



Carol P. Herbert BSc MD CCFP FCFP FCAHS FRACGP (Hon) FRCPS (Glasg)  
Professor Emerita and Research Adjunct Faculty, Schulich School of Medicine & Dentistry, Western University  
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26 July, 2017

Dr. Robert McMaster,  
Executive Director, VCH Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
6<sup>th</sup> Floor, 2635 Laurel Street, Vancouver, BC V5Z 1M9  
604.875.5641; [robert.mcmaster@vch.ca](mailto:robert.mcmaster@vch.ca); cc: [Faydra.Aldridge@vch.ca](mailto:Faydra.Aldridge@vch.ca)

**Re: The Centre for Menstrual Cycle and Ovulation Research as a VCHRI Program**

Dear Dr. McMaster:

I am writing as a member of the CeMCOR Scientific Advisory Committee, and as a longstanding researcher and physician with an interest in women's health to request that VCHRI reconsider the rejection of CeMCOR as a Program.

I am impressed by the quality of the CeMCOR resources that are accessible and useful to health care practitioners and to the public, as well as by the excellence of the research carried out by its affiliate researchers. Without ongoing financial support, CeMCOR will be unable to continue to provide innovative and practical science to improve the health of women.

Hard evidence for the impact of CeMCOR, in spite of its small size and limited infrastructure, is the excellent publication record of its researchers and 3500-7000 page views/ day from more than 180 countries on CeMCOR's website.

As a former dean and department head in two research-intensive universities, I am sympathetic to the difficulty of choosing among worthy programs when funding is limited. However, I believe that the services that CeMCOR offers are worthy of the minimal support that has been requested. I encourage

you to fund CeMCOR so that it can continue to provide internationally-recognized excellent science, which will reflect positively on UBC and VCHRI.

Yours sincerely,



Carol P. Herbert BSc MD CCFP FCFP FCAHS FRACGP (Hon) FRCPS (Glasg)  
Professor Emerita and former Dean, Schulich School of Medicine & Dentistry, Western University  
Former Head, UBC Department of Family Practice (1988-98)  
Adjunct Professor, School of Population and Public Health, Faculty of Medicine UBC  
Adjunct Professor, Faculty of Education, UBC

May 29, 2017

Robert McMaster, PhD, Vice President, Research  
Vancouver Coastal Health Research Institute  
Executive Director VCH Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
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Klinikum rechts der Isar  
Anstalt des öffentlichen Rechts

Klinik und Poliklinik  
für Frauenheilkunde  
Univ.-Prof. Dr. med. Marion Kiechle  
Direktorin



Mitglied des Roman-Herzog-  
Krebszentrums (RHCCC)



Dear Dr. McMaster:

Re: Rejections of the Centre for Menstrual Cycle and Ovulation Research (CeMCOR) as a  
Vancouver Coastal Health Research Institute Program

I am writing as a clinical researcher active in women's health to request that VCHRI  
reverse its rejection of CeMCOR as a Program.

I am a university-based gynecological endocrinologist working on menopause and  
osteoporosis, amongst other topics. It is becoming increasingly difficult for women to  
receive information which is not influenced by commercial interests.

From my perspective, access to CeMCOR resources has helped and continues to help  
women to find answers to questions relevant to their health, but for which there is often  
no time in doctor's appointments; CeMCOR's research is innovative, practical and  
excellent science that needs to continue to further knowledge on women's health. To be  
able to keep this service going, CeMCOR needs VCHRI support.

There is solid evidence that CeMCOR, despite its small size and infrastructure of \$50-  
75,000/year is very productive in creating innovative and practical science and excellent at  
sharing of this new knowledge. There is also objective evidence of the knowledge  
translation effectiveness of CeMCOR. What VCHRI Programs or Centres have as much  
website traffic as CeMCOR (>5-7,000 page views/day from >180 countries)?

Should research infrastructure funding which was earned by CeMCOR now be allocated  
instead to other entities, this seems unfair. From my knowledge, there are ongoing  
payments since CeMCOR was founded in 2002 to the present from the Canadian  
government related to the amount of CeMCOR grants that have gone to VCHRI.  
Specifically 10-20% (mean \$292,678) of infrastructure money that CeMCOR has earned  
from TriCouncil grants has gone to VCHRI since 2002. Over the same time period CeMCOR  
has received \$59,729 in support from VCHRI.

