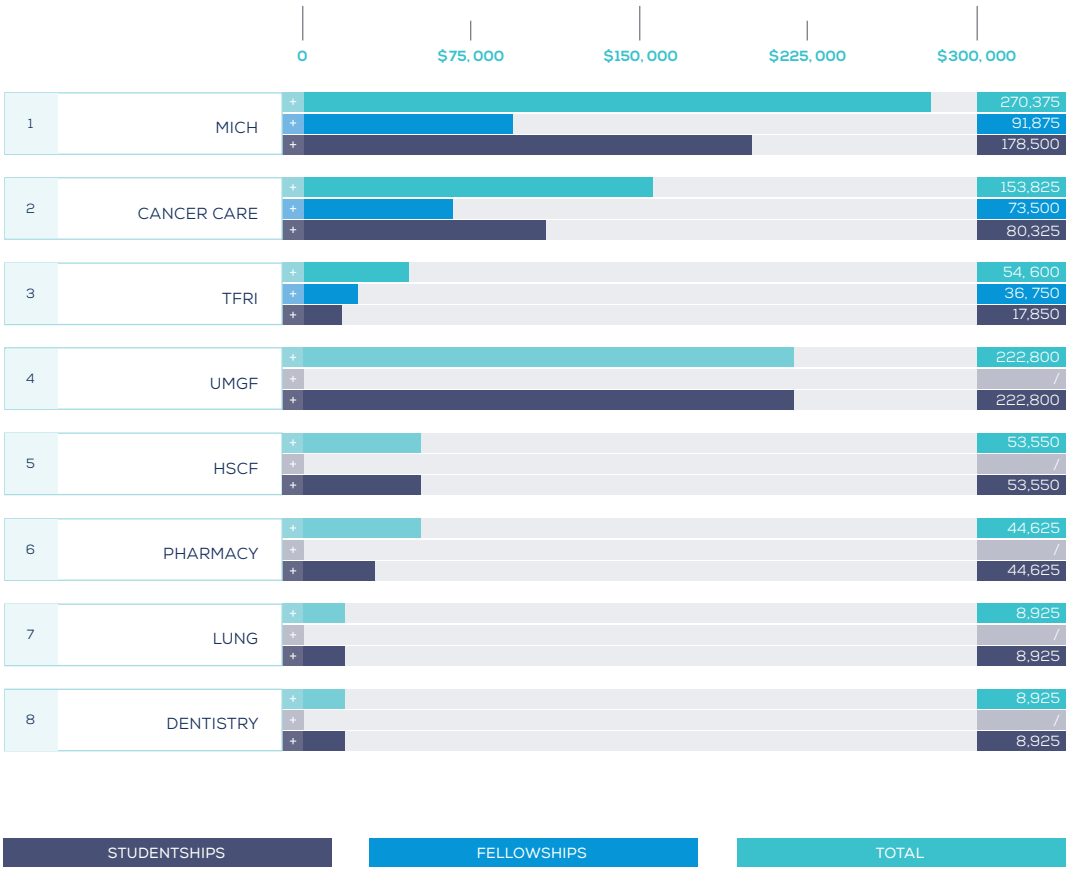
THE TERRY FOX RESEARCH INSTITUTE

UNIVERSITY OF MANITOBA, FACULTIES OF DENTISTRY, GRADUATE STUDIES AND PHARMACY

Funding Programs

The MHRC continued to work with multiple partners in and outside the province. In 2013, MICH, CancerCare and UMGF were MHRC's biggest partners in terms of funding commitment to graduate students and postdoctoral fellows.

Distribution of Partner Funding by Program in 2013



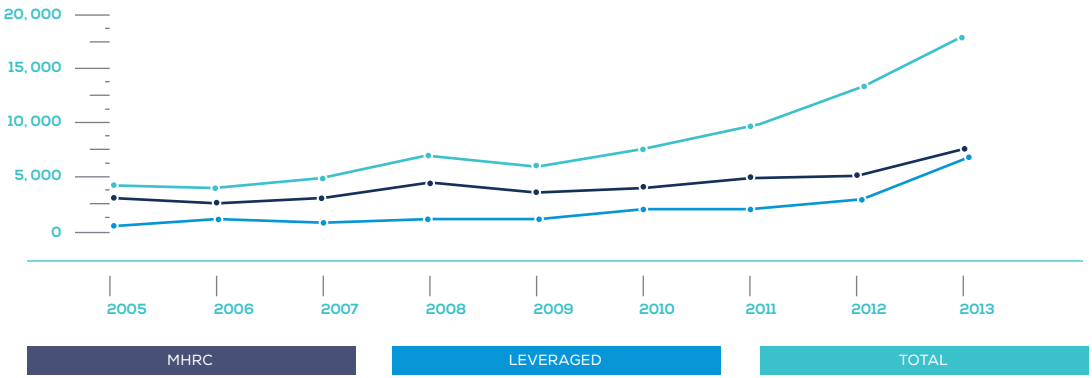
Funding Programs

The MHRC's and partners' funding of the health research enterprise in Manitoba has steadily increased since 2005. Since 2010 however, the total funding has remained stable at around $8 million per year. The MHRC has formal funding partnerships with various organizations through its own programming, as well as with the Canadian Institutes of Health Research, to maximize the impact of research dollars in the province.

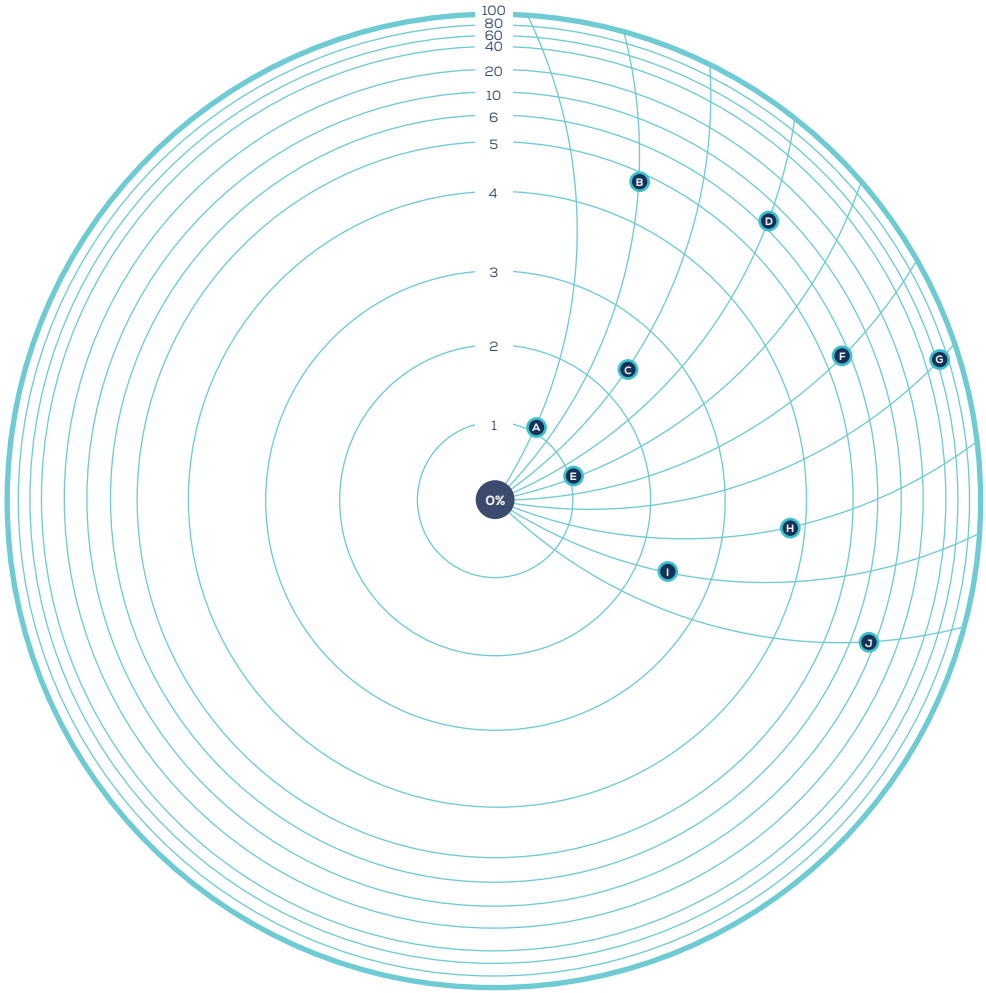
Total MHRC Partner Funds, 2005-2013

In addition to the partnerships in the trainee and RPP awards there were other funds leveraged through individual grants and awards. The following table adds the total Funds leveraged (including partnership contributions) Programs with the Manitoba Medical Services Foundation, Partnership for Health System Improvement, and Multiple Sclerosis funding contributors to the SPOR initiatives are included in these numbers. MHRC considers any money that it and/or supported researchers get from external/partnered sources over and above its own initial investments as leveraged funds.

