2025-2026

# ANNUAL REPORT



# MESSAGE FROM
# THE DIRECTOR



The writing of our annual report is a time for reflection. Reflection on who we are and what we do – are we meeting our mission? As I usually do, I report on the top-line statistics:

- 686 different investigators served
- 1066 projects undertaken
- 8 grants that we helped with (7/8 funded for a total of $3.5 million)
- 72 publications by EPICORE faculty and staff and papers where we were acknowledged (see appendix starting on page 51).
- For the Alberta SPOR Support Unit, to date we have helped with 353 projects, 58 grants submitted for a total of $22 million of funding brought in, and over 100 publications

But there is much more to these numbers – much more - they are the stories of the researchers and how we've been able to help them. This year we bring you 9 stories of how we have helped to facilitate research at the University of Alberta and beyond. Please have a look at pages 7-16. These are the stories of the development of a hepatitis C vaccine, new resuscitation methods for newborns, and optimizing stroke therapies (the latter 3 were successful CIHR grants, by the way). They also tell the stories of new approaches to pediatric pain, a review of pediatric resuscitation in Alberta, adverse neurologic effects of new immunologic cancer therapies, and new approaches to knee osteoarthritis which bring together pharmacists and physiotherapists.

Our colleagues at the Clinical Trials Office/University of Alberta Clinical Trials and the CIHR Clinical Trial Funding Expansion Pilot from the Vice President Research/Research Partners Network outline the important role that we play at the University level in the research success of the University.

This all happens because of our dedicated team at EPICORE. Led by Associate Directors Dr. Yazid Al Hamarneh and Mr. Henry Lee, our team is unique. Our biostatisticians, programmers, and trainees are all part of the EPICORE family. Sure, we do our own research, but equally, we are here to help others with their important research. Yes, this is a "proud dad moment".

I would like to thank you for reading our annual report and thank you for your ongoing support. This is what it's all about.

Sincerely



Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC, FCAHS, ISHF
Director, EPICORE
Professor of Medicine, Department of Medicine, Division of Cardiology, Faculty of Medicine and Dentistry, College of Health Sciences, University of Alberta

# ABOUT EPICORE

*Open access: A unique aspect of EPICORE is that we are an open group – we provide access to a unique set of skills and services to everyone, rather than the traditional academic approach of only serving ourselves. Such an approach allows a wider range of researchers, regardless of their disciplines or career stage, to access a set of skills and expertise that otherwise might be out of their reach and promotes opportunities for collaboration and working together.*




EPICORE is an operating unit within the Departments of Medicine, Faculty of Medicine and Dentistry at the University of Alberta.

**EPICORE supports the mission of the Department of Medicine through:**

- Conducting innovative research that makes a difference in health and health care
- Furthering excellence through high-quality service to other health researchers
- Educating and training the next generation of health researchers through graduate student programs, postdoctoral fellowship training and courses
- Partnering with like-minded individuals and organizations

**Faculty of Medicine and Dentistry's Mission** is to serve the public with social accountability through partnerships, leadership, and innovation in education, research and health care.

**EPICORE's Mission** is to serve the Faculty and our community by generating new knowledge in the areas of health care through the design, execution and analysis of clinical trials, health outcomes research and epidemiologic studies.

# WHAT WE DO

*Our Goal is to support clinical and health services research by providing high-quality research services to investigators. EPICORE is involved in the full range of activities necessary for the conduct of health research, including protocol/ research design consultations, assistance with grant preparation, case report form design, database creation, data management, biostatistical consultation and analyses.*



**Long Track Record**
Celebrating over 25 years of exemplary service



**High Quality Service**
Design/methods, data management and biostatistics



**Satisfied Investigators**
686 satisfied investigators



**Highly Successful**
High success rate [87% (7/8 funded for over $3.5 million)] in helping researchers obtain grants



**Outreach**
1066 projects from a variety of health disciplines supported and implemented



**Building Capacity**
Starting residents, graduate students, trainees and early career researchers on the right foot and facilitating research conduct



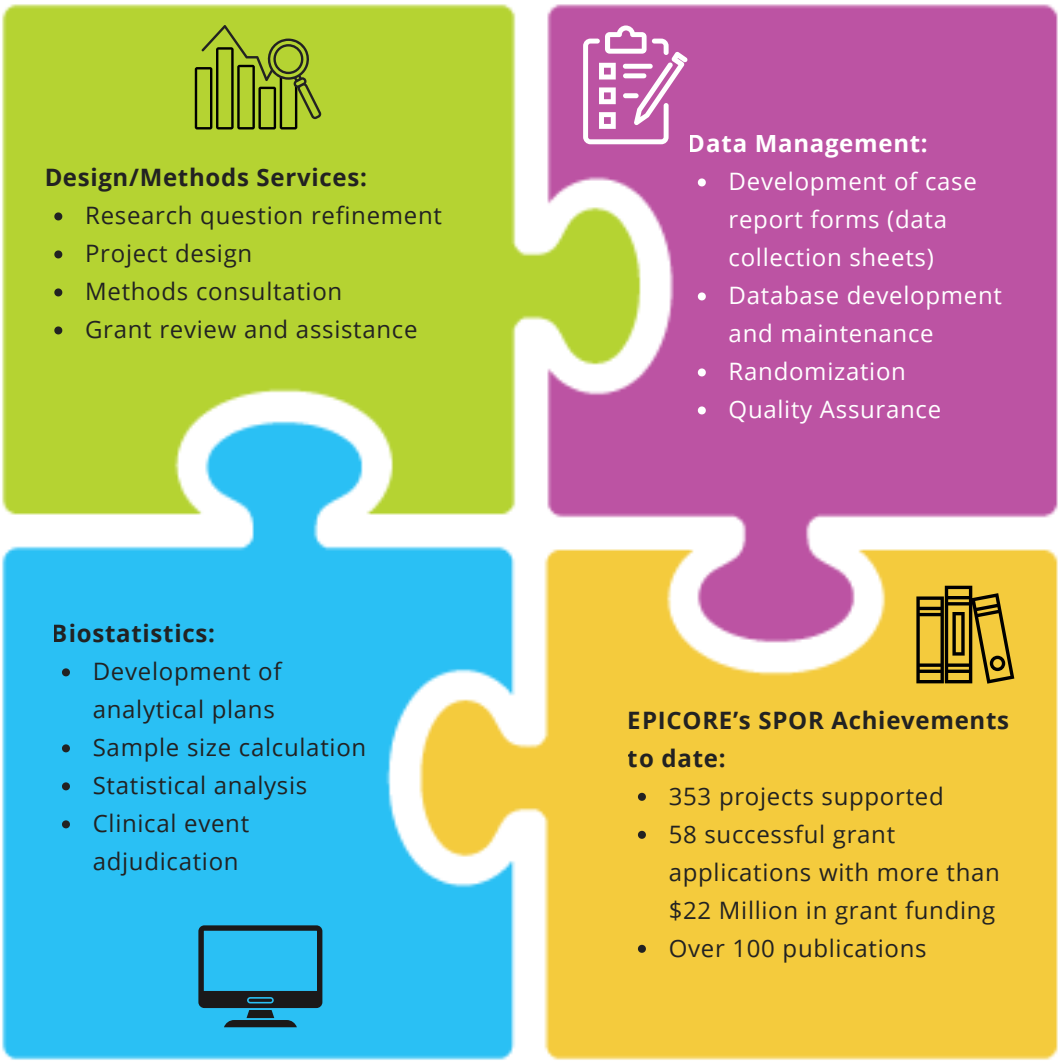
**Research Excellence**
72 publications by EPICORE faculty, staff and acknowledgments.