Please reconsider the decision that CeMCOR is too poor to meet the VCHRI criteria for  
receiving a fair share of Federal infrastructure money.

I am looking forward to your response,

Sincerely,

PD Dr. Vanadin Seifert-Klauss (MD, PhD)

Klinikum rechts der Isar - MGY - 81664 München

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Tel: (089) 41 40 - 24 30  
Fax: (089) 41 40 - 24 47

Vorstand:

Univ.-Prof. Dr. Markus Schwaiger  
(Ärztlicher Direktor)  
Markus Zendler  
(Kaufmännischer Direktor)  
Robert Jeske  
(Pflegedirektor)  
Univ.-Prof. Dr. P. Henningsen  
(Dekan)

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# UNIVERSITY OF BRITISH COLUMBIA



September 10 2017

Dr. Robert McMaster,  
VP Research, Vancouver Coastal Health Research Institute  
Executive Director, VCH Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
6<sup>th</sup> Floor, 2635 Laurel Street  
Vancouver, BC V5Z 1M9  
604.875.5641

Dear Dr. McMaster:

Re: Rejection of the Centre for Menstrual Cycle and Ovulation Research as a Vancouver Coastal Health Research Institute Program.

This letter is to add my voice to the many others requesting reconsideration of the rejection of CeMCOR as a Program. The research completed to date is highly practical, truly advancing women's health. Very basic questions have been asked and findings found to be contrary to widely held beliefs.

Paradigm shifts in women's health care will follow. Examples include: women with normal menstrual cycles have anovulatory cycles more than 30 % of the time and that these unexpectedly anovulatory cycles can link to bone density loss and possible early heart disease; that early pre-menopause is associated with high rather than low estrogen levels and yet bone density loss begins; that combined hormonal contraception in teens may not be as benign as widely stated – peak bone mass may not be reached; that fibroids do not commonly cause heavy menstrual bleeding but rather they and the menorrhagia are caused by high estrogen production. These are examples of CeMCORs research that have immediate influence on clinical care as well as guiding further research.

I strongly advocate for VCHRI to support and take pride in this fundamental overdue clinical research in very basic aspects of women's health care.

Yours Sincerely

Rosemary Basson MD., FRCP(UK)  
Clinical Professor UBC Department of Psychiatry  
Director UBC Sexual Medicine  
Associate Member Department of Obstetrics and Gynecology

Dr. Robert McMaster  
VP Research,  
Vancouver Coastal Health Research Institute  
Executive Director, VCH Research Institute  
Interim Executive Associate Dean  
UBC Faculty of Medicine

## Re: Rejection of the Centre for Menstrual Cycle and Ovulation Research as a Vancouver Coastal Health Research Institute Program

Dear Dr. McMaster

I am writing to you as a professor of Public Health and Head of Dept. at the Norwegian University of Science and Technology to request that VCHRI reverse the rejection of CeMCOR as a Program.

For many years I have been collaborating with professor Jerilynn Prior and her associates on scientific topics concerning menstrual cycle and ovulation, but also bone health and fractures. Professor Prior also contributed in financing and analyzing ovarian hormone levels in a large number of serum samples from women attending the population-based Nord-Trøndelag Health Study (HUNT) organized by my Department. Our collaboration has been successful and resulted in several scientific publications as well as master theses. In my view, the research questions and results emerging from CeMCOR are of high societal relevance and deserves VCHRI support. CeMCOR has been admirably productive despite their small size and budget, and results and scientific knowledge are regularly disseminated in both scientific and lay audiences.

I acknowledge prof. Prior's concern about the future of this interesting and needed research field at the UBC. I hope that there is still a possibility of reconsidering CeMCOR's request of being defined as a Program.