Total MHRC Leveraged Funds, 2005-2013

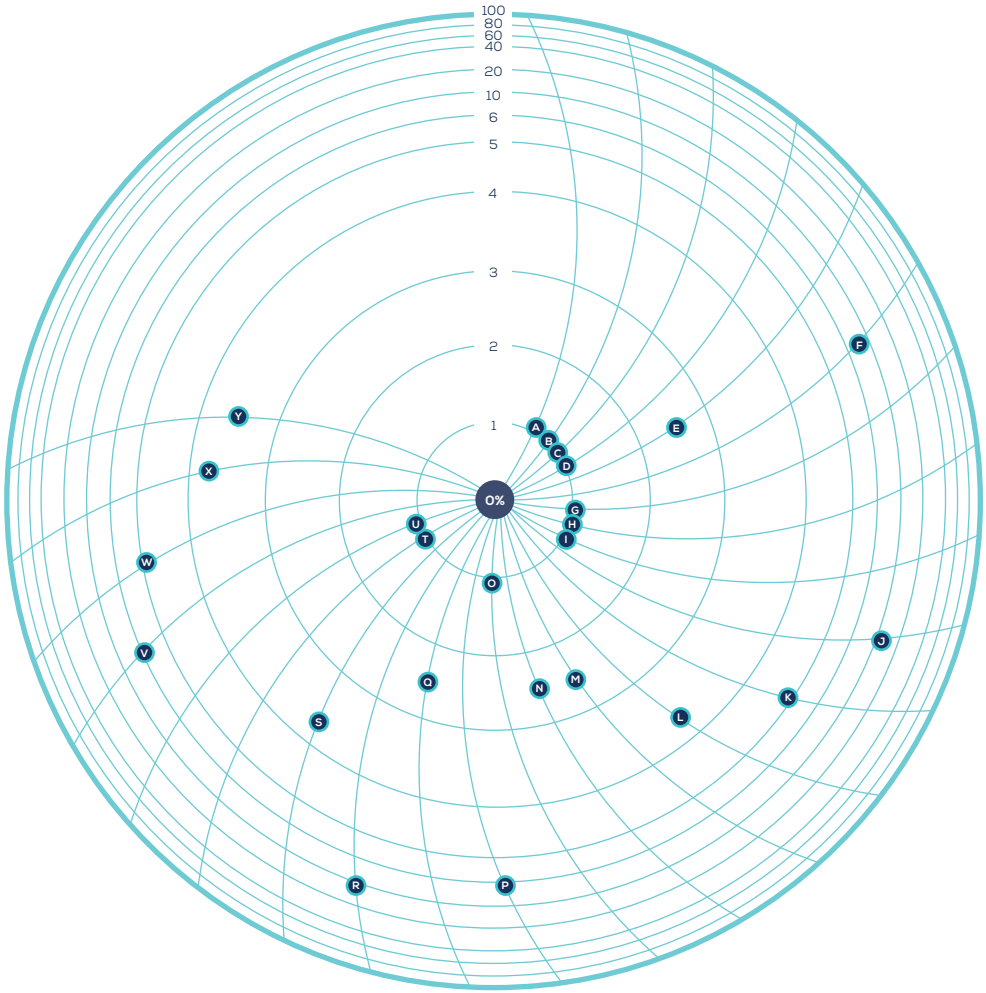


Grants Awarded by Faculty for 2013



- A 1.2% AGRICULTURE & FOOD SCIENCE
- B 4.9% ARTS
- C 2.4% DENTISTRY
- D 6.1% GRADUATE STUDIES
- E 1.2% HUMAN ECOLOGY
- F 4.9% KINESIOLOGY & RECREATION MGMT.
- G 63.4% MEDICINE
- H 3.7% NURSING
- I 2.4% PHARMACY
- J 9.8% SCIENCES

Grants Awarded by Department for 2013



- A 1.2% ANIMAL SCIENCE
- B 1.1% BIOCHEM. & MEDICAL GENETICS
- C 1.2% BIOLOGICAL SCIENCES
- D 1.2% BIOLOGY
- E 2.5% CHEMISTRY
- F 8.6% COMMUNITY HEALTH SCIENCES
- G 1.2% EMERGENCY MEDICINE
- H 1.2% FAMILY SOCIAL SCIENCES
- I 1.2% HUMAN ANATOMY & CELL SCIENCE
- J 12.3% IMMUNOLOGY
- K 4.9% INTERNAL MEDICINE
- L 3.7% MEDICAL MICROBIOLOGY
- M 2.5% MICROBIOLOGY
- N 2.5% ORAL BIOLOGY
- O 1.2% PEDIATRICS & CHILD HEALTH
- P 6.2% PHARMACOLOGY & THERAPEUTICS
- Q 2.5% PHYSICS & ASTRONOMY
- R 11.1% PHYSIOLOGY
- S 3.7% PSYCHOLOGY
- T 1.2% SOCIOLOGY
- U 1.2% SURGERY
- V 6.2% GRADUATE STUDIES
- W 4.9% KINESIOLOGY & RECREATION MGMT.
- X 3.7% NURSING
- Y 2.5% PHARMACY

Manitoba Research Chairs

Christopher Anderson

Department of Pharmacology and Therapeutics, Faculty of Medicine, University of Manitoba

Program:
Therapeutic Activation of Neural Stem Cells for Repair and Regeneration of the Injured Spinal Cord

What was the original motivation for your program?

I noticed accumulating evidence that cognitive decline resulting from many disorders, ranging from neurodegenerative diseases like Alzheimer's Disease and vascular dementia, to the long-term effects of brain injuries like stroke or brain trauma, is accompanied by impairment of blood flow to active brain areas that most urgently need glucose and oxygen for fuel. My focus became to understand the basic cell and molecular mechanisms by which neurons in active brain areas send signals to local blood supply vessels to allow more blood through when needed. Knowing these mechanisms in detail allows us to identify new potential molecular and genetic targets for therapeutic development. Because aberrant blood flow regulation is a point of convergence for such a wide spectrum of neurological disorders, therapeutic development in this area is likely to have wide-ranging applications and positive impact on human health.

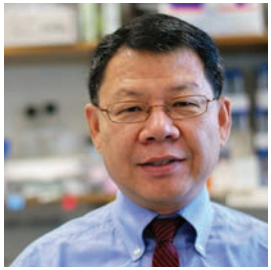
What are the factors that encouraged you to pursue your career/conduct your research as an independent researcher in Manitoba?

Manitoba is home to a large and vibrant neuroscience research community that provides opportunities for multi-disciplinary collaboration and networking to solve the most complex problems in ways that are not necessarily limited to my own areas of expertise. In addition, the University of Manitoba and Health Sciences Centre have provided capital investment directly in facilities like the Kleysen Institute for Advanced Medicine and advanced technological platforms that directly benefit my research program. Overall, Manitoba is an excellent place to conduct research in the neurosciences and is poised for further growth and improvements over the next 5-10 years.

What are the real-life applications that may (as a result of your research) impact directly or indirectly on the health of Manitobans?

One-in-three Canadians will be directly affected by a neurological or psychiatric disorder. The yearly costs of acute care for these disorders represent the highest portion of the overall financial burden of disease in Canada (14%), and the World Health Organization concluded that they account for 38% of years of life lost due to early death and years lived with disability - 3-fold greater than the next contributor (cancer). These trends illustrate the tremendous need for research and development to find new treatments. My research program is designed to maximize impact on human health by finding novel mechanisms of cell death and cognitive decline common to multiple forms of brain injury and neurodegenerative disease. Our work to discover how brain blood flow is regulated is an example of this approach.

Manitoba Research Chairs



Jiuyong Xie

Department of Physiology, Faculty of Medicine, University of Manitoba

Program:
Molecular Mechanisms of Cell Signal-Regulated Alternative Splicing and their Application to the Correction of Aberrant Splicing that Causes Human Genetic Diseases

What was the original motivation for your program?

The original motivation for this project stems from questions regarding stress hormone control and memory formation. Subsequent studies on a unique step of gene expression (called RNA splicing) have led to further questions: (a) how the molecular machinery works, (b) where it came from and (c) how we apply the knowledge to disease therapy.

What are the factors that encouraged you to pursue your career/conduct your research as an independent researcher in Manitoba?

The Faculty of Medicine (now Health Sciences) has a history of research excellence, particularly in endocrinology and neuroscience. Importantly, there is a group of highly supportive colleagues who have expertise that complement my own. Moreover, local grant support (mainly MHRC) has also been a crucial factor for my research.

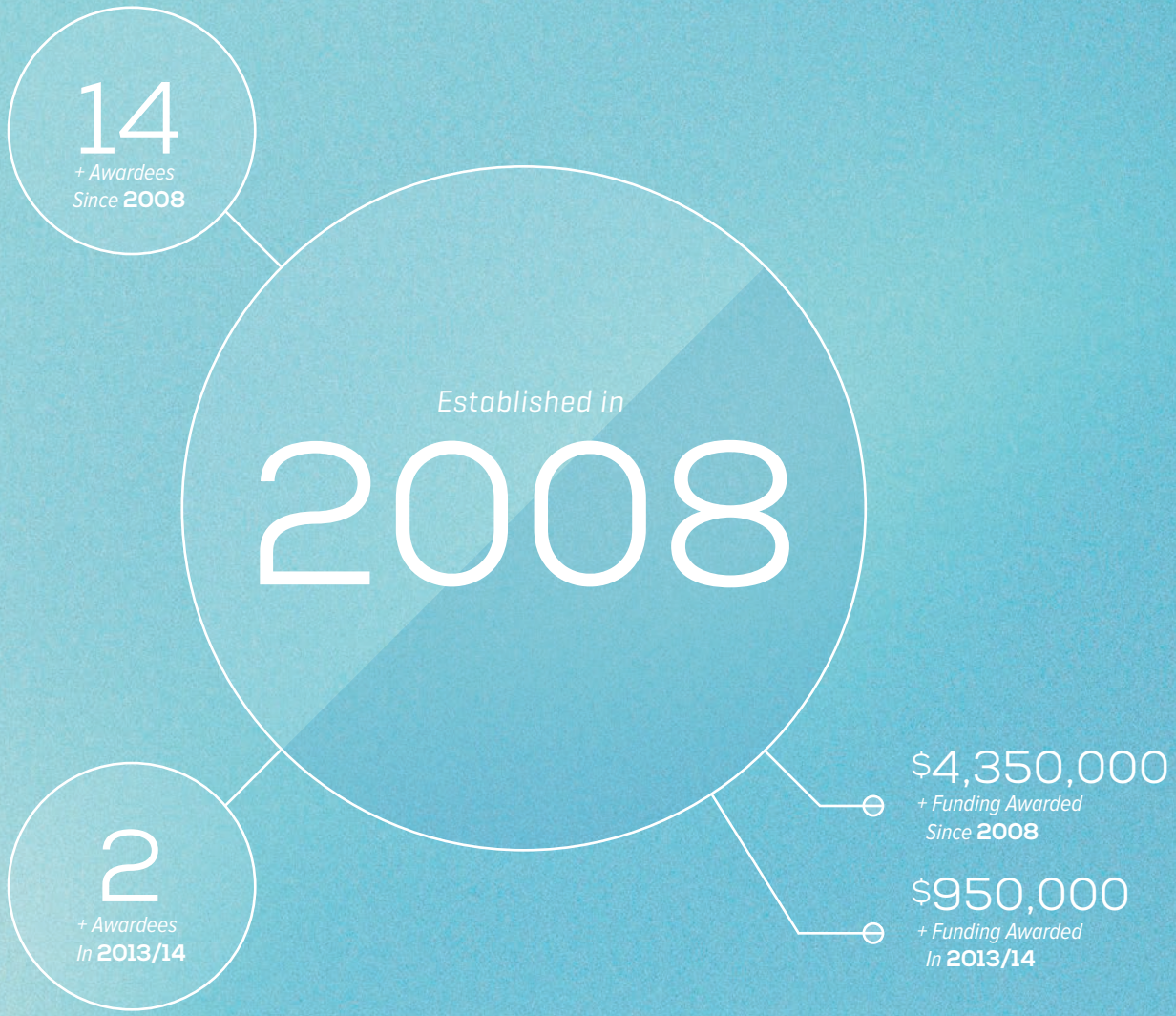
What are the real-life applications that may (as a result of your research) impact directly or indirectly on the health of Manitobans?