# AbSPORU

## TO DATE, EPICORE HAS SUPPORTED 353 PROJECTS, 58 SUCCESSFUL GRANT APPLICATIONS AND HELPED BRING IN MORE THAN $22 MILLION IN RESEARCH FUNDING

**Alberta Strategy for Patient-Oriented Research Support for People and Patient-Oriented Research and Trials Unit**

*EPICORE continues to be a service partner that provides specific services on behalf of AbSPORU. Those services include: design/methods, data management and biostatistics*




AbSPORU
Alberta SPOR SUPPORT Unit

# HIGHLIGHTED PROJECTS



## Phase 1 clinical trials of an adjuvanted protein-based HCV vaccine candidate

Sir Dr. Michael Houghton, Dr. Vanessa Meier-Stephenson, Dr. Jordan Feld, Dr. Curtis Cooper, Dr. David Lorne Tyrell, Dr. Conar O'Neil

Chronic hepatitis C virus (HCV) continues to be a significant public health threat, infecting 58 million people worldwide and over 250,000 Canadians. The virus disproportionately affects marginalized populations, in particular First Nations people whose rates of new HCV diagnoses are 2.5-fold higher than non-First Nations populations and who are less likely to seek and receive the care they need. The WHO has set an ambitious target to eradicate HCV infection by 2030, to be accomplished by first diagnosing and curing HCV carriers with antiviral therapy, and secondly by developing a long-sought-after prophylactic HCV vaccine. Our CIHR grant's objective was to test the safety and immunogenicity of an adjuvanted protein-based HCV vaccine.



Dr. Vanessa Meier-Stephenson

### EPICORE's Role in the words of the investigator

*"I would like to say a big thank you to the EPICORE team for the help they've provided in my CIHR application for the Phase 1 HCV Vaccine Clinical Trial. We were awarded that grant, valued at over $2 million, bringing in an additional $500k in indirect funds for the University. I am grateful for the support that the EPICORE team provided around the trial design, protocol cross-check and statistical support. This ensured our application was as strong as it could be for that funding competition and that we could move ahead with our trial with the added confidence that our design and numbers should provide high-quality data. I look forward to working with the team again soon."*

## Sustained inflation and chest compression versus 3:1 chest compression to ventilation ratio during cardiopulmonary resuscitation of asphyxiated newborns - SURV1VE-2-Trial

Dr. Georg Schmoelzer, Dr. Elizabeth V Asztalos, Dr. Po-Yin Cheung, Dr. Anup Katheria, Dr. Brenda H Law, Dr. Thuy Mai Luu, Dr. Gerhard Pichler, Dr. Anne Lee Solevaag, Dr. Pia Wintermark, Dr. Maryna Yaskina

An estimated 0.1% of term newborns and up to 15% of preterm newborns (1,3 million worldwide) require chest compression (CC) at birth. Despite CC, ~1 million newborns die annually worldwide. Newborns receiving CC have a high incidence of mortality (41%) and short-term neurologic morbidity (57% hypoxic-ischemic encephalopathy and seizures). Furthermore, newborns who receive CC with no signs of life at 10 minutes after birth have 83% mortality, with 93% of survivors suffering moderate-to-severe disability. The poor prognosis associated with receiving CC at birth raises questions as to whether improved cardiopulmonary resuscitation (CPR) methods specifically tailored to the newborn could improve outcomes.
The objective of this study is to assess the impact of providing chest compression plus sustained inflation on the incidence of neonatal mortality in the first 28 days of life in newborns between 28 to 43 weeks presenting with cardiac arrest at birth.



Dr. Georg Schmoelzer

### EPICORE's Role in the words of the investigator

*"Working with EPICORE was instrumental to the success of the SURV1VE-2 trial CIHR grant application. The EPICORE team provided exceptional support in refining both the statistical analysis plan and the overall grant application. Their expertise strengthened the study design, improved the rigor of our analytical approach, and helped ensure that the proposal met the highest methodological standards. Their thoughtful feedback and collaborative approach were invaluable in securing funding for this international multicentre cluster randomized clinical trial. I highly recommend EPICORE to investigators seeking expert methodological and statistical support for high-impact clinical research."*

## Dual Antiplatelet Therapy in Acute Ischemic Stroke Following Thrombectomy and/or Intravenous Thrombolysis: A Randomized Pilot Study

Dr. Mahesh Kate, Dr. Brian Buck and Dr. Bijoy Menon

Strokes are a major cause of disability. The most common type is an "ischemic stroke," which occurs when a clot blocks a blood vessel in the brain. To treat stroke, doctors use medicines and procedures to remove the clot. Despite treatment for stroke, patients may experience another stroke within the first few weeks. Doctors often prescribe aspirin only to help prevent subsequent strokes. However, combining aspirin with another medication, such as clopidogrel or ticagrelor, could potentially prevent more strokes.

In this study, we're looking to find out if it's practical and safe to combine aspirin with clopidogrel or ticagrelor for a period of three weeks after clot-dissolving or removal treatments. The investigational treatment they receive will be decided by chance, like a coin toss. One-third of the participants will take aspirin, another third will take aspirin with clopidogrel, and the final third will take aspirin with ticagrelor. The insights we gather from this study will help us plan a larger, worldwide study in the future. If proven safe and effective, this treatment plan can prevent thousands of recurrent strokes in Canada and worldwide



Dr. Mahesh Kate

### EPICORE's Role in the words of the investigator

*"In the spring 2025 CIHR application, the reviewers recommended involvement of a statistical team. We approached the EPICORE team to help us with trial design and statistical analysis plan development. EPICORE team went out of their way to guide us. In particular, we are grateful to Bo Pan, who, through multiple interactions, supported us throughout the application stage. Bo's professional approach shaped the application to the highest standard, and our fall application was funded. The EPICORE team is a great asset to the investigators based at the University of Alberta. The statistical analysis and trial design are evolving rapidly, and having professional guidance through institutes like EPICORE is paramount to ensure the success of trials and thereby improve the lives of our patients. I would strongly recommend that early- and mid-career investigators reach out to EPICORE early in the design stage of their studies to achieve the best outcomes for their study and their patients."*

## Virtual reality: A randomized controlled trial of commercially available virtual reality for intravenous cannulation-related distress in children

Dr. Samina Ali

The PEAK Research Team is exploring ways to help children who need to have painful procedures such as IV insertions. Successful pain care and management requires multiple modalities, but one way to ease pain and distress is to address the psychological aspect of pain through distraction. Distraction therapy aims to take a child's attention away from the source of the pain and anxiety and redirect it to more positive things. Some examples of distraction include watching videos, listening to music or stories, playing with toys or, in the case of this study, virtual reality (VR) googles. The VR goggles will use computer technology to produce an artificial 3D video or game that the child can watch and interact with during the IV procedure. The purpose of this research study was to determine if distraction using virtual reality can help reduce a child's pain and distress related to having an IV insertion.