Sincerely yours

Siri Forsmo  
Professor, MD MPH PhD  
Head of Dept



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THE UNIVERSITY OF BRITISH COLUMBIA



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September 11, 2017

Dr. Robert McMaster  
VP Research, Vancouver Coastal Health Research Institute  
Executive Director, VCH Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
6<sup>th</sup> Floor, 2635 Laurel Street  
Vancouver, BC V5Z 1M9

By Email

Dear Dr. McMaster:

Re: Centre for Menstrual Cycle and Ovulation Research and the Vancouver Coastal Health Research Institute Program

I am writing as member of CeMCOR's SAC to request that VCHRI reverse the rejection of CeMCOR as a Program. I am a clinician scientist with a long history of commitment to women's health and diversity initiatives in science and this is why I care about this issue.

From my perspective, CeMCOR is a unique initiative and brings a fresh perspective to the often anecdotal and expert opinion-based guidelines that the obstetrics and gynecology field can be characterized by. There are few other centres in the world with CeMCOR's focus and rigour in addressing, in an intellectually honest way, the challenges facing women's health today. Because of this vacuum, increasingly large numbers of women are turning away from medicine to alternative belief systems and practices, often to their detriment. CeMCOR seeks to fill this vacuum and be a leader into the future. Leadership like this is critically important to the future credibility of medicine to women's health. To be able to keep this service going and to offer even greater leadership, CeMCOR needs VCHRI support.

There is solid evidence that CeMCOR, despite its small size and infrastructure of \$50-75,000/year is very productive in creating innovative and practical science and excellent at sharing of this new knowledge. There is also objective evidence of the knowledge translation effectiveness of CeMCOR's website that receives 3,500-7,000 page views per day from >180 countries.

Support for CeMCOR is also a diversity issue. With relatively few women's health initiatives at UBC and VCHRI, fewer addressing the health needs of the LGBTQQ+ community, even fewer with the substantial public engagement CeMCOR offers, and none offering all of this along with the rigour of randomised

control trials, support for CeMCOR would seem to be a very easy decision to make. It would be a good hearted decision to make and I believe, with time, would come to be seen as visionary. I urge you to do the right thing for diversity at our University and in our Province and approve support for CeMCOR as a VCHRI Program.

Many thanks for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Millan Patel', with a long horizontal flourish extending to the right.

Millan Patel

Dr Charlotte Jane Alabaster

Bowness Family Medical Centre, 52 , 793 Bowness Rd NW, Calgary, Alberta, T3B 0H3

14<sup>th</sup> Sept 2017

Dr. Robert McMaster,  
VP Research, Vancouver Coastal Health Research Institute  
Executive Director, VCH Research Institute  
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[robert.mcmaster@vch.ca](mailto:robert.mcmaster@vch.ca);  
cc: [Faydra.Aldridge@vch.ca](mailto:Faydra.Aldridge@vch.ca)

Dear Dr. McMaster:

Re: Rejection of the Centre for Menstrual Cycle and Ovulation Research as a Vancouver Coastal Health Research Institute Program

I am writing as a female family physician caring for numerous women with all kinds of concerns related to the reproductive lifecycle from puberty to menopause. CeMCOR is the best available resource for health professionals and women needing online resources.

I personally have the resources available through CeMCOR a practical, accessible, reliable resource for me, my patients and colleagues. In short it is amazing and to kill this project would be a sin To sustain this service going, CeMCOR needs VCHRI support. Robert McMaster if you have any love even for one woman in your life you cannot let this program expire for want of funding.

There is solid evidence that CeMCOR, despite its small size and infrastructure of \$50-75,000/year is very productive in creating innovative and practical science and excellent at sharing of this new knowledge. There is also objective evidence of the knowledge translation effectiveness of CeMCOR's website that receives >3,500-7,000 page views/day from >180 countries

It is very worrying that this women's **health**-focused research should be unsupported while many disease-focused and general or men's health related programs and centres are provided funding. When a woman loses her life to ovarian or breast cancer she leaves behind a family and the fathers, who are men have to shoulder the burden of care .

It is extremely concerning that federal (taxpayer) money from the Treasury to support infrastructure in research be earned by CeMCOR but allocated instead to other entities given that CeMCOR is too poor to meet the VCHRI criteria for having a million dollars in infrastructure money. Specifically, a portion (approximately \$150,000) of what CeMCOR has earned from TriCouncil grants over the last 15 years has gone to VCHRI. Over the same time period CeMCOR has received \$59,729 in support from VCHRI.