Our work on the basic molecular mechanisms will have a long-term impact on health improvement in general. The knowledge gained from these studies will also allow us to explore therapeutic drugs in animals. The impact directly or indirectly on the health of Manitobans may include stress management and personalized medicine in the treatment of a group of genetic diseases caused by specific mutations.

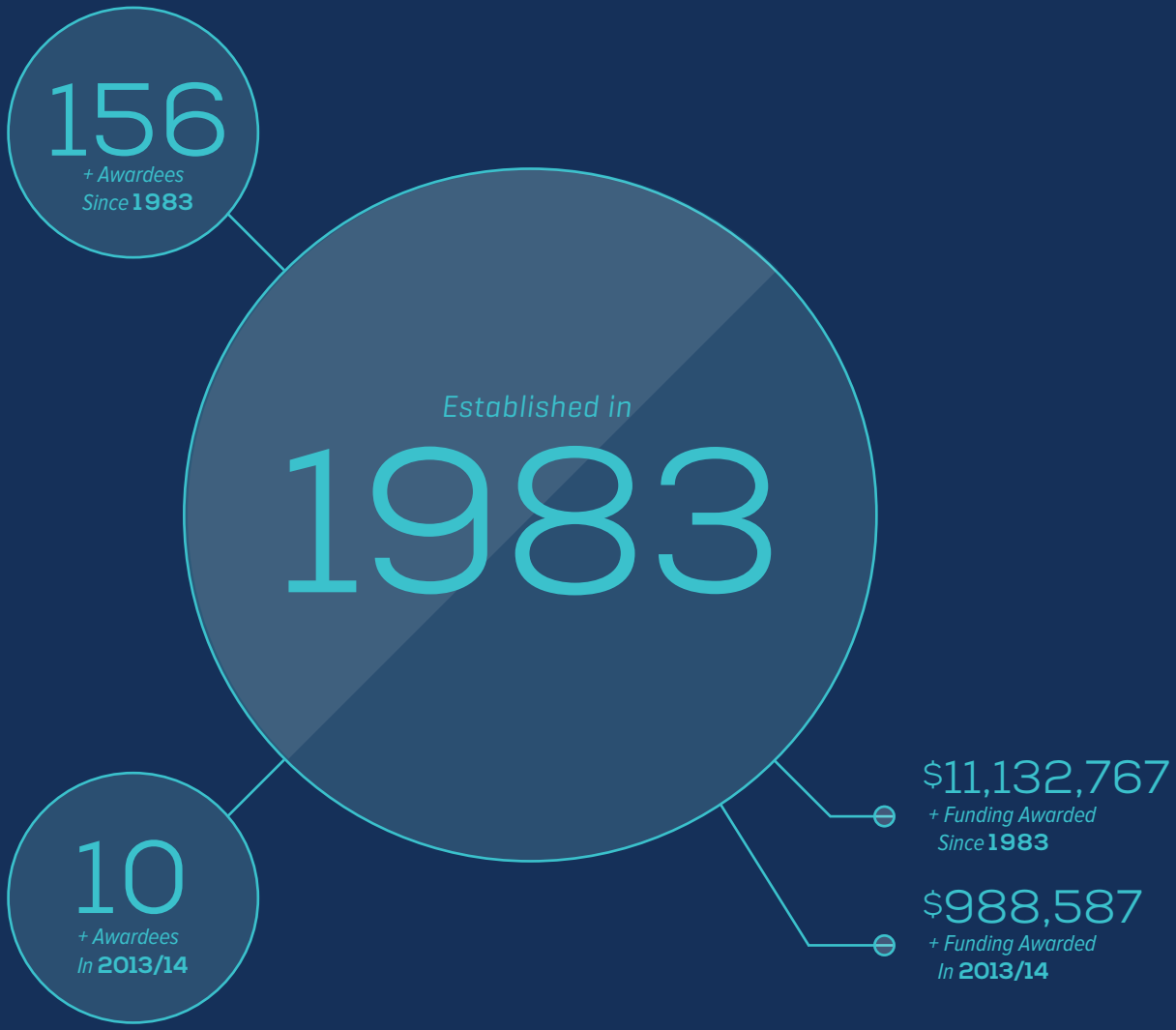
Manitoba Research Chairs

The Manitoba Research Chair Awards program, now in its sixth year, is intended to support the continued growth of successful research programs lead by internationally recognized independent investigators. Valued at $100,000/yr for five years, these awards enable recipients to develop complex research programs, furthering their research outcomes while mentoring trainees and novice investigators.