### EPICORE's Role in the words of the investigator

*"The PEAK Research team worked closely with the EPICORE team to statistically analyze the findings of their clinical trials. Through collaboration and ongoing support, the findings of the VR trial have been published, with the Canada-UK AI study in the manuscript preparation phase. EPICORE provides important services that allow for study findings to be translated to researchers and the public, with the ultimate goal of improving pediatric care. We enjoyed our interactions with Ben, who provided the needed analyses in a timely fashion."*



## Canada-UK AI clinical trial: Using an AI-enhanced social robot to improve children's healthcare experiences

Dr. Samina Ali

Children experience pain and distress in clinical settings every day. The negative consequences of unaddressed pain can be both short-term (e.g. fear, distress, inability to perform procedures) and long-term (e.g. needle phobia, anxiety). In previous small studies, a humanoid robot has been used to deliver cognitive-behavioural therapy during needle procedures. The results of these early studies have been positive, showing high acceptance among children as well as promising initial clinical results. However, these studies all had critical technical limitations: the robot was remotely operated and used purely scripted behaviour with limited Artificial Intelligence (AI) support. This reduced the potential to offer personalized support to children. In this project, we aim to address this limitation by developing and evaluating a clinically relevant and responsive AI-enhanced social robot.

## Population-based Evaluation of Neonatal Resuscitation Interventions in Alberta from 2000 to 2020

Dr. Brenda Law and Breanna Picket

Over 50,000 babies are born in Alberta each year; many will need help, called neonatal resuscitation (NR), right after birth. Healthcare professionals (nurses, doctors, midwives, etc) are trained to provide NR in a standard way, using guidelines from the Neonatal Resuscitation Program (NRP). NRP is updated periodically. In Alberta, changes happen provincially. New guidelines are taught to instructors, who then teach guidelines locally to their colleagues. How quickly new guidelines are being adopted and how closely the guidelines are followed may depend on other things like hospital type (e.g. hospitals with specialists vs. rural hospitals). What care babies get and how they do might also depend on social determinants of health such as mother's socio-economic status (SES) and ability to access care, particularly for those families who live in rural or remote areas.



Dr. Brenda Law

Alberta Perinatal Health Program has collected data about mothers and babies for many years. This includes demographics for women, their labour and delivery, and what resuscitation babies received. Using this data, we described how neonatal resuscitation practices have changed in Alberta from 2000-2020, with almost 1 million babies. With EPICORE's statistical expertise, we also analyzed possible relationships between non-clinical factors (hospital type, mother's estimated SES, how remote they lived), clinical factors (mother's health conditions, pregnancy complications, how baby was delivered, how far along baby was at the time of birth, birth weight, etc.) and whether a baby needed extensive resuscitation measures right at birth like breathing tubes, chest compressions, or epinephrine injections. From these analyses, we can see that with time, more babies are doing well at birth without needing resuscitation. We can also highlight key clinical factors that increase the odds of a baby needing NR. Finally, we were able to highlight differences in NR practices between different hospital types, which is currently guiding quality improvement projects to support smaller hospitals in Northern Alberta.

### EPICORE's Role in the words of the investigator

*"Throughout this project, Bo Pan and his colleagues from EPICORE have been exceptional in their statistical support, particularly with their flexibility, availability, and understanding of such a large dataset. With their expertise, we have been able to consider this data from different angles while maintaining statistical rigor. Our findings are now published in highly impactful journals including Resuscitation and JAMA Network Open."*

## Neurological Complications of Cancer Immunotherapy: Identifying Prevalence, Healthcare Utilization Costs, Risk Factors, and Metabolic Markers



Dr. Jennifer McCombe

Immune checkpoint inhibitors (ICIs) are increasingly used in cancer treatment regimens. Indications for their use have vastly increased since their initial demonstration in 2011. In 2018, an estimated 44% of oncology patients in the USA were eligible for these therapies. This treatment strategy has established clinical success in a variety of cancer types and has greatly aided in the advancement of cancer therapy and improved patient survival. The mechanism of action is based on the blockade of targeted molecules, known as immune checkpoints, located on immune cells that act to prevent overactivation of the immune system. Through multiple mechanisms, blockade of these molecules triggers a cascade of effects leading to anti-tumour immunity.

Treatment outcomes for ICI therapies are promising when effective but come at the risk of drug toxicities and adverse events. Of most concern are immune related-adverse events (irAEs), which result from alteration in the immune system - which is essentially allowed to run unchecked - resulting in autoimmunity. Neurologic-specific immune complications of ICIs generally include encephalitis, meningitis, hypophysitis, central nervous system demyelination, vasculitis, radiculoneuropathies, neuromuscular junction disorders, myositis, and antibody-associated paraneoplastic syndromes. Though neurological manifestations of irAEs are uncommon and make up an estimated total of 10% of reported distinct irAEs, they have a disproportionately negative impact on patients.

This study aims to identify prevalence, healthcare utilization costs, risk factors, and metabolic markers associated with neurological complications of cancer immunotherapy

### EPICORE's Role in the words of the investigator

*"Working with EPICORE has been a truly positive experience for my research team. They provided invaluable support in the development and review of two grant applications, both of which were ultimately successful, and helped create two research databases. For one of my projects, they also undertook the task of transitioning data from an existing Excel spreadsheet into REDCap. Given the complexity of the database, this process required multiple meetings and careful planning, but their team guided us through every step and ultimately created a system that greatly improved data management and facilitated analysis. What I appreciated most was their willingness to work directly with my trainees, offering mentorship and practical guidance on research methods, study design, and data analysis. The team was always responsive, accommodating, and supportive, making time to meet whenever needed and consistently delivering project tasks on schedule. Their expertise, collaborative approach, and genuine commitment to supporting my research program have been instrumental in advancing my research goals and contributing to the success of multiple projects. I look forward to continuing to work with them for many years to come."*

## 'Pharmacist-physiotherapist collaborative management for people with early knee osteoarthritis in Alberta: PACE-OA

Dr. Allyson Jones, Dr. Jill Hall and Jordyn Burgar

PACE-OA focuses on improving the early identification and management of knee osteoarthritis (OA) in the community through collaboration between pharmacists and physiotherapists. Community pharmacists help identify individuals experiencing knee pain and refer eligible participants to physiotherapy. The overall aim of this study is to demonstrate that Alberta pharmacists can play an important role in the conservative management of knee OA and that a pharmacist-physiotherapist community collaboration model is feasible and can improve patients' self-management of OA symptoms.



Dr. Jill Hall



Jordyn Burgar



Dr. Allyson Jones

## EPICORE's Role in the words of the investigators

*"The EPICORE team provided valuable support throughout the research process, including project coordination, ethics and administrative guidance, recruitment support, and the development and ongoing management of the online pathway. Their expertise and responsiveness helped streamline study operations and facilitate collaboration among project partners during study launch and implementation. EPICORE's support has been instrumental in advancing this innovative community-based research project and in evaluating a novel approach to improving access to evidence-based OA care. "*

# RESEARCH SUPPORT AND FACILITATION



## The University of Alberta's Clinical Trials Office

Scott Jamieson, Director of the Clinical Trials Office (CTO)



The University of Alberta's Clinical Trials Office (CTO) serves as the secretariat for University of Alberta Clinical Trials (UACT), dedicated to advancing health outcomes through innovative and inclusive clinical research. Emphasizing collaboration and the meaningful inclusion of historically excluded populations, the CTO supports a diverse range of clinical trials with a focus on reliability, adaptability, efficiency, and innovation.