Robert McMaster I urge you to support and fund this wonderful resource with a positive impact on women's health both in Canada and around the world

Sincerely,

Charlotte Jane Alabaster MD CCFP

Dear Dr. McMaster:

**I am writing in support of Dr. Jerilynn Prior and the request that CeMCOR be a VCHRI Program.**

I am an endocrinologist working at Etobicoke General Hospital in Toronto. I was previously clinical associate professor at UBC, and endocrinologist at VGH and SPH for 12 years. CeMCOR research, website resources, handouts, Q&As, and presentations have helped me and my patients tremendously over the years, both in Vancouver and Toronto. The benefits that my patients, colleagues, and myself receive from CeMCOR's contributions to women's health research are invaluable.

CeMCOR requires VCHRI support to continue to address important clinical and research issues that affect the health of women across Canada.

Please consider reversing the rejection of CeMCOR as a VCHRI Program.

Thank you for your consideration.

Sincerely,

Michelle Fung  
BASC, MD, MHSc, FRCP(C)

Tatjana Subotic Brajic, MD, MSc, Volunteer Research Associate  
Canadian Multi Centre Osteoporosis Study (CaMos), Vancouver, BC, Canada

Date: May 11, 2017

Dr. Robert McMaster, Associate Dean, Research  
Vancouver Coastal Health Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
Room 3665, 910 West 10th Avenue  
Vancouver, BC V5Z 1M9  
604.875.5641 [robert.mcmaster@vch.ca](mailto:robert.mcmaster@vch.ca)

Dear Dr. McMaster:

Re: 2014 and 2016 Rejections of the Centre for Menstrual Cycle and Ovulation Research as a Vancouver Coastal Health Research Institute Program

I am writing as an internationally trained Obstetrician-Gynecologist to request that VCHRI reverse the rejection of CeMCOR as a Program. I have been working as a volunteer research associate at Camos (Canadian Multi Centre Osteoporosis Study) since October 2014. During this time I have been involved in reviewing the literature and writing research papers on the relationship between the use of birth control pills and bone mineral density in adolescents and young women. Working here has given me an opportunity to refresh and update my knowledge and improve research skills. Above all, it has been a great pleasure to work with a Professor Jerilynn Prior, a passionate, dedicated and knowledgeable scientist, who is the founder and scientific director of CeMCOR.

In my view, the greatest value of CeMCOR is in educating women/patients/clinicians by providing free evidence-based data on the website regarding women reproductive health. From the scientific perspective, CeMCOR has published numerous papers and discovered innovative facts related to interplay between hormonal status and its manifestations throughout the women life phases. To be able to continue this excellent and practical research, CeMCOR needs VCHRI support.

There is solid evidence that CeMCOR, despite its small size and infrastructure of \$50-75,000/year is very productive in creating inventive and practical science and excellent at sharing of this new knowledge. There is also objective evidence of the knowledge translation effectiveness of CeMCOR. What VCHRI Programs or Centres have as much website traffic as CeMCOR (>5-7,000 page views/day from >180 countries)?

From my perspective, both as a woman and Ob/Gyn specialist, it doesn't seem right that this women's health-focused research should be unsupported. It also doesn't seem fair that federal (taxpayer) money from the Treasury to support infrastructure in research be earned by CeMCOR but allocated instead to other entities given that CeMCOR is too poor to meet the VCHRI criteria for having a million dollars in infrastructure money. Specifically, 10-20% (mean \$292,678) of what CeMCOR has earned from TriCouncil grants has gone to VCHRI since 2002. Over the same time period CeMCOR has received \$59,729 in support from VCHRI.

I am looking forward to your response.

Sincerely,  
Tatjana Subotic Brajic



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May 13, 2017

Dr. Robert McMaster, Associate Dean, Research  
Vancouver Coastal Health Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
Room 3665, 910 West 10th Avenue  
Vancouver, BC V5Z 1M9  
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Dear Dr. McMaster:

Re: 2014 and 2016 Rejections of the Centre for Menstrual Cycle and Ovulation Research as a Vancouver Coastal Health Research Institute Program

I am writing as a primary care clinician and health services researcher to ask VCHRI to reconsider its decision to reject CeMCOR as a Program.

