Collins Medical Trust

2007 Annual Report

Justine Smith, MBBS, PhD, at work in her laboratory in the OHSU Biomedical Research Building

Founded by Truman W. Collins, Sr. in 1956
Purpose and History

“The principal and income of the trust fund shall be used (a) to aid, further, promote, develop, encourage and sponsor research, experiment and work in the cause, cure and treatment of human diseases or in any field of medical research, and (b) to aid, further and promote medical education.”

The Collins Medical Trust was founded by Truman Collins Sr. in the fall of 1956. He was interested in the medical field and wanted to set up a trust that would contribute to medical research and education taking place in Oregon. Contributions were made to the trust over the next ten years or so, and its assets have grown significantly since that time largely due to the wise investment decisions of the financial adviser, Jim Miller, over the first forty years of the Trust’s existence.

Because the Trust makes relatively small grants — typically in the $15,000 to $30,000 range — our focus for research grants has primarily been seed funding to projects that will go on to request from the NIH or other large funders in a later stage.

Since its inception, the Collins Medical Trust has made grants totaling about $5.9 million.

Trustees and Staff

Nancy Helseth: Administrator (1993 - present)
Truman Collins Jr.: Trustee (1990 - present)
Dr. Elizabeth Eckstrom: Trustee (2003 - present)
Dr. Walter McDonald: Trustee (2005 - present)
Timothy Bishop: Treasurer (1990 - present)

Financial Statements  (Fiscal year ending September 30, 2007)

<table>
<thead>
<tr>
<th>Assets and Liabilities</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$357,396</td>
<td>$736,201</td>
</tr>
<tr>
<td>Stocks</td>
<td>$8,152,917</td>
<td>$7,216,288</td>
</tr>
<tr>
<td>Bonds</td>
<td>$137,625</td>
<td>$131,813</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$8,647,938</strong></td>
<td><strong>$8,084,302</strong></td>
</tr>
</tbody>
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| Liabilities            | ($42,129)      | ($51,296)      |
| Net Assets             | $8,605,809     | $8,033,006     |

<table>
<thead>
<tr>
<th>Revenue and Expenses</th>
<th>2007</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income (interest &amp; dividends)</td>
<td>$260,120</td>
<td>$245,079</td>
</tr>
<tr>
<td>Realized gains</td>
<td>($15,472)</td>
<td>$1,090,314</td>
</tr>
<tr>
<td>Unrealized gains</td>
<td>$777,015</td>
<td>($519,740)</td>
</tr>
<tr>
<td><strong>Total income</strong></td>
<td><strong>$1,012,663</strong></td>
<td><strong>$815,653</strong></td>
</tr>
<tr>
<td>Taxes &amp; investment expense</td>
<td>($6,722)</td>
<td>($14,533)</td>
</tr>
<tr>
<td><strong>Net Investment Income</strong></td>
<td>$1,014,941</td>
<td>$801,120</td>
</tr>
<tr>
<td>Grants - net</td>
<td>($442,138)</td>
<td>($406,641)</td>
</tr>
<tr>
<td><strong>Net revenue</strong></td>
<td><strong>$572,803</strong></td>
<td><strong>$394,479</strong></td>
</tr>
</tbody>
</table>
2007 Grants  (October 1, 2006 — September 30, 2007)

Research

$29,940 — OHSU Foundation — Thimmappa S. Anekonda, Ph.D.
  Resveratrol: An Anti-Aging Compound for Treating Autoimmune Retinopathies

$30,000 — OHSU Foundation — Anda Cornea, Ph.D.
  Effect of maternal high fat diet on fetal brain development

$29,610 — OHSU Foundation — Kate E. Keller, Ph.D.
  Alternative Splicing of Extracellular Matrix Genes in Human Eyes Subject to Increased Ocular Pressure

$30,000 — OHSU Foundation — Chunhe Wang, Ph.D.
  Treat Axonal Injury in EAE by Tyrphostin A9

$30,000 — OHSU Foundation — Lisa Wood, Ph.D.
  The Role of Interleukin-6 in Fatigue associated with Muscle Damaging Exercise

$29,957 — OHSU Foundation — Dongren Yang, Ph.D.
  Organophosphorus Pesticides as a potential Environmental Risk Factor for Autism Spectrum Disorders

$30,000 — OHSU Foundation — Zhengfeng Zhou, MD, Ph.D.
  Molecular Mechanisms of Alternative Splicing of hERG mRNA

$30,000 — OHSU Foundation — Janet L. Douglas, Ph.D.
  Investigation of the Endothelial Cell Transforming Potential of the Kaposin Proteins of Kaposi’s Sarcoma-Associated Herpesvirus

$30,000 — OHSU Foundation — Henryk F. Urbanski, D.Sc., Ph.D.
  Gene Silencing in the Rhesus Macaque Using Lentiviral Vectors

$30,000 — OHSU Foundation — Kate L.J. Ellacott, Ph.D.
  The Role of Melanocortin-3 Receptor Signaling in the Inflammatory Response to a High-Fat Diet