*"While we haven't necessarily had a single large standalone project run directly through EPICORE, the group has consistently been an incredibly valuable resource to the Clinical Trials Office and investigators across our ecosystem. Whether connecting investigators with biostatistical expertise, identifying independent scientific reviewers and DSMB members, or contributing to broader discussions around trial integrity, methodology, and REDCap support, the EPICORE team has always been collaborative, responsive, thoughtful, and deeply invested in supporting high-quality research.*

*I should also specifically acknowledge Ross Tsuyuki's contributions over the years as one of our independent risk assessors for investigator-initiated trials, which helped inform and strengthen the development of our institutional risk-based monitoring approach.*

*Beyond the technical expertise, what has always stood out to me about EPICORE is how approachable, collegial, and genuinely supportive the team is. Drs. Tsuyuki and Al Hamarneh have built a group that people trust and enjoy working with, and I think that has had a meaningful impact across the broader research ecosystem at the University of Alberta."*

## CIHR Clinical Trial Funding Expansion Pilot

Robin Love, Research Partner (FoMD, Clinical Research), VP Research (Research Partners Network)

In Spring 2024 the RPNet initiated the CIHR Clinical Trial Funding Expansion Pilot. The Pilot aimed to map the various supports available for clinical trials proposal development and enroll ten participants to receive enhanced grant development. One of the crucial supports identified was biostatistical review and statistical analysis plan development. EPICORE was enlisted to support the pilot resulting in collaboration on five submitted CIHR Project Grant proposals. One application has been funded ($1.2M) and four are awaiting results.



*"Working with the EPICORE team on several clinical trial proposals for the recent CIHR Project Grant competition was a fantastic experience. They were highly efficient, consistently meeting tight timelines and turning around proposals quickly. Most notably, the expert biostatistical advice they provided dramatically improved the clinical trial analysis plans. I fully foresee seeking EPICORE's support for future applications and look forward to collaborating with them again."*

# MEET THE TEAM



# DR. ROSS TSUYUKI



**Positions:**

- Director, EPICORE
- Professor of Medicine (Cardiology), Faculty of Medicine and Dentistry, University of Alberta
- Editor-in-Chief, Canadian Pharmacists Journal

**Hometown:**

- Coquitlam, BC

**Background:**

- BSc(Pharm), University of British Columbia
- Residency, St. Paul's Hospital/University of British Columbia
- PharmD, State University of New York at Buffalo
- Fellowship, Division of Cardiology, McMaster University (Supervisor, Dr. S. Yusuf)
- MSc (Health Research Methods), McMaster University



**Skills/Expertise:**

- Health research methods
- Communicator
- Collaborator
- Educator

**What I do:**

- President/Past President, Hypertension Canada
- Health services research, including pharmacy practice research (focus on evidence generation to advance patient care)
- Provision of support to researchers through EPICORE
- Training the next generation of health researchers

# HENRY LEE



**Positions:**

- Associate Director Operations

**Hometown:**

- Edmonton, AB

**Background:**

- Bachelor of Commerce, University of Alberta
- Chartered Professional Accountant (CPA), Chartered Accountant (CA), Certified Management Accountant (CMA)

**Skills/Expertise:**

- Seasoned financial manager with Controllership experience
- Senior Management roles with public, private, and not-for-profit companies.
- Extensive background and knowledge with scientific research entities



# DR. YAZID N AL HARMARNEH



**Positions:**

- Associate Professor, Department of Pharmacology, Faculty of Medicine and Dentistry
- Associate Director, Scientific, EPICORE
- Scientific Officer of Alberta SPOR SUPPORT Unit

**Hometown:**

- Madaba, Jordan

**Background:**

- BSc in Pharmacy, the University of Jordan, 2005
- Professional Medical Representative at Merck Sharp and Dohme, IA, 2005-2006
- PhD in Clinical Pharmacy and Pharmacy Practice, Queen's University Belfast, 2010
- Postdoctoral Fellowship in Medicine (Cardiology) from the University of Alberta, 2015



**Skills/Expertise:**

- Conducting pharmacy practice research
- Cardiovascular risk calculation and identification, and management of cardiovascular disease risk factors
- Research Facilitation:
    - Research methodology and design (quantitative and basic qualitative)
    - Grant writing and evaluation
    - Basic statistics (analytical plan, sample size calculation and basic statistical analysis)
    - Basic REDCap and FunctionPoint

# LILY
# YUSHKO



**Positions:**

- Team Lead, Clinical Research Informatics

**Hometown:**

- Kyiv, Ukraine

**Background:**

- Computer Systems Technology, NAIT, Edmonton, AB
- MEd, National Pedagogical University, Kyiv, Ukraine

**Skills/Expertise:**

- Extensive expertise in systems analysis, design, and software architecture.
- Comprehensive experience in the design, development, implementation, and support of clinical and research databases.
- Strong knowledge of cross-platform data management, system integration, and data interoperability.
- Proven ability to analyze complex business and research requirements, identify optimal solutions, and deliver reliable, high-quality results.
- Skilled at translating user needs into practical, efficient, and scalable database and software solutions.
- Committed to delivering solutions that are accurate, maintainable, and aligned with project objectives.



# BEN VANDERMEER



**Positions:**

- Senior Biostatistician, EPICORE
- Senior Biostatistician, Population Health Group, Canadian Vigour Centre (CVC).

**Hometown:**

- Edmonton, AB

**Background:**

- Bachelor of Science (Statistics), University of Calgary
- Masters of Science (Double Major: Statistics and Pure Mathematics), University of Calgary
- Statistical Methodologist, Statistics Canada
- Star Child Health: Standards Development Group on Data Monitoring Committees and Adequate Sample Size



**Skills/Expertise:**

- Expertise with all common statistical analysis methods
- Proficiency in meta-analysis and network meta-analysis
- Bayesian Statistical Methods
- Familiarity with many statistical programming software, including SAS, R, Stata, StatXact, and WinBUGS.
- Teaching and explaining statistical concepts to non-statisticians
- Interpersonal and communication skills

# ARIAL
# XIAO QIN



**Positions:**

- Clinical Research Informatics Analyst

**Hometown:**

- Jiangsu, China

**Background:**

- Bachelor of Computer Engineering, Iowa State University, 2010 - 2014
- Master's of Computer Science, University of Alberta, 2021 - 2022

**Skills/Expertise:**

- Full-stack web development, including design, analysis, implementation, and support of web applications.
- Database development and analysis with SQL Server and Redcap
- Machine learning, data analysis, and data visualization
- Applied AI and automation for improving workflows, reporting, data processing, and decision support
- Experience exploring AI-assisted development tools, prompt-based workflows, and practical use cases for AI in healthcare and clinical research informatics
- Strong ability to connect technical solutions with business, research, and operational needs



# BO
# PAN



**Positions:**
- Biostatistician

**Hometown:**
- Nanjing, China

**Background:**
- Bachelor of Science (Specification in Mathematics), University of Alberta, Fall 2013 – June 2017
- Master's of Science (Statistics), University of Alberta, Fall 2020 – Dec 2022
- Doctor of Philosophy, University of Alberta, Jan 2023 – Current

**Skills/Expertise:**
- Robust Statistics for Stochastic Optimization: Robustness in machine learning and optimization, Distributionally robust approach, sample average approximation, and Meta optimization.
- Numerical Algorithms: Convex analysis and monotone operator theory, Damped inertial dynamics system, and Distributed decentralized Learning.
- Statistics for Clinical Trials: determines the most appropriate methodology in carrying out identified research goals, organizes the data and conducts advanced statistical analysis of research results for future replications and/or extensions of the results