Firstly, the research conducted by CeMCOR is highly relevant to the health of middle aged women. Over my 25 years in family medicine, I have used the CeMCOR website many times to seek out the latest research on menopause and perimenopause and have directed countless patients to the website. The fact that the website receives over 5-7,000 page views/day from more than 180 countries is testimony to its relevance.

Second, as a researcher, the clinical questions posed by CeMCOR are innovative, practical and produce excellent science. Despite its small size, the CeMCOR team has been highly productive and generated approximately \$20,000 per year in overhead related to TriCouncil grants that go to VCHRI and have since 2002.

A decision to support CeMCOR is also consistent with current health research policy which defines patient-oriented outcomes research as a priority. On this basis, I urge you to re-consider.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', followed by a long, horizontal, slightly wavy line that extends to the right.

Dr. Margaret McGregor, MD, MHSc

Clinical Associate Professor

Director of Community Geriatrics

UBC Dept of Family Practice / Research Associate, Vancouver Coastal Health Research Institute Centre  
for Clinical Epidemiology & Evaluation and UBC, Centre for Health Services & Policy Research

828 West 10<sup>th</sup> Ave, Room 713

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Patient Care + Research + Clinical Trials

**Dr. Tom Elliott MBBS, FRCPC**  
**Medical Director**  
**Clinical Associate Professor UBC**

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2017-Sep-26

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604.875.5641; robert.mcmaster@vch.ca; cc: Faydra.Aldridge@vch.ca

Dear Dr. McMaster:

Re: The Centre for Menstrual Cycle and Ovulation Research as a VCHRI Program

I write to you today as a member of the CeMCOR Scientific Advisory Collaborative (SAC), as a Clinical Associate Professor at UBC, as a clinical researcher, as a teacher and as a public health advocate. I have a special professional interest in the menopause having co-authored 4 scientific papers with Dr. Prior and other CeMCOR scientists.

I request that VCHRI reverse its decision to reject CeMCOR as a Program.

CeMCOR helps me in my everyday work as an Endocrinologist through its excellent web-resources including its "Ask Us" facility. In addition I am able to refer patients to its innovative research program. To be able to keep this service going, CeMCOR needs VCHRI support.

There is solid evidence that CeMCOR, despite its small size and infrastructure of \$50-75,000/year is very productive in creating innovative and practical science and excellent at sharing of this new knowledge. There is also objective evidence of the knowledge translation effectiveness of CeMCOR >3,500-7,000 page views/day from >180 countries on CeMCOR's website.

Yours sincerely,

A handwritten signature in black ink, appearing to be "Tom Elliott", written in a cursive style.

Tom Elliott

Comments for Jerilynn C Prior and the Centre for Menstrual Cycle and Ovulation Research (CeMCOR)

This Centre was established (\*\*20+) years ago with the intention of aiming to undertake detailed research studies on the variations in physiology and pathology of ovulation and ovarian function in women at all stages through the reproductive and post-reproductive phases of life. They quickly established a reputation for asking novel and often unpopular research questions which challenged accepted norms. Many of these questions have been addressed with well-planned clinical trials of moderate or large size that confirm that many women experience events, metabolic changes and symptoms that differ from conventional understanding.

This type of research has been much needed to explore the experiences and management of substantial minorities of individual women who need specific, patient-based management of their problems. These substantial variations in individual experiences have often been long suspected, but never previously researched using appropriate scientific means. This Centre has a good track record for well-designed research questions and interesting scientific outcomes which keep challenging scientific dogma in the field. I believe that there is great value in continuing financial support for this type of Centre. There is no other Centre that is approaching women's health research of this type in this manner.

Ian S. Fraser  
Conjoint Professor,  
University of New South Wales,  
Sydney, Australia  
Immediate Past-Chair, FIGO Menstrual Disorders Committee





18 September 2017

Dr. Robert McMaster  
Executive Director, VCH Research Institute  
Interim Executive Associate Dean, Research, UBC Faculty of Medicine  
6<sup>th</sup> Floor, 2635 Laurel Street, Vancouver, BC V5Z 1M9

Re: The Centre for Menstrual Cycle and Ovulation Research as a VCHRI Program

Dear Dr. McMaster:

I am writing as a member of the Scientific Advisory Committee of CeMCOR, and a research collaborator for more than 10 years. I am also a Professor and Director of the School of Nursing at UBC, and lead the Stigma and Resilience Among Vulnerable Youth Centre (SARAVYC). I am internationally recognized for my research on adolescent health, especially related to marginalized communities, such as sexually abused and sexually exploited youth, and LGBTQ youth. I request that VCHRI reconsider and reverse the decision rejecting CeMCOR as a Program.