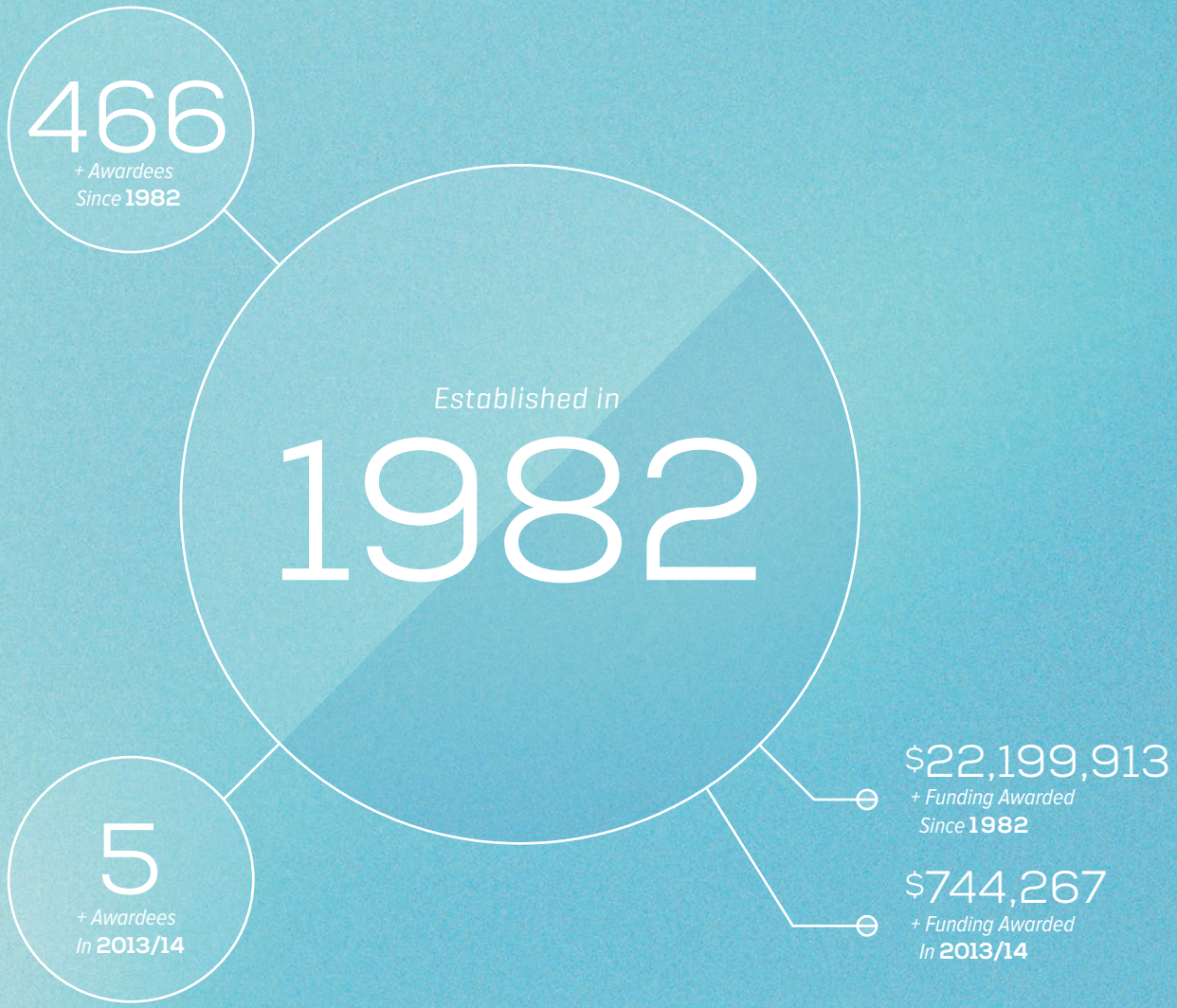
The Manitoba Research Chair Award



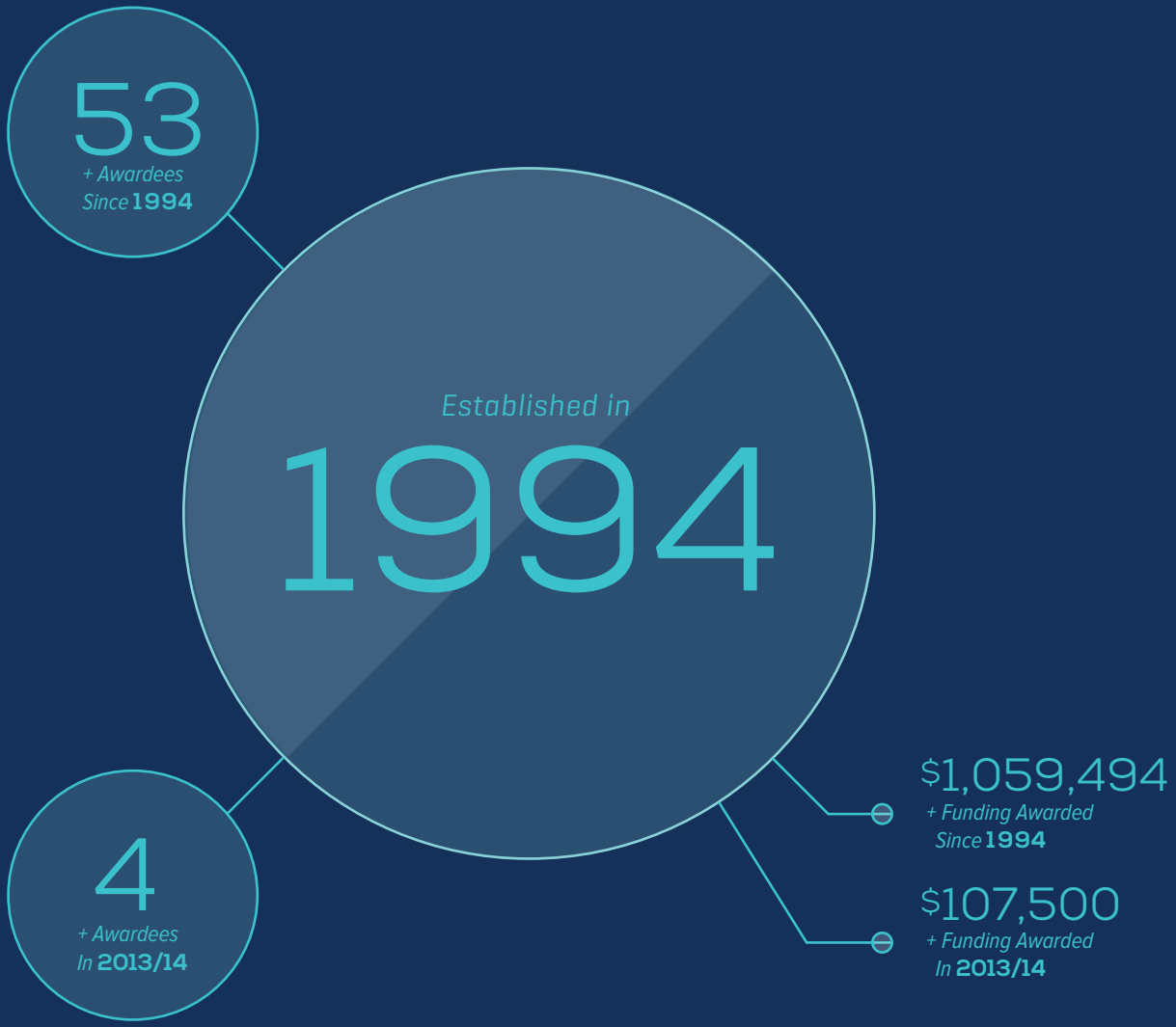
The Establishment Grant



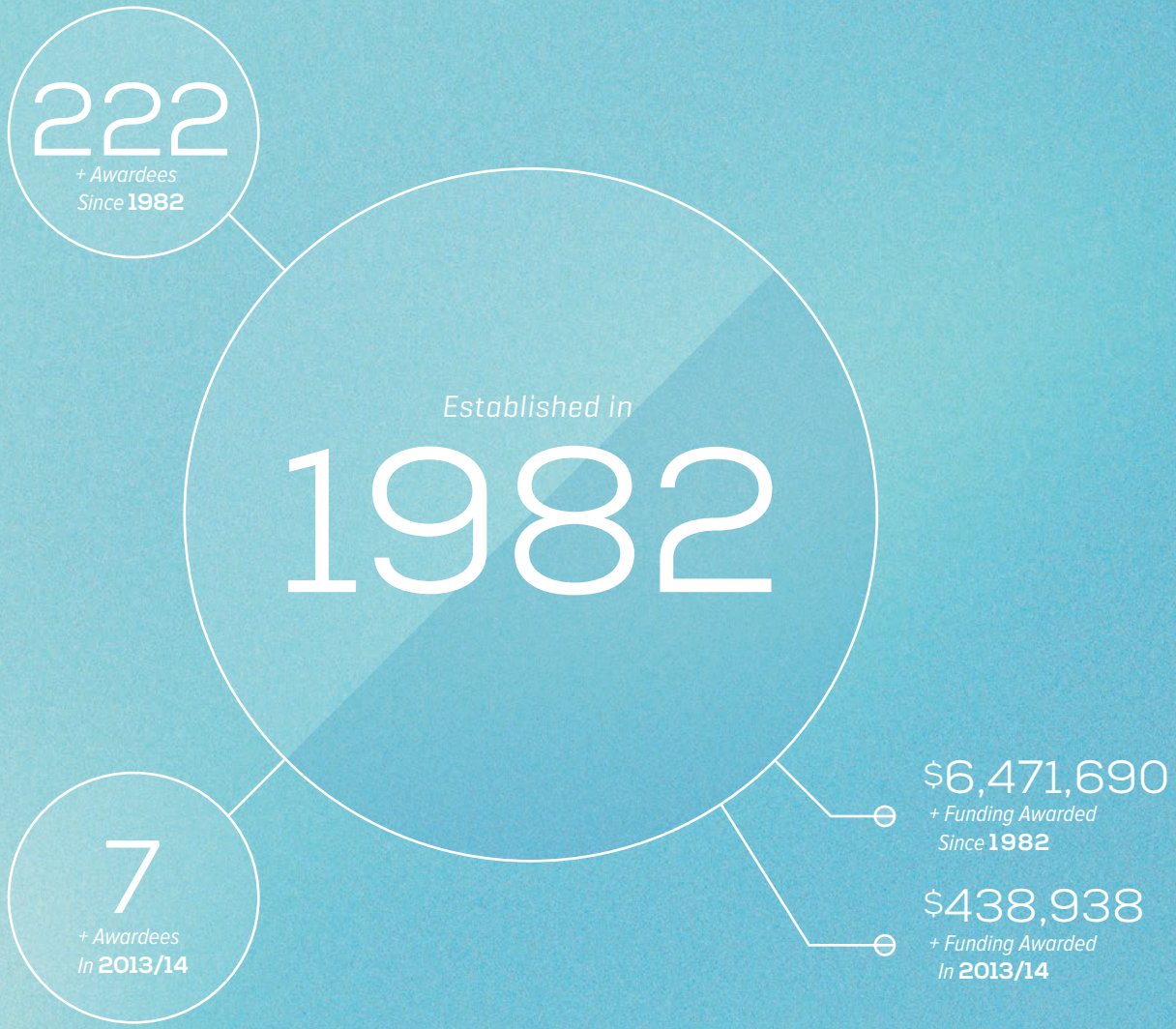
The Operating Grant



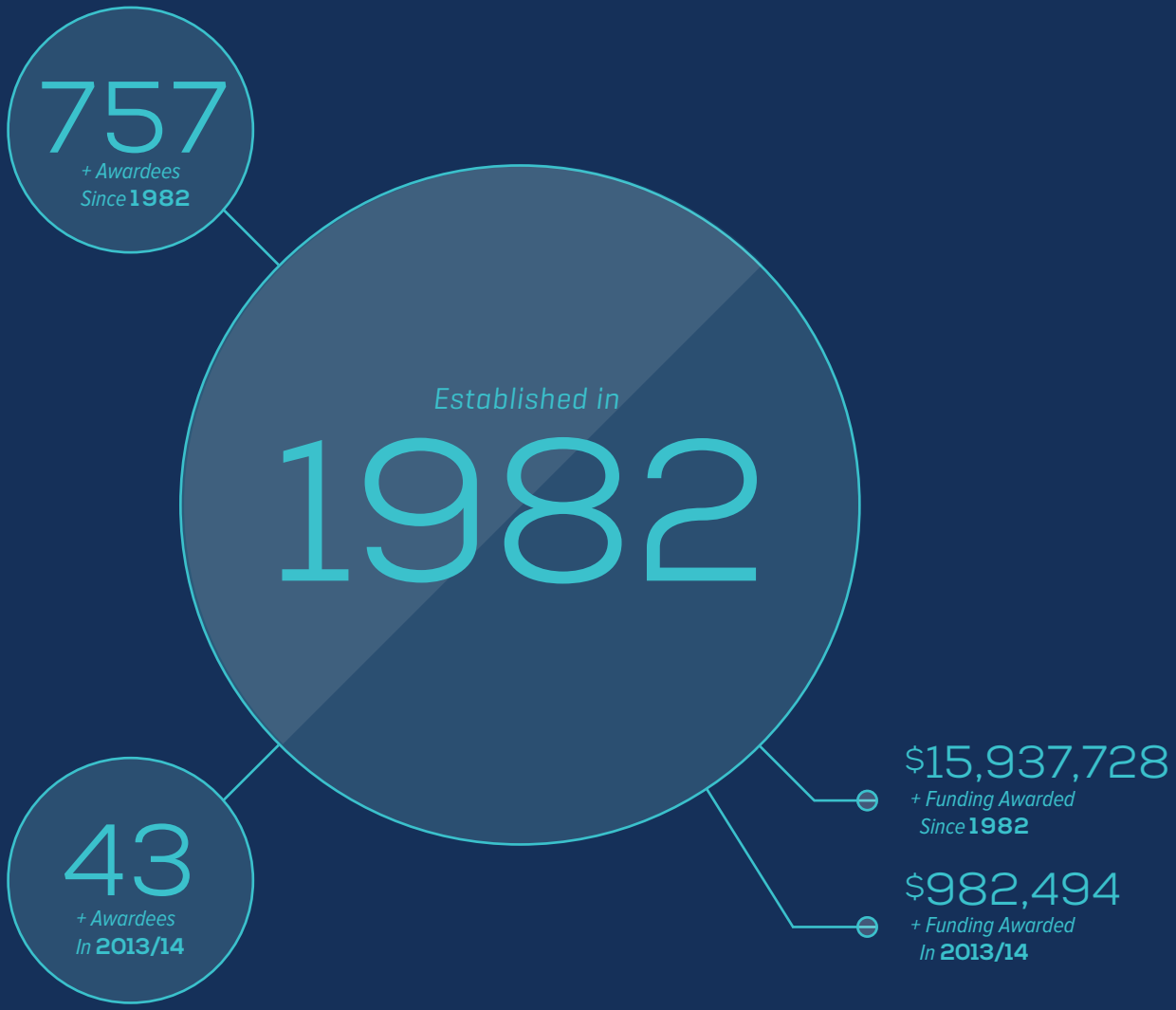
The Bridge Funding Award



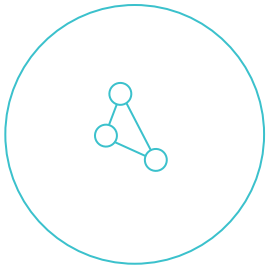
The Fellowship Award



The Studentship Award



Research Connections: Event Sponsorship



This program provides matching funds to support Manitoba health research conferences, workshops, research days and like events. Its purpose is to promote the advancement and exchange of health research knowledge by encouraging linkages among researchers and between researchers and other stakeholder and interest groups. During 2013/14, Council sponsored 18 events, which are intended to build research and knowledge collaborations.