# DR. KAITLYN WATSON



**Positions:**

- Assistant Professor, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

**Hometown:**

- Brisbane, Australia

**Background:**

- CIHR-funded Health System Impact Fellow, EPICORE, UofA; Hypertension Canada; Centre for Implementation, OHRI 2022-24 Postdoctoral research fellow, EPICORE 2020-22
- PhD in pharmacy practice and disaster health, Queensland University of Technology
- B.Pharm, University of Queensland with 1st Class Honours
- Graduate Certificate in Applied Pharmacy Practice (10797NAT), Pharmaceutical Society of Australia
- Fellow, Higher Education Academy
- Consultant for the World Health Organization Regional Office for Europe, 2020
- Educator, Queensland University of Technology, 2016-2019
- Clinical pharmacist, Greenslopes Private Hospital, 2015-2019



**Skills/Expertise:**

- Implementation scientist
- Pharmacy practice researcher
- Research methodology and design (quantitative and qualitative)
- Ethics approval processes
- Project management
- Communicator
- Educator

# DR. STEPHANIE GYSEL



**Positions:**

- Post-doctoral research fellow, EPICORE, started October 2021
- Founder and clinical pharmacist, Apothecare Pharmacy, Calgary, AB
- Clinical Pharmacist, Total Cardiology, Calgary, AB
- National Coordinator, May Measurement Month

**Hometown:**

- Winnipeg, MB

**Background:**

- BSc in Pharmacy, University of Alberta, 2009
- PharmD, University of Alberta, 2020
- Mini-MBA, Sauder School of Business, UBC, 2022



**Skills/Expertise:**

- Clinical pharmacy practice and patient care
- Certified Diabetes Educator, Additional Prescribing Authorization
- Development of novel community pharmacy-based clinical programs
- Pharmacy practice researcher
- Co-PI for NOVAD University Hospital Foundation Grant for RxOC-IT Pharmacy-led Obesity Management Study
- Collaborator
- Extensive leadership experience
- Strong problem-solving and critical thinking skills
- Strong business acumen

# DR. DAN BURTON



**Positions:**

- Post-doctoral research fellow, EPICORE, started December 2022
- Founder, Health Evolved, Calgary, AB

**Hometown:**

- Prince George, BC

**Background:**

- BSc in Microbiology, University of Alberta, 2012
- BSc in Pharmacy, University of Alberta, 2016
- PharmD, University of Alberta, 2017

**Skills/Expertise:**

- Clinical pharmacy practice and patient care
- Social media marketing
- Certified bariatric educator
- Motivational interviewing and behavioural change clinician
- Pharmacy practice researcher
- Collaborator
- Strong problem-solving and critical thinking skills



# DR. SHANIA LIU



**Positions:**

- Postdoctoral Research Fellow, EPICORE

**Hometown:**

- Sydney, Australia

**Background:**

- PhD in Pharmacy Practice, The University of Sydney.
- Graduate Certificate in Educational Studies (Higher Education), The University of Sydney.
- B.Pharm with 1st Class Honours, The University of Sydney.
- Graduate Certificate in Pharmacy Practice, The University of Sydney.
- Chair of the International Pharmaceutical Federation Hospital Pharmacy Section Communication and Digital Engagement Committee.
- Past-Chair of the Society of Hospital Pharmacists of Australia Pain Management Leadership Committee (2020-2023)
- Clinical pharmacist, Prince of Wales Hospital (2020-2023)
- Educator, The University of Sydney (2021-2023)



**Skills/Expertise:**

- Pharmacy practice researcher
- Quantitative and qualitative study methodology
- Project management
- Communication
- Educator

# JORDYN BURGER



**Positions:**

- MSc Graduate Student, EPICORE

**Hometown:**

- Sylvan Lake, AB

**Background:**

- MSc in Epidemiology, University of Alberta, started in 2024
- BA in Psychology, University of Calgary, 2019 - 2023
- Kinesiology Diploma, Red Deer College, 2017-2019

**Skills/Expertise**:

- Team player, collaborator, and leader
- Strong interpersonal and communication skills
- Basic knowledge in research design/methodology, quantitative research, and qualitative research
- Literature review and writing



# PAUL
# BRACONNIER



**Positions:**

- Business Consultant

**Hometown:**

- Regina, SK

**Background:**

- BBA (Business), University of Regina
- Charted Accountant (retired)
- Led a full-service clinical contract research company that managed and conducted human clinical trials, with operations in Canada, Mexico & Argentina
- Life Sciences-focused TEC Edmonton
- Executive-In-Residence



**Skills/Expertise:**

- Strong interpersonal and communication skills
- Cross-functional team membership and leadership
- Sound business judgment and a common-sense approach to problem-solving
- Customer-oriented approach for both internal and external customers
- Team player and team builder, consensus builder
- Extensive financial, legal, administrative and information system management
- Interaction with the investment community, including investor and analyst presentations and discussions
- Extensive negotiations of business mergers, divestitures, acquisitions and software licensing agreements

# GENIEVE WONG

**Positions:**
- Research Assistant

**Hometown:**
- Edmonton, AB

**Background:**
- International Baccalaureate Student, M.E. Lazerte C.H.S, 2023-present

**Skills/Expertise:**
- Keen to learn new research skills
- Multilingual
- Pharmacy Assistant
- REDCap (research database/data collection)





# VINCENT DESBIENS



**Positions:**
- Research Assistant

**Hometown:**
- Edmonton, AB

**Background:**
- BSc in Honours Pharmacology, University of Alberta, Started in 2024
- BSc, University of British Columbia-Okanagan, 2023-2024

**Skills/Expertise:**
- Keen to learn new research skills
- Strong communication and organizational skills
- Basic knowledge in research design/methodology, quantitative research, and qualitative research
- Literature review and writing



# ARINDE
# DON MANUWELGE DON



**Positions:**

- Research Assistant, EPICORE
- MSC Graduate Student, EPICORE

**Hometown:**

- Edmonton, AB

**Background:**

- Bsc in Honours Pharmacology, University of Alberta (2022-2026)

**Skills/Expertise:**

- Evidence synthesis & literature review
- Scientific writing & data interpretation
- Pharmacology & drug safety research
- Critical thinking & analytical skills
- Passion for educating



# VISTING SCHOLAR

# DR. HIROKI IWATA



**Dr. Iwata was a visiting professor from Keio University, Tokyo between January and March, 2026.**

**Positions:**

- Assistant Professor/Senior Assistant Professor

**Afilliation**

- Faculty of Pharmacy, Department of Pharmacy, Division of Social Pharmacy, Center for Social Pharmacy and Pharmaceutical Care Sciences (Shiba-Kyoritsu), Keio University, Japan