My experience collaborating with CeMCOR goes back to 2005, when I was first developing SARAVYC as a consortium of interdisciplinary researchers funded by a CIHR ICE grant. Dr. Jerilynn Prior and her Centre's research staff and trainee engagement with our program of research on sexually exploited street-involved young women added an entirely new physiological and endocrine dimension to our research, which had primarily been epidemiological and socio-cultural up to that point. Our joint explorations of the potential to identify stigma's role in reproductive health and fertility among vulnerable youth through testing novel methods to gather data from a highly transient population, led to some fascinating research on menstruation among homeless girls that helped change practices within several shelters and transitional housing services across Vancouver. Collaborating with their expertise allowed us to do one of the largest population-based analyses of the link between significantly earlier menarche among lesbian and bisexual girls and exposure to sexual abuse and other forms of violence, controlling for BMI and family support, providing an important example of how stigma can get "under the skin" and potentially influence physiological development among marginalized groups.

The collaboration did not go only one-way. While CeMCOR provided pivotal expertise and support for SARAVYC's program of research, our investigators and postdoctoral fellows also contributed some conceptual and analytical support for their further research focusing on young women, especially the work around bone density and contraceptive use and stressors from the national CAMOS study, among other work. While best known for their important and groundbreaking work around peri-menopause, and well as menstrual cycle/fertility issues during the middle adult years, CeMCOR has regularly contributed to the knowledge at the earlier end of the menstrual and ovulatory life-course, the onset of menarche and anovulatory cycles during adolescence and young adulthood.

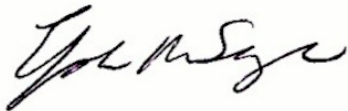
Adolescent and young adult women need up-to-date, medically accurate information about their bodies and their endocrine systems, especially when it comes to sexual and reproductive health related to ovulation, menstruation, contraception and fertility decisions. Without some of the pioneering research—which CeMCOR scientists continue today, with groundbreaking studies on bone health and menstrual cycles—young women and their health care providers would not be able to make some of the informed decisions that affect life-long health and

well being. CeMCOR's website with so many useful answers to women's endocrine-related health questions, and their other innovative KT resources, like the book, *Estrogen's Storm Season*, have helped researchers, clinicians, and women themselves understand their bodies, their hormones, and the decisions they make about their health that contribute to lifelong well-being.

To be able to keep this service going, CeMCOR needs VCHRI support. There is solid evidence that CeMCOR, despite its small size and infrastructure of \$50-75,000/year is very productive in creating innovative and practical science and excellent at sharing of this new knowledge. My own research Centre, SARAVYC, has existed within the School of Nursing in the Faculty of Applied Science with similarly modest infrastructure support, and has garnered millions of dollars of federal and international research grant support for our work. CeMCOR has existed to date through the passionate commitment of Dr. Prior, innovative collaborations, tri-council grant funding, and some donors and advocates. The work done in this Centre is important for women's health and well-being at any age, and the scientific work they contribute has helped turn on its head some outdated but persistent understandings of women's bodies, and women's health issues. As a result, the current generation of young women, women of child-bearing age, and peri-menopausal and menopausal women have groundbreaking new information to inform their decisions about medications, menstruation and menopause management, and overall health.

This is why I am strongly committed to serving on CeMCOR's Scientific Advisory Panel, and collaborating with their team when our research and theirs aligns to create innovative interdisciplinary studies. I hope VCHRI can see the benefits to allowing CeMCOR to continue to conduct their high calibre research with the modest support it would involve.

Regards,



Elizabeth M. Saewyc, PhD, RN, FSAHM, FCAHS, FAAN  
Professor and Director, School of Nursing  
Executive Director, Stigma and Resilience Among Vulnerable Youth Centre  
Research Director, McCreary Centre Society