Spinal Cord Research Symposium
MAY 12-14, 2013

Manitoba Neuroscience Network
JUN 10, 2013

Canadian Cancer Research Alliance
NOV 3-6, 2013

Canadian Association for Health Services and Policy Research (CAHSPR)
MAY 28-30, 2013

Canadian Student Health Research Forum - Support and Postdoctoral Award
JUN 3-6, 2013

Cochrane Colloquium
SEPT 19-23, 2013

Canadian National Medical Student Research Symposium
JUN 4-6, 2013

5th Conference of Recent Advances in the Prevention and Management of Childhood and Adolescent Obesity
SEPT 4-26, 2013

9th Annual Child Health Research Day - Manitoba Institute of Child Health
OCT 3, 2013

TD Discovery Days - Canadian Medical Hall of Fame
NOV 8, 2013

Evidence Network - Trudy Lieberman Visit/ Evening at the Free Press Café
OCT 23, 2013

Med in the City Gala – University of Manitoba (Faculty of Medicine)
NOV 2, 2013

Ice Crystal Gala - Children's Hospital Foundation of Manitoba
NOV 18, 2013

Heart and Stroke Foundation - Primary Prevention Research Forum
FEB. 5, 2014

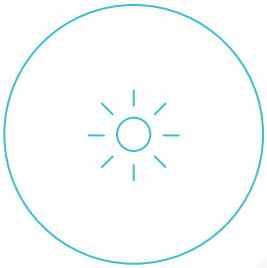
Prairie Infectious Immunology Network Meeting
MAY 28-30, 2014

5th Annual Functional Foods and Natural Health Products Graduate Research Symposium
MAY 21-23, 2014

The International School on Research Impact Assessment
SEPT 7-11, 2014

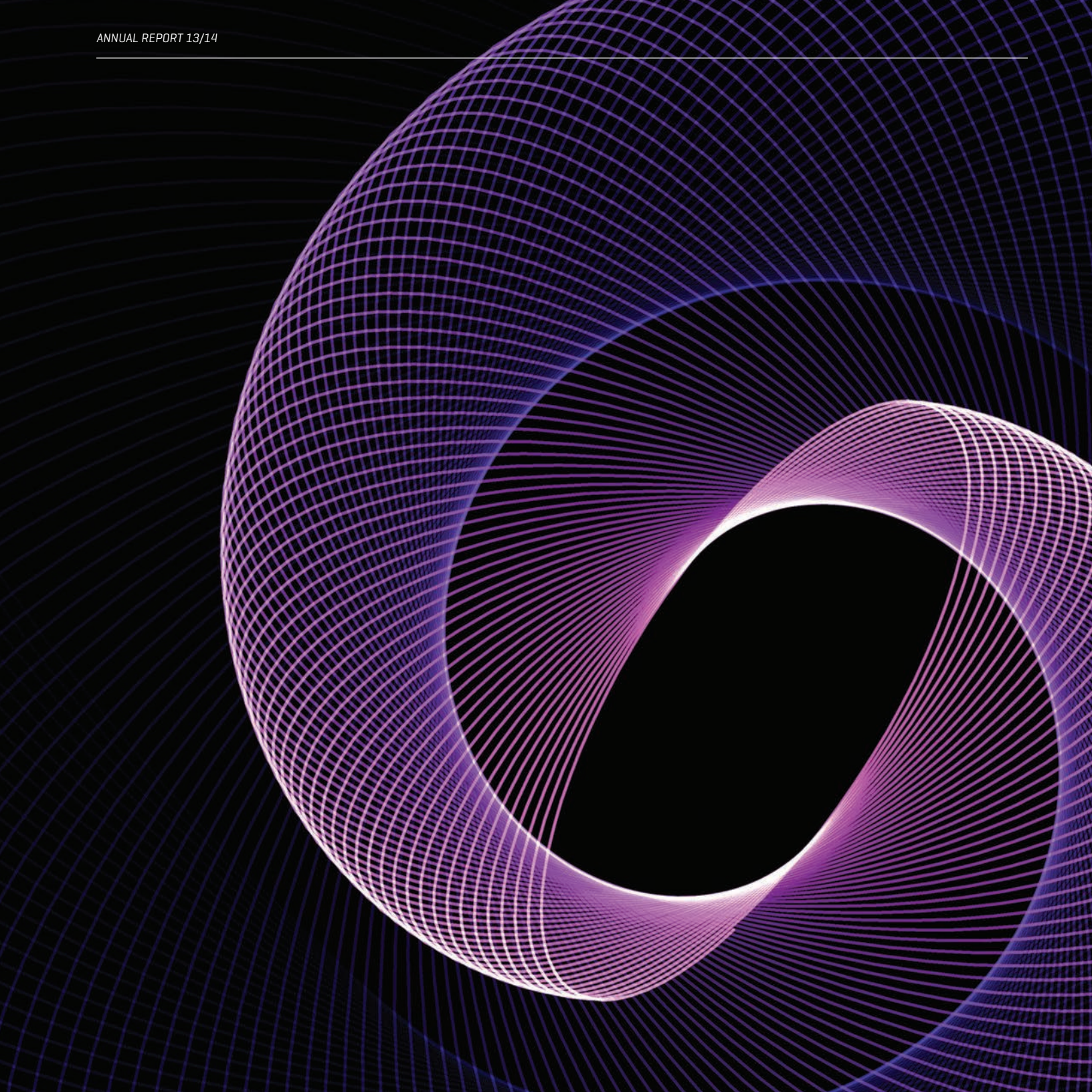
Manitoba Neuroscience Network Scientific Meeting
JUN 24-25, 2014

Summer Stipends

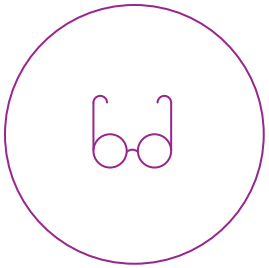


In 2013/14 MHRC contributed $20,000 to the University of Manitoba's B.Sc. Medicine Program to support the summer research projects of three students. The work done by these students allows them to develop as physicians and broadens their scientific understanding and foundations in research.

Review Committees



2013/14 Review Committee Listings



One of the most vital components of any successfully run competition is the quality of its review committees. Year after year, the MHRC has the great fortune to have committees filled with very enthusiastic and diligent reviewers, as well as very skilled Chairs and Scientific Officers.

2013/14 Manitoba Research Chair Review Committee

DR. JIM DAVIE
(Chair) Scientific Director, Manitoba Health Research Council

DR. KIRK MCMANUS
(Scientific Officer) Department of Biochemistry and Medical Genetics, Faculty of Medicine, University of Manitoba

DR. ANDREW BRAUN
Departments of Physiology and Pharmacology, Faculty of Medicine, University of Calgary

DR. CHRISTIAN BEAULIEU
Department of Biomedical Engineering, Faculty of Medicine and Dentistry, University of Alberta

DR. ROBERT HILSDEN
Departments of Medicine and Community Health Sciences, Cumming School of Medicine, University of Calgary

DR. SHERIF ABOU ELELA
Département de microbiologie et d'infectiologie, Faculté de médecine et des science de la santé, Université de Sherbrooke

2013/14 Operating and Establishment Grants Review Committee

DR. YVONNE MYAL
(Chair) Departments of Pathology and Physiology, Faculty of Medicine, University of Manitoba

DR. MARYLOU SOLBRIG
(Scientific Officer) Department of Internal Medicine, Faculty of Medicine, University of Manitoba

DR. PRASHEN CHELIKANI
Department of Oral Biology, Faculty of Dentistry, University of Manitoba

DR. MICHAEL CARPENTER
Department of Medical Microbiology, Faculty of Medicine, University of Manitoba

DR. ANDREW HALAYKO
Departments of Physiology and Internal Medicine, Faculty of Medicine, University of Manitoba

DR. MARK TORCHIA
Department of Surgery, Faculty of Medicine, University of Manitoba

DR. BENEDICT C. ALBENSI
Departments of Pharmacology & Therapeutics and Electrical & Computer Engineering, Faculties of Medicine and Engineering, University of Manitoba

DR. MARK FRY
Department of Biological Sciences, Faculty of Science, University of Manitoba

DR. HARMINDER SINGH
Department of Internal Medicine, Faculty of Medicine, University of Manitoba

DR. JEFFREY WIGLE
Department of Biochemistry and Medical Genetics, Faculty of Medicine, University of Manitoba

DR. JOE O'NEIL
Department of Chemistry, Faculty of Science, University of Manitoba

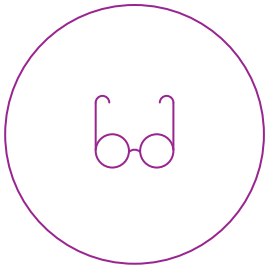
DR. PAUL FERNYHOUGH
Departments of Pharmacology & Therapeutics and Physiology, Faculty of Medicine, University of Manitoba