**Research Areas**

- Life Science
- Clinical Pharmacy
- Oral Health

# AWARDS



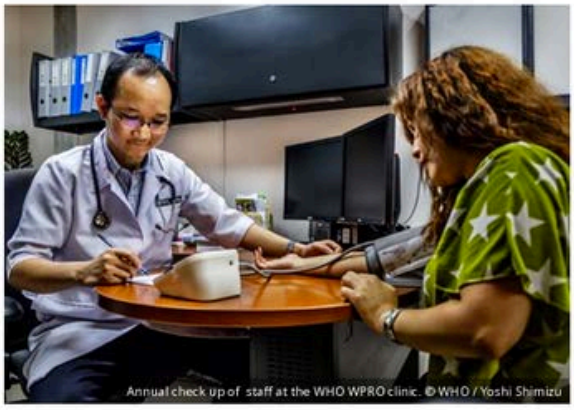
# CONGRATULATIONS

- **Dr. Yazid Al Hamarneh** received:
    - Alberta Innovates- Digital Sand Box Grant
    - Canadian Pharmacists Journal (CPJ) Best Paper of the Year for the paper, Implementation and acceptance of pharmacists' prescribing of human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP), d'Entremont-Harris M, Ramsey TD, MacNabb K, Murphy A, Bishop A, Isenor JE, Kelly DV, Al Hamarneh YN, Lee M, Ferguson A, Furlotte K, Woodill L, Hatchette T, Wilby KJ
- **Dr. Kaitlyn Watson** received the Diabetes Canada 2025 Brian Dufton Memorial Manuscript Award for the manuscript titled "Managing Medications During 'Sick Days' in Patients With Diabetes, Kidney, and Cardiovascular Conditions: A Theory-informed Approach to Intervention Design and Implementation."
- **Dr. Shania Liu** received:
    - Alberta Innovates Postdoctoral Fellowship Award
    - National Health and Medical Research Council (Australia) Investigator Grant
    - Best Oral Presentation: PR$_x$OACT study: A randomised controlled trial of an electronic tool to help pharmacists implement cardiovascular risk reduction FIP World Congress, Montreal, Quebec.
- **Dr. Cheryl Cable** recived the Distinguished Service Award, Canadian Dental Association
- **Jordyn Burgar** was the recipient of the Alberta Innovates-CANTRAIN Masters Award
- **Vincent Desbiens** received:
    - Gilead Sciences Undergraduate Scholarship in Organic Chemistry award from the University of Alberta
    - Faculty of Medicine and Dentistry Summer Studentship Award
- **Genieve Wong** received the Alberta Innovates Summer Research Studentship award for her project "Patient Experiences with the Implementation of an Online Care Pathway for Cardiovascular Disease Risk Reduction: Qualitative Sub-Study

# CONGRATULATIONS

The **$R_x$PATH study** and our economic analysis of our **$R_x$ACTION study** were highlighted by the WHO as examples of successful approaches for hypertension management and economic benefits.
https://www.who.int/publications/i/item/9789240115569

1. **Invest in pharmacy infrastructure**: Support the establishment of new pharmacies in underserved areas and expand the role of community pharmacies at primary care, ensuring that they are recognized as essential access points for hypertension medicines, and, as appropriate to the national context, involve private sector entities to improve patient access to medications. Where this is not possible, invest in dispensing nurses or other health care officials.
2. **Train pharmacy staff on best practices**: Provide training on proper storage, inventory management, and patient counselling, emphasizing the importance of privacy and medicine safety.
3. **Foster multidisciplinary team-based care**: Encourage regular meetings and shared care plans between pharmacists, prescribers, and other health care providers to align on treatment goals and medication management.
4. **Dispense longer durations**: Dispensing longer durations for hypertension medicines (30–90 days) can promote convenience, adherence for the patient and reduce routine patient load at the health facility.



Annual check up of staff at the WHO WPRO clinic. © WHO / Yoshi Shimizu

58 Global report on hypertension 2025: high stakes – turning evidence into action

## Examples of successful approaches to *dispensing* essential hypertension medicines

***Pharmacist-led hypertension management in Canada***

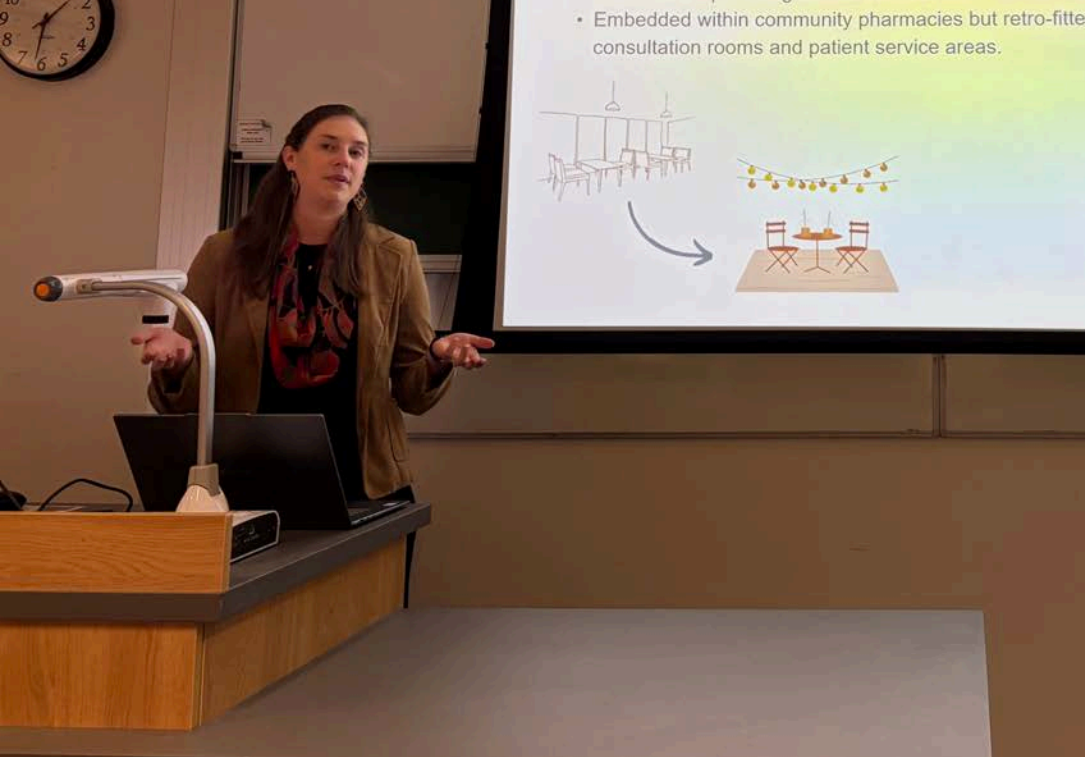
Canada has demonstrated the effectiveness of pharmacist-led hypertension management through structured certification and intervention programmes. The Hypertension Canada Professional Certification Program (HC-PCP), launched in line with national guidelines, trained pharmacists to deliver protocol-driven hypertension care, including medication management, patient education, and regular follow-up. In a large-stepped wedge cluster randomized trial (the RxPATH Study), pharmacists who completed the HC-PCP achieved a significant reduction in systolic blood pressure among patients with poorly controlled hypertension. After 3 months, patients managed by these pharmacists saw an average reduction in systolic blood pressure of 4.76 mmHg compared to those receiving usual care, as well as higher rates of blood pressure control; some studies showed up to 80% of patients reaching blood pressure targets *(156–158)*. Patient satisfaction with pharmacist-led care was also high, indicating strong acceptance of this model.

Beyond clinical improvements, pharmacist-led hypertension care in Canada has been shown to yield substantial economic benefits. Modelling studies indicate that if pharmacist care were fully implemented for all Canadians with hypertension, the health system could save over US$15.7 billion, primarily by preventing strokes, heart attacks, and related complications *(159)*. The success of these programmes is attributed to pharmacists' expanded scope of practice, including the prescribing authority in some provinces, structured training, and strong collaboration with patients and other health care providers. These results highlight Canada's leadership in leveraging pharmacists to improve hypertension control at the population level, with demonstrable benefits for both health outcomes and health care costs.



# CONFERENCES




• Embedded within community pharmacies but retro-fitte
consultation rooms and patient service areas.




PROACT
The PRxOACT
Care Pathway
To learn more, scan the QR code:
More about
PRxOACT here
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SCHWEIZER APOTHEKERKONGRESS
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BERNEXPO | 20. – 21.11.2025

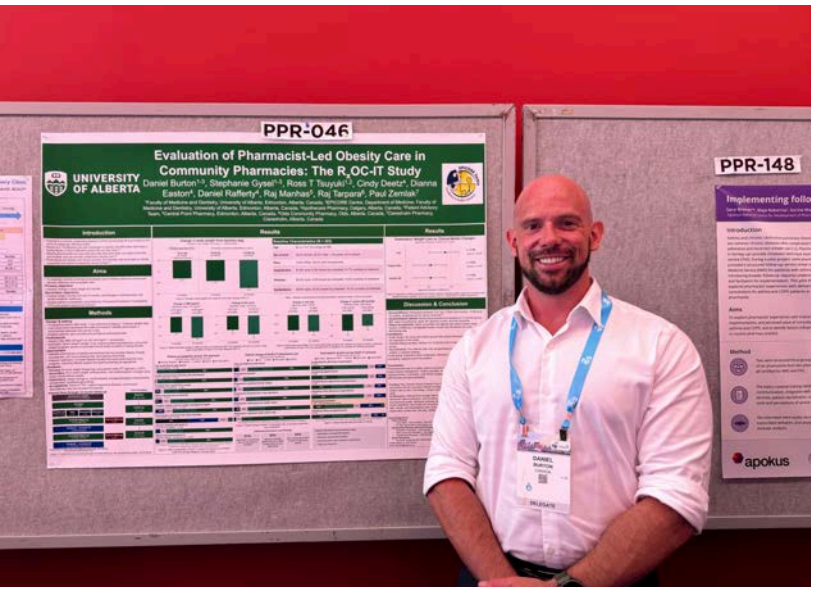


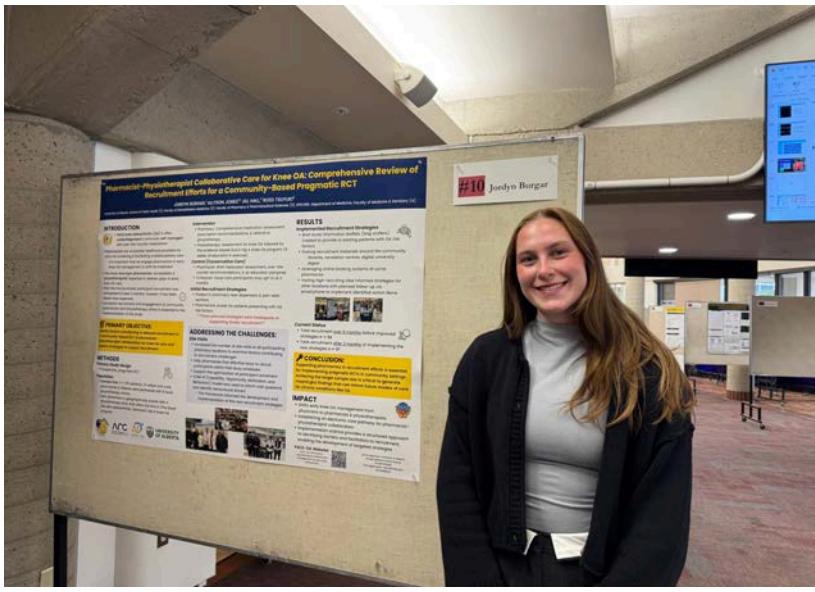


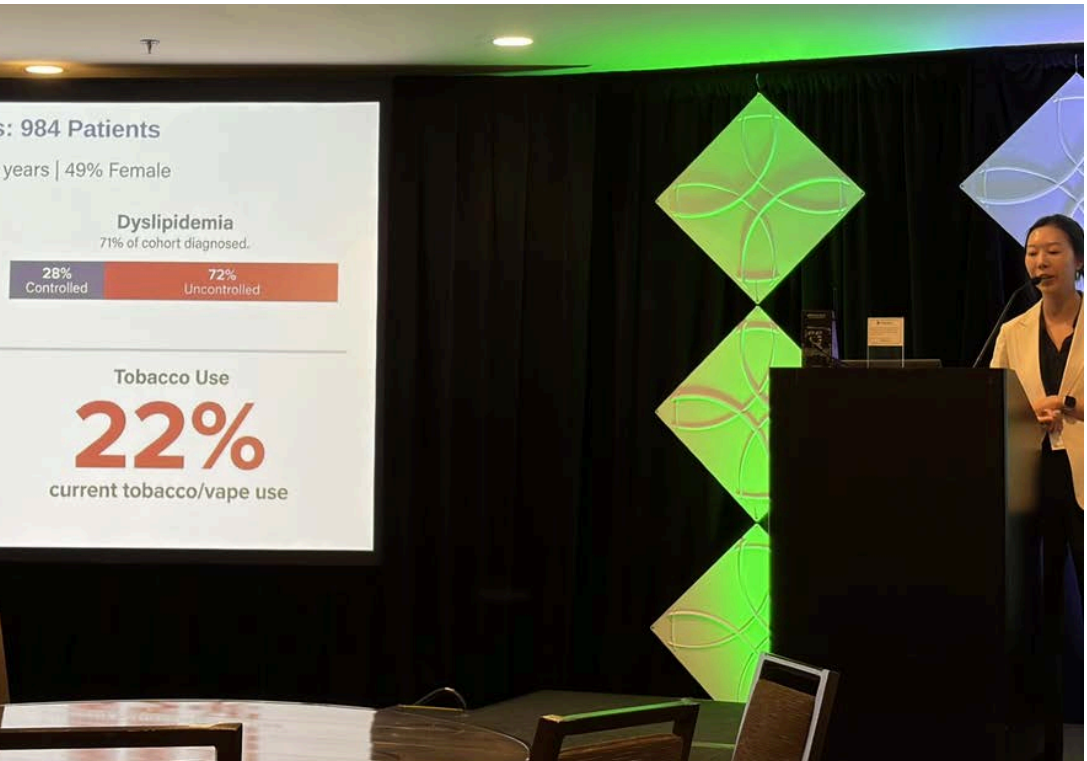

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The Team
EPICORE
Shania.Liu@ualberta.ca




PPR-046
Evaluation of Pharmacist-Led Obesity Care in Community Pharmacies: The R3OC-IT Study
UNIVERSITY OF ALBERTA
PPR-148
apokus


#10 Jordyn Burgar

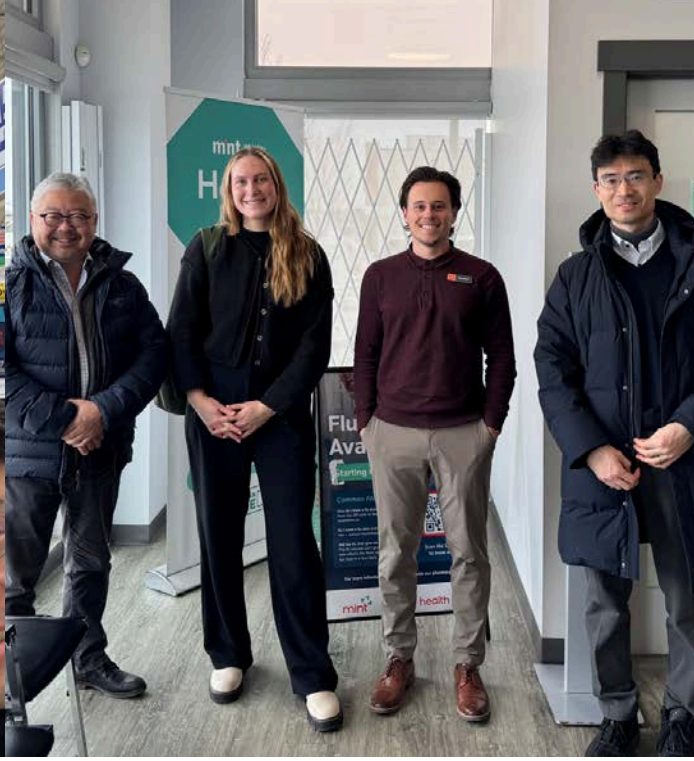

s: 984 Patients
years | 49% Female
Dyslipidemia
71% of cohort diagnosed.
28% Controlled
72% Uncontrolled
Tobacco Use
22%
current tobacco/vape use