DR. ZHIKANG PENG
Departments of Pediatrics & Child Health and Immunology, Faculty of Medicine, University of Manitoba

DR. ROBERT SHIU
Department of Physiology, Faculty of Medicine, University of Manitoba

DR. ROTIMI ALUKO
Department of Human Nutritional Sciences, Faculty of Human Ecology, University of Manitoba

2013/14 Review Committee Listings



DR. DONNA WALL
Departments of Pediatrics & Child Health, Immunology and Internal Medicine, Faculty of Medicine, University of Manitoba

2013/14 Social Population Health Review Committee

DR. DEAN KRIELLAARS
(Chair) Department of Medical Rehabilitation, School of Rehabilitation Sciences, Faculty of Medicine, University of Manitoba

DR. DEBORAH MCPHAIL
(Scientific Officer) Department of Community Health Sciences, Faculty of Medicine, University of Manitoba

DR. J. RENÉE ROBINSON
Department of Psychiatric Nursing, Faculty of Health Studies, Brandon University

DR. PATRICIA CAETANO
Manitoba Health, Department of Community Health Sciences, Faculty of Medicine, University of Manitoba

DR. MALCOM DOUPE
Department of Community Health Sciences, Faculty of Medicine, University of Manitoba

DR. BRIAN J. MACNEIL
Department of Physical Therapy, School of Rehabilitation Sciences, Faculty of Medicine, University of Manitoba

DR. GENEVIEVE THOMPSON
Faculty of Nursing, University of Manitoba

DR. MARISSA BECKER
Departments of Medical Microbiology and Community Health Sciences, Faculty of Medicine, University of Manitoba

DR. DAN BAILIS
Department of Psychology, Faculty of Arts, University of Manitoba

DR. NICK TURNER
Department of Business Administration, Asper School of Business, University of Manitoba

DR. KRISTY WITTMEIER
Winnipeg Health Sciences Centre, Winnipeg Regional Health Authority

DR. TRACIE AFIFI
Departments of Community Health Sciences, Psychiatry and Family Social Sciences, Faculties of Medicine and Human Ecology, University of Manitoba

2013/14 Fellowship Review Committee

DR. MARK NACHTIGAL
(Chair) Department of Biochemistry and Medical Genetics, Faculty of Medicine, University of Manitoba

DR. CHRISTINE DOUCETTE
(Scientific Officer) Department of Physiology, Faculty of Medicine, University of Manitoba

DR. SHANTANU BANERJI
Department of Internal Medicine, Faculty of Medicine, University of Manitoba

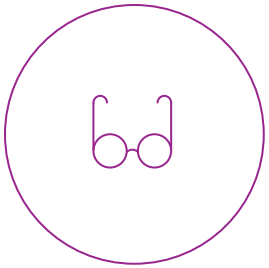
DR. TAMRA WERBOWETSKI-OGILVIE
Department of Biochemistry and Medical Genetics, Faculty of Medicine, University of Manitoba

DR. LORRIE KIRSHENBAUM
Department of Physiology, Faculty of Medicine, University of Manitoba

DR. SARI HANNILA
Department of Human Anatomy and Cell Science, Faculty of Medicine, University of Manitoba

DR. NEELOFFER MOOKHERJEE
Departments of Internal Medicine and Immunology, Faculty of Medicine, University of Manitoba

2013/14 Review Committee Listings



2013/14 Fellowship Review Committee (continued)

DR. MICHELLE XIAOQING LIU
Departments of Obstetrics, Gynecoloy & Reproductive Sciences and Department of Biochemistry & Medical Genetics, Faculty of Medicine, University of Manitoba

DR. KRISTINE COWLEY
Department of Physiology, Faculty of Medicine, University of Manitoba

DR. VERSHA BANERJI
Department of Internal Medicine, Faculty of Medicine, University of Manitoba

DR. ANN KAREN BRASSINGA
Department of Microbiology, Faculty of Science, University of Manitoba

2013/14 Graduate Studentship (PhD) Review Committee

DR. MICHAEL CZUBRYT
(Chair) Department of Physiology, Faculty of Medicine, University of Manitoba

DR. JEAN-ERIC GHIA
Department of Immunology, Faculty of Medicine, University of Manitoba

DR. TABITHA WOOD
Department of Chemistry, Faculty of Science, University of Winnipeg

DR. RENÉE DOUVILLE
Department of Biology, Faculty of Science, University of Winnipeg

DR. GARRY SHEN
Department of Internal Medicine, Faculty of Medicine, University of Manitoba

DR. MIKE NAMAKA
Faculty of Pharmacy, University of Manitoba

DR. PETER ECK
Department of Human Nutritional Sciences, Faculty of Human Ecology, University of Manitoba

DR. HASSAN MARZBAN
Department of Human Anatomy and Cell Science, Faculty of Medicine, University of Manitoba

DR. EFTEKHAR EFTEKHARPOUR
Department of Physiology, Faculty of Medicine, University of Manitoba

DR. KEITH BONHAM
Department of Biochemistry, College of Medicine, University of Saskatchewan

DR. RAKESH C. ARORA
Department of Surgery, Faculty of Medicine, University of Manitoba

2013/14 Graduate Studentship (Masters) Review Committee

DR. MICHAEL CZUBRYT
(Chair) Department of Physiology, Faculty of Medicine, University of Manitoba

DR. EMMANUEL HO
Department of Immunology, Faculties of Pharmacy and Medicine, University of Manitoba

DR. LARRY HRYSHKO
Department of Physiology, Faculty of Medicine, University of Manitoba

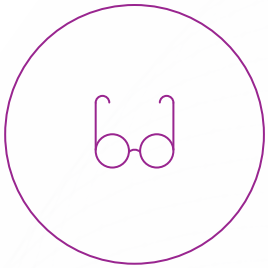
DR. ABDELILAH SOUSSI
Department of Immunology, Faculty of Medicine, University of Manitoba

DR. MICHEL ALIANI
Department of Human Nutritional Sciences, Faculty of Human Ecology, University of Manitoba

DR. GILLES ROBICHAUD
Département de chimie et biochimie, Faculté des sciences, Université de Moncton

DR. JUDE UZONNA
Department of Immunology, Faculty of Medicine, University of Manitoba

2013/14 Review Committee Listings



DR. VERN DOLINSKY
Department of Pharmacology and Therapeutics, Faculty of Medicine, University of Manitoba

DR. JOE GORDON
Department of Human Anatomy and Cell Science, Faculty of Medicine, University of Manitoba

DR. JOHN SORENSEN
Department of Chemistry, Faculty of Science, University of Manitoba

DR. TIINA KAUPPINEN
Department of Pharmacology and Therapeutics, Faculty of Medicine,

DR. JENS FRANCK
Department of Biology, Faculty of Science, University of Winnipeg

2013/14 Bridge Funding Application Review Committee

DR. JIM DAVIE
(Chair) Scientific Director, Manitoba Health Research Council

DR. SHARON MACDONALD
Department of Community Health Sciences, Faculty of Medicine, University of Manitoba

DR. BARBARA TRIGGS-RAINE
Departments of Biochemistry & Medical Genetics and Pediatrics & Child Health, Faculty of Medicine, University of Manitoba

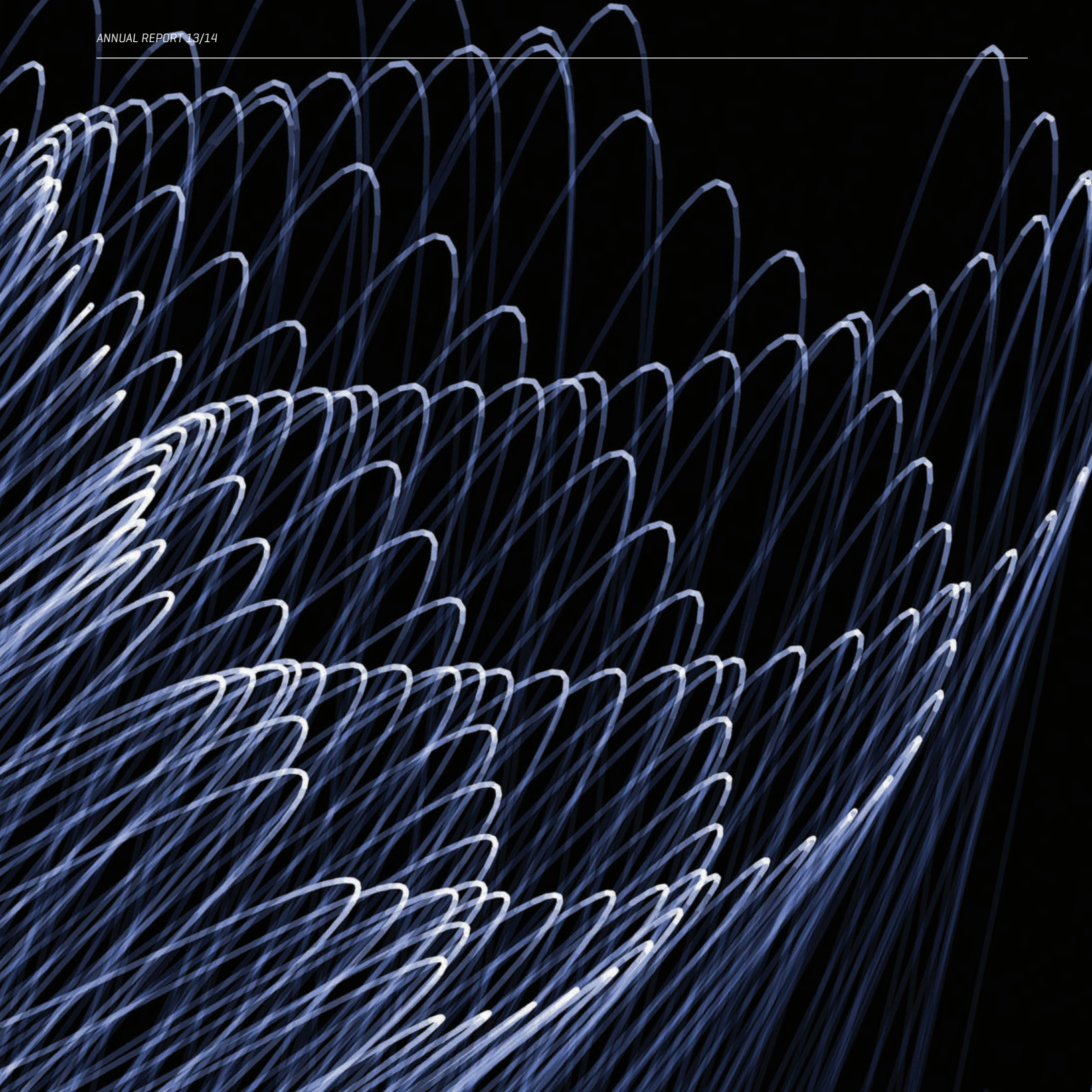
DR. PETER CATTINI
Head, Department of Physiology, Faculty of Medicine, University of Manitoba

Peer Review Observer Pilot Program

This program offers a unique opportunity for both novice researchers and representatives from our community stakeholder groups to watch one of our peer review committees in action. Nine individuals attended this first iteration of the observer program in 2013 and each one reported that their experience was extremely informative.