# TEAM BUILDING




TYLENOL
Advil
Salonpas
ICYHOT






Prescription
Pick-up


Guarana

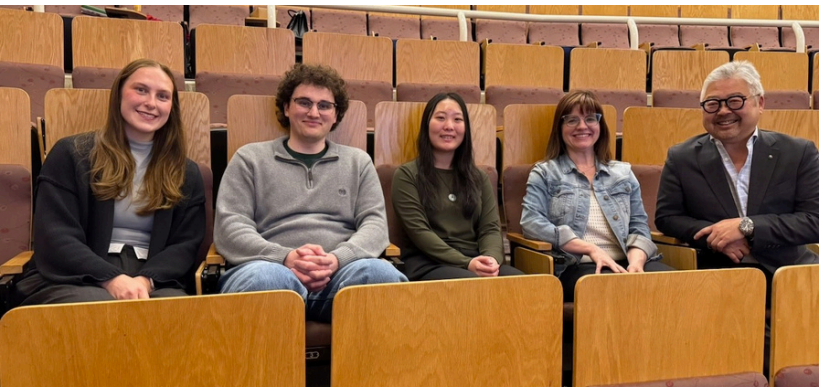





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# APPENDICES



# APPENDICES



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**72 EPICORE Publications**
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**CUMULATIVE LIST OF COMPLETED PROJECTS**
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1. Abbasi, M
2. Abba-Aji, A
3. Abdelhay, N
4. ABBOTT/Abbvie
5. Abdul, A
6. Aborkhees, Ghada
7. Ackman, Margaret
8. Addison, O
9. Aghazadeh, H
10. Agyapong, V
11. Ahmed, R
12. Aktary, M
13. Alagiakrishnan, K
14. Al Hamarneh, Yazid
15. Ali, S
16. Allen, M
17. Alotaibi, G
18. Anand, V
19. Anderson, C
20. Anderson, E
21. Anderson, S
22. Anzarut, Alex
23. Aregbesola, A
24. Armstrong, Paul
25. Ashton, T
26. Ardestani, S
27. Ashiq, M
28. Awosoga
29. Badri, P
30. Bagshaw, Sean
31. Bailey, D
32. Bakal, Jeff
33. Baqays, A
34. Barber, C
35. Beahm, Nathan
36. Beard, K
37. Beaulieu, C
38. Beaupre, L
39. Becher, H
40. Bedard, E
41. Bell, N
42. Bell, R
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44. Bello, A
45. Benzies, K
46. Belmurugiah, N
47. Berchuck, M
48. Bertrand, J
49. Beveridge, J
50. Bharadia, M
51. Bialy, L
52. Bichel, A
53. Billington, E
54. Bishop, E
55. Boheme, C
56. Bolduc, F
57. Bomhof
58. Bosman, C
59. Bosonea, AM
60. Boule, N
61. Bowering, C
62. Bowman, M
63. Boisvenue, J
64. Bonhomme, J
65. Braam, B
66. Brandwein, J
67. Bratu, I
68. Brennand, E
69. Brisbois, T
70. Brockway, M
71. Broderick, G
72. Broule, N
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74. Buck, B
75. Buldoc, F
76. Bullard, M
77. Bungard, T
78. Burgar, J
79. Burnham, R
80. Burton, D
81. Burton, J
82. Butalia, S
83. Butcher, K
84. Butler, C
85. Cable, C
86. Cadili, A
87. Cameron, J
88. Campbell, D
89. Campbell-Scherer, D
90. Candelaria, P
91. Caplan, L
92. Carbonneau, M
93. Carr, F
94. Carrie, A
95. Casey, L
96. Castillo, E
97. Castro-Codesa, M
98. Cervera, C
99. Chan, C
100. Chan, K
101. Chan, Michael
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103. Chao, J
104. Chari, R
105. Cheema, M
106. Chow, M
107. Chowdhury, R
108. Chowdhury, T
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110. Chu, N
111. Chubaty, A
112. Clifford, A
113. Collins-Nakai, R
114. Colmers, W
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117. Corrick, S
118. Coulden, R
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121. Cruz, C
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134. Deane
135. De Frietas, T
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137. Deodhar, A
138. Dersch-Mills, D
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141. Desbiens, V
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172. Dziegielewski, P
173. Ehmann, D
174. El Bialey, T
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176. Elhakim, H
177. Elhossieny, O
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179. Elliott, S
180. Emery, D
181. Emrick, A
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183. Eshghi, S
184. Estabrooks, C
185. Eurich, D
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187. Everaert, D
188. Ezekowitz, J
189. Fabreau, G
190. Fairgrieve-Park
191. Fedorak, R
192. Falk, Jamie
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194. Ferguson, C
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197. Fox, R
198. Francis, G
199. Frank, C
200. Freedman, S
201. Fujiwara
202. Fuller, M
203. Fung, C
204. Galvin, D
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206. Garcia, L
207. Garneau Lung Lab
208. Garros, D
209. Ganton, K
210. Gaudet, L
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213. Gibb, R
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515. Ramsey, T
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532. Rolfson, D M
533. Romney, J
534. Rosenthal, M
535. Ross, D
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537. Rudolf, F
538. Ruiz, M
539. Russell, A
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541. Ryan, L
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544. Sadowski, C
545. Sadowski, D
546. Samji, R
547. Samuel, S
548. Sandhu, R
549. Sarban, V
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551. Schlosser, MP
552. Schmolzer, G
553. Schindel, T
554. Schultz, K
555. Schulze, C
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557. Shanks, M
558. Shapiro, A
559. Shapiro, J
560. Shamshad, F
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562. Sharpe, H
563. Sheldon, S
564. Sheilds, M
565. Shiau, G
566. Shibata, M
567. Sharifzadeh-Amin, M
568. Shaeen, AZ
569. Shiau, G
570. Sia, W
571. Siddiqi, Z
572. Siffeldeen, J
573. Silva, M
574. Simpson, S
575. Sinclair, D
576. Singh, A
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579. Sivakumar, L
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581. Slaughter, S
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583. Smigorowsky, M
584. Smyth, P
585. Solimani, M
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587. Soo, I
588. Spoor, M
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591. Steiner, I
592. Stewart, D
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594. Sun, L
595. Sunner, S
596. Sutton, R
597. Svenson, L
598. Svystun, O
599. Swain, M
600. Tandon, P
601. Taylor, J
602. Thejeel, B
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606. Teo, K
607. Thomas, B
608. Thompson, A



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612. Torrible, S
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618. Triska, O
619. Troung, W
620. Tsui, B
621. Tsuyuki, R
622. Turgeon, FP
623. Turgeon, R
624. Tworek, K
625. Tymchak, W
626. Tyrrell, B
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629. Urquhart, G
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