Over time we expect this program will help our stakeholder and research communities to gain an appreciation for the rigor and impartiality by which applications for health research funding are evaluated. Shining a light on the peer review process increases MHRC's transparency as well.

Financial Report



Management's Responsibility for Financial Reporting

The accompanying financial statements are the responsibility of the management of MANITOBA HEALTH RESEARCH COUNCIL and have been prepared in accordance with Public sector accounting standards. In management's opinion, the financial statements have been properly prepared within reasonable limits of materiality, incorporating management's best judgment regarding all necessary estimates and all other data available to June 6, 2014.

Management maintains internal controls to properly safeguard the assets and to provide reasonable assurance that the books and records from which the financial statements are derived accurately reflect all transactions and that established policies and procedures are followed.

The responsibility of the external audit is to express an independent opinion on whether the financial statements of MANITOBA HEALTH RESEARCH COUNCIL are fairly represented in accordance with Public sector accounting standards. The Independent Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

On behalf of Management,
MANITOBA HEALTH RESEARCH COUNCIL

Christina Weise, Executive Director
June 6, 2014.

Independent Auditor's Report

To the Members of the Council of the **MANITOBA HEALTH RESEARCH COUNCIL**

We have audited the accompanying financial statements of MANITOBA HEALTH RESEARCH COUNCIL, which comprise the statement of financial position as at March 31, 2014, and the statement of operations and fund balance and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of MANITOBA HEALTH RESEARCH COUNCIL as at March 31, 2014 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

BDO Canada LLP

Chartered Accountants
Winnipeg, Manitoba
June 6, 2014.

Statement of Financial Position

MARCH 31	2014	2013
Assets		
CURRENT ASSETS		
- Cash and Bank	**$ 737,134**	$ 209,546
- Short-term investment (Note 2)	**8,038,731**	6,053,319
- Accounts receivable (Note 3)	**29,780**	17,692
- Accrued interest receivable	**41,235**	36,695
- Prepaid expenses	**2,129**	2,129
- Deposits	**500**	500
	8,849,509	6,319,881
CAPITAL ASSETS	**26,633**	31,038
	$ 8,876,142	$ 6,350,919
Liabilities and Fund Balance		
CURRENT LIABILITIES		
- Accounts payable and accrued liabilities	**$ 30,193**	$ 52,129
- Deferred revenue (Note 5)	**5,558,570**	4,823,679
- Research grants payable (Note 7)	**2,149,419**	393,195
	7,738,182	5,269,003
COMMITMENTS	**1,137,960**	1,081,916
FUND BALANCE	**$ 8,876,142**	$ 6,350,919

Approved on behalf of the Council:

Director

Director

Statement of Operations and Fund Balance

FOR THE YEAR ENDED MARCH 31	2014	2013
REVENUE		
+ Province of Manitoba:		
> Jobs and the Economy	**$ 6,002,600**	$ 6,002,600
> Health	**2,000,000**	-
- Winnipeg Regional Health Authority	**1,100,000**	-
- Other funding	**5,500**	-
- Grants returned/rescinded	**335,986**	163,759
- Investment income	**139,945**	155,219
	9,584,031	6,321,57
- Add deferred revenue, beginning of year	**4,823,679**	5,000,00
- Less deferred revenue, end the year	**5,558,570**	4,823,679
	8,849,140	6,497,899
EXPENDITURES		
- Administration (Page 64)	**907,206**	946,859
- Personnel awards	**1,528,985**	1,498,558
- Research grants	**4,091,796**	4,281,711
- MS grants and awards	**1,190,109**	176,321
- George and Fay Yee Centre for Healthcare Innovation Support Unit	**1,000,000**	-
- Manitoba SPOR Network grant	**75,000**	-
	8,793,096	6,903,449
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENDITURES FOR THE YEAR	**56,044**	(405,550)
FUND BALANCE, BEGINNING OF YEAR	**1,081,916**	1,487,466
FUND BALANCE, END OF YEAR	**$ 1,137,960**	$ 1,081,916

Statement of Cash Flows

FOR THE YEAR ENDED MARCH 31	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
- Excess (deficiency) of revenue over expenditures for the year	**$ 56,044**	$ (405,550)
+ Adjustments for:		
> Amortization of capital assets	**5,588**	6,048
	61,632	(399,502)
+ Changes in non-cash working capital balances:		
> Accounts receivable	**(12,088)**	(7,762)
> Accrued interest receivable	**(4,540)**	10,134
> Prepaid expenses	**-**	9,500
> Accounts payable and accrued liabilities	**(21,936)**	31,026
> Deferred revenue	**734,891**	(176,321)
> Research grants payable	**1,756,224**	103,968
	2,514,183	(428,957)
CASH FLOWS FROM INVESTING ACTIVITIES		
- Purchase of capital assets	**(1,183)**	(1,985)
- Lease revenue from computers	**-**	2,400
	(1,183)	415
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS DURING THE YEAR	**2,513,000**	(428,542)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	**6,262,865**	6,691,407
CASH AND CASH EQUIVALENTS, END OF YEAR	**$ 8,775,865**	$ 6,262,865
REPRESENTED BY		
- Cash and bank	**$ 737,134**	$ 209,546
- Short-term investment	**8,038,731**	6,053,319
	$ 8,775,865	$ 6,262,865

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

1. The Nature of the Organization and Summary of Significant Accounting Policies

NATURE OF THE ORGANIZATION

The Manitoba Health Research Council was established by The Manitoba Health Research Council Act to promote and assist basic, clinical and applied research in the health sciences in Manitoba. The Manitoba Health Research Council is a registered charity and is exempt from tax under the Income Tax Act.

BASIS OF ACCOUNTING

The financial statements have been prepared using the Canadian public sector accounting standards for not-for-profit organizations as established by the Public Sector Accounting Board.

REVENUE RECOGNITION

The Council follows the deferral method of accounting for contributions. Grant revenue is reflected in income in the period in which the grant is received or becomes receivable and in accordance with the terms of the applicable funding agreements, where there are restrictions related to when the related expenditures are incurred as outlined below. Interest income is recognized as revenue when earned and is allocated to the General Fund.

The General Research funds - General research grants are charged to expenditures in the year the funding is committed for, by the Council. Research grants returned to or rescinded by the Council are recorded as revenues when received or rescinded.

The Regional Partnership funds - awards are charged to expenditures when funding is received from the Province of Manitoba. Regional partnership awards returned to or rescinded by the Council are recorded as revenues when received or rescinded.

The Applied Health Services Research funds - The MHRC is partnering with Manitoba Health, the regional health authorities and the George and Fay Yee Centre for Healthcare Innovation (CHI) to support applied health services research which is relevant to the health system in Manitoba and to support collaborations between policy makers, service providers and researchers interested in working together to address health system challenges.

Funding through this initiative will provide grants-in-aid of research, designed to defray the normal direct costs of research including, among others, personnel costs, supplies and expendable materials, equipment, computer costs and publication costs. The maximum amount of funding awarded will be $200,000 over a 2-year period.

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

1. Nature of the Organization and Summary of Significant Accounting Policies (continued)

CASH AND CASH EQUIVALENTS
For the purpose of the statement of cash flows, cash includes cash and bank and a short-term investment in a cash savings account, that can be redeemed at the organization's request.

CAPITAL ASSETS
Capital assets are stated at cost less accumulated amortization. Amortization, based on the estimated useful life of the asset, is calculated as follows:

> Office equipment	20% diminishing balance basis
> Computer equipment	20% diminishing balance basis
> Computer equipment for review committees	33.3% diminishing balance basis

FINANCIAL INSTRUMENTS
Financial instruments are recorded at fair value when acquired or issued. Cash has been designated to be in the fair value category. All other financial instruments are reported at cost or amortized cost less impairment, if applicable. Financial assets are tested for impairment when changes in circumstances indicate the asset could be impaired. Transaction costs on the acquisition, sale or issue of financial instruments are expensed for those items remeasured at fair value at each balance sheet date and charged to the financial instrument for those measured at amortized cost. Due to the nature of the financial instruments held by Manitoba Health Research Council, there are no unrealized gains or losses, and therefore a statement of remeasurement gains and losses is not required for these financial statements.

GRANTS AND AWARDS
All grants and awards and their renewals are recorded as an expenditure in the year they are committed for.

ADMINISTRATIVE EXPENDITURES
Administration expenses are allocated 100% to the General Research Fund.

USE OF ESTIMATES
The preparation of financial statements in accordance with Canadian public sector accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future.

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

2. Short-term Investment

		2014		2013
Steinbach Credit Union, charity regular savings account, 1.90%, no maturity date.	**$**	**8,038,731**	$	6,053,319

The fair value of the short-term investment approximates the carrying value.

3. Accounts Receivable

		2014		2013
Miscellaneous receivables	**$**	**21,981**	$	9,122
Goods and Services Tax receivable		**7,799**		8,570
		29,780		17,692

4. Capital Assets

		2014			2013	
		Cost	**Accumulated Amortization**		Cost	Accumulated Amortization
Office equipment	$	**21,059**	$ **17,007**	$	21,059	$ 17,007
Computer equipment		**49,007**	**26,426**		47,824	20,838
		70,066	**43,433**		68,883	37,845
Cost less accumulated amortization			**26,633**			31,038

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

5. Deferred Revenue

Deferred revenue of $5,000,000, received from Manitoba Health at the end of March, 2011, is intended to fund clinical research into whether the chronic cerebrospinal venous insufficiency treatment is a safe, effective treatment for Multiple Sclerosis patients. The MS awards made to date include funding of clinical trials undertaken by a research team in Manitoba in partnership with the Canadian Institutes of Health Research, The Canadian Multiple Sclerosis Monitoring System and the Manitoba Centre for Advanced Cell and Tissue Therapies (stem cells). During 2014, $1,190,109 of these funds were utilized and future commitments of $2,966,990 were made.

6. Pension Benefits

Employees of the MHRC are eligible for pension benefits in accordance with the provisions of the Civil Service Superannuation Act (CSSA), administered by the Civil Service Superannuation Board (CSSB). The CSSA established a defined benefit plan to provide benefits to employees of the Manitoba Civil Service and to participating agencies of the Government, including the MHRC, through the Civil Service Superannuation Fund (CSSF). Effective April 1, 2012, pursuant to an agreement with the Province of Manitoba, the MHRC transferred to the Province the pension liability for its employees.

Commencing April 1, 2012, the MHRC was required to pay to the Province the employees' current pension contributions. The plan is funded by the Council's employees at rates of 6.6% to 8.5% of the employees' salary. The Council is required to match at rates of 5.6% to 7.5% of the employees' salary. The amount contributed by the MHRC for 2014 was $32,660 and the employee share was $35,612. Under this agreement, the organization has no further pension liability.

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

7. Commitments

The MHRC has committed grants and awards under the General Research funds, the Regional Partnership funds, MS funds and Strategy for Patient Oriented Research funds as follows.

Year	Regional General Funds	Regional Partnership Funds	MS Funds	SPOR Funds	Total
2015	$ 1,778,900	$ 758,810	$ 2,374,885	$ 1,000,000	$ 5,912,595
2016	1,080,521	-	248,355	1,000,000	2,328,876
2017	525,000	-	125,000	1,000,000	1,650,000
2018	200,000	-	125,000	1,000,000	1,325,000
2019	-	-	93,750	-	93,750
Total	3,584,421	758,810	2,966,990	4,000,000	11,310,221

Commitments of future years of all the Funds are not recorded as an expenditure in the year of commitment, they are recorded as an expenditure in the year they are committed for. These commitments will be funded as follows:

Current General Research Fund Balance	$ 1,137,960
Deferred revenue	4,891,990
Future Province of Manitoba grants	5,280,271
	11,310,221

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

8. Related Party Transactions

The MHRC is related to all Province of Manitoba departments and agencies. During the year, the MHRC had the following transactions with related organizations:

Year		**2014**		2013
Grant revenue	**$**	**9,102,600**	$	6,002,600

These transactions are in the normal course of operations and are measured at the exchange amount, which is the amount of consideration established and agreed to by the related parties.

9. Economic Dependence

The MHRC relies almost entirely on grants from the Province of Manitoba.

10. Financial Instrument Risks

GENERAL OBJECTIVES, POLICIES, AND PROCESSES

The Board of Directors has overall responsibility for the determination of the organization's risk management objectives and policies and, whilst retaining ultimate responsibility for them, it has delegated the authority for designing and operating processes that ensure effective implementation of the objectives and policies to the organization's Executive Director. The Board of Directors receives quarterly reports from the organization's Executive Director through which it reviews the effectiveness of the processes put in place and the appropriateness of the objectives and policies it sets.

The organization's financial instruments are exposed to certain financial risks, including credit risk, interest rate risk and liquidity risk.

There have been no significant changes from the previous year in the exposure to risk, policies or procedures used to manage financial instrument risks.

Notes to Financial Statements

FOR THE YEAR ENDED MARCH 31, 2014

INTEREST RATE RISK
The organization is exposed to interest rate risk arising from the possibility that changes in interest rates will affect the cash flows related to its investments. The organization's objective is to minimize interest rate risk by locking in fixed rates on its investments when possible.

At March 31, 2014, a 1% move in interest rates, with all other variables held constant, could impact the interest revenue of the investments by $80,000 (2013 - $60,000). These changes would be recognized in the statement of operations.

CREDIT RISK
The organization is exposed to credit risk through the possibility of non-collection of its accounts receivable. The majority of the organization's receivables are from government entities which minimizes the risk of non-collection. The organization also makes sure it meets all the eligibility criteria for the amounts to ensure they will collect the amounts outstanding.

LIQUIDITY RISK
Liquidity risk is the risk that the organization will not be able to meet its financial obligations as they fall due. The organization has a planning and budgeting process in place to help determine the funds required to support the organization's normal operating requirements on an ongoing basis. The organization ensures that there are sufficient funds to meet its short-term requirements, taking into account its anticipated cash flows from operations and its holdings of cash and cash equivalents.

11. Subsequent Event

The 2014 Manitoba Provincial Budget included the announcement of the government's intent to change the name of the Council to Research Manitoba and broaden its mandate to include other research funding currently administered by central government.

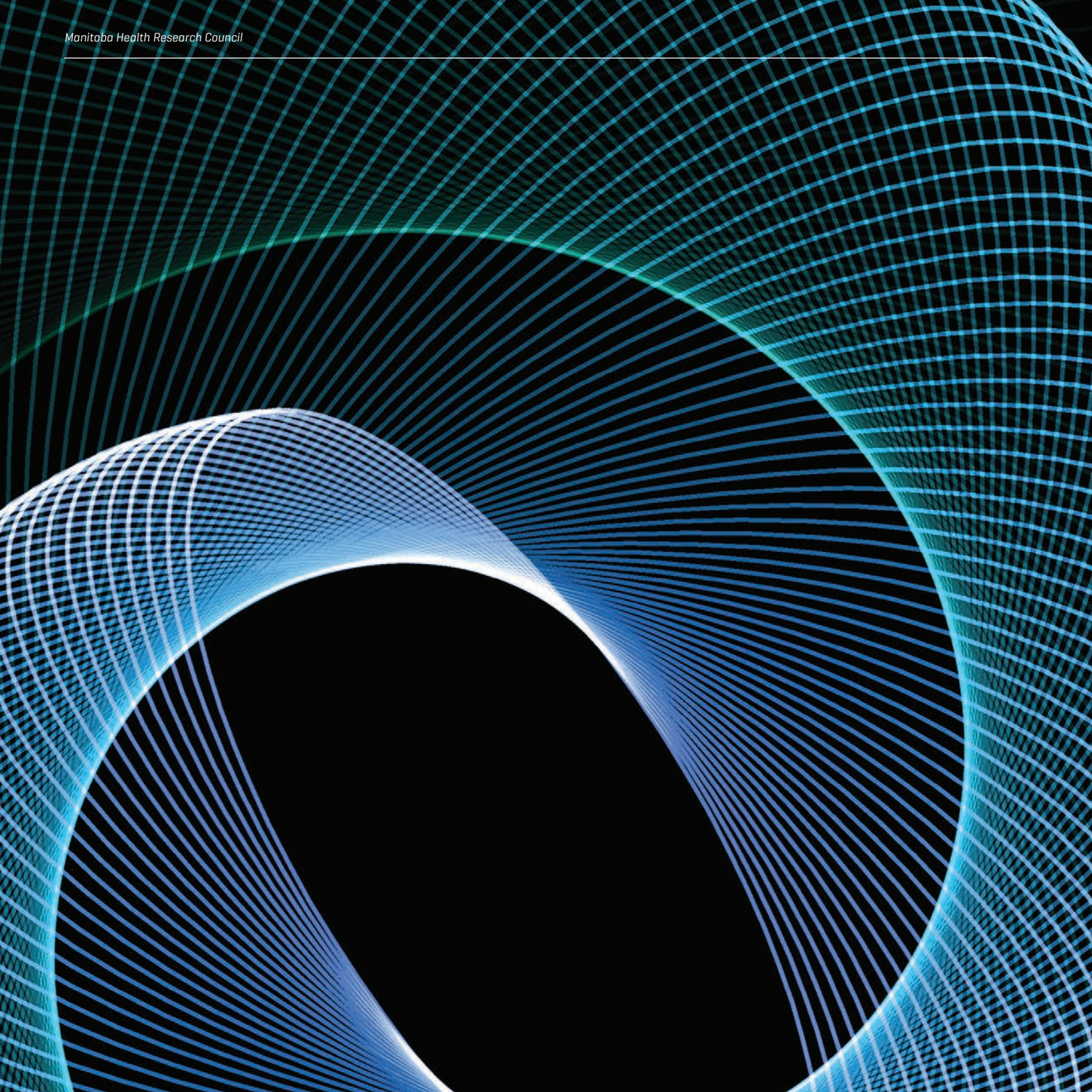
12. Comparative Figures

Certain of the comparative figures have been reclassified to provide better comparison with the current year's presentation.

Schedule of Administrative Expenses

FOR THE YEAR ENDED MARCH 31

	2014	2013
Accounting and audit	$ 7,801	$ 5,315
Amortization	5,588	6,048
Bank charges and interest	1,507	1,190
Communications and information technology	71,384	112,095
Conferences, meetings and travel	28,183	33,032
Consulting and professional fees	22,386	11,353
Council and committee expenses	5,739	3,459
Delivery	2,056	1,440
Insurance	4,561	4,586
Marketing	49,636	75,982
Office space	42,372	42,372
Parking	2,175	2,690
Printing, stationery and office supplies	11,098	9,647
Repairs and maintenance	1,563	2,850
Reviewer's expenses	20,259	19,312
Salaries and benefits	619,660	612,005
Workshops and training	11,238	3,483
	907,206	946,859



On Thursday, June 19/14 the Manitoba Health Research Council became Research Manitoba.

Visit our website for more information at researchmanitoba.ca

Manitoba Health Research Council

FOR MORE INFORMATION CONTACT MHRC:
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Impacts & Opportunities

13/14