$29,750 — OHSU Foundation — Luka Čičin-Šain, M.D., Ph.D.
  Role of Herpesvirus Infections in the Onset of Immune Senescence

$29,936 — OHSU Foundation — Abigail Buenafe, Ph.D.
  Clock Gene Regulation in a Mouse Model of Multiple Sclerosis

$30,000 — OHSU Foundation — Wei Fan, MD
  Delineating the Central Melanocortin Circuitry Regulating Skeletal Muscle Activities

$30,000 — OHSU Foundation — Yves Vimegnon, MD, MPH
  Show & Tell tech: An Assistive Electronic Solution to Improve Seniors’ Adherence to Prescribed Medication Regimens

Total Research: $419,193 (90%)
Education

$45,000 — Linfield School of Nursing
Paquet Scholarship Fund, half for endowment and half for current scholarships.

Total Education: $45,000 (10%)

Total Grants approved in 2007: $464,193

Highlights from Prior Grants

Effect of Intrauterine Growth Restriction in Microswine on Renal vs. Extrarenal Vascular Function in Adult Offspring — Susan Bagby, M.D. — OHSU

In June 2000, the Collins Medical Trust made an award to OHSU in support of a project led by investigator, Susan P. Bagby, M.D., titled, “Effects of Intrauterine Growth Restriction in Microswine on Renal vs. Extrarenal Vascular Function in Adult Offspring.” The results from one year of seed funding from the Collins Medical Trust formed the basis of a successful four-year National Institutes of Health (NIH) grant, now in its fourth year, for Dr. Bagby. Thus, the $25,000 investment by the Collins Medical Trust attracted some $1.2 million of additional funding.

Funds from the Collins Medical Trust allowed Dr. Bagby and her team to test the hypothesis that early nutrient restriction in the developing fetus would enhance vascular contraction in response to normally present blood-pressure regulating molecules such as angiotensin II and norepinephrine. With the NIH funds, Dr. Bagby has shown that an undernourished fetus is likely to have blood vessels that are oversensitive to normal hormone levels and that this abnormality is caused by increases in enzymes that regulate the harmful formation of reactive oxygen species. These observations have caused a “paradigm shift” in our thinking about how some people develop high blood pressure. Because high blood pressure gives rise to heart, kidney and brain damage — factors that contribute to heart disease — it establishes a direct link between low nutrition before birth and heart disease later in life. These data open the door to the possibility of treatment by antioxidant therapy for people who suffer hypertension in the context of low birth weight.

Mechanisms of Toxoplasmic Retinochoroiditis — Justine Smith, M.D. — OHSU

In 2004, Dr. Smith published research showing that the cells that lined the blood vessels of the retina, the retinal endothelial cells, were more susceptible to infection with the parasite than endothelial cells in other parts of the body. This susceptibility of retinal endothelial cells to infection might be a clue to why *Toxoplasma gondii* (or *T. gondii*) “prefers” the eye. That same year, Dr. Smith was awarded a Collins Medical Trust grant to further her studies of toxoplasmic retinochoroiditis. Her work has been focusing on a molecule, known as ICAM-1, which she has found to be present in high amounts on retinal endothelial cells, especially when they are exposed to *T. gondii*. In health, the function of this molecule is to move white blood cells into tissues where they are needed to fight infection. Dr. Smith hypothesizes that *T. gondii* may “hijack” ICAM-1 on retinal endothelial cells, allowing it to enter those cells and thereby reach the retina. Generous funding from the Collins Medical Trust allowed Dr. Smith’s laboratory to develop a novel method by which they can track how *T. gondii* makes retinal endothelial cells increase the amount of ICAM-1 on their surface.
At the 2006 Association for Research in Vision and Ophthalmology (ARVO) meeting, the largest annual international eye research meeting, Dr. Smith’s work was received with great interest. She is now using this exciting new data to bolster an application for National Institutes of Health funding. The implication and goal of her work is the development of a more effective treatment for toxoplasmic retinochoroiditis.

*Toxoplasma gondii* has been called the world’s most successful parasite. The micro-organism is believed to have existed for thousands of years, infecting all warm blooded animals. Around one billion people worldwide are infected with *T. gondii*, including approximately 1 in 4 Americans living in the U.S. In humans, *T. gondii* causes an eye disease that is known to ophthalmologists as toxoplasmic retinochoroiditis. This disease is a scarring infection of the retina that may leave permanent visual defects, usually in childhood. The infection is particularly severe if contracted during pregnancy, when it may cause blindness of the unborn child. This is most often as a result of contact with cats, the primary hosts for *T. gondii*. In some countries with a culture of serving undercooked meat, it is more common to contract the infection at the dinner table. After entering the body, *T. gondii* spreads to the eyes via the bloodstream. It multiplies inside cells of the retina, which do not regenerate, and consequently the infection results in retinal scars. Although many drugs have been used to treat toxoplasmic retinochoroiditis, none of these medications rid the body of *T. gondii*. Infection is life-long, and the infected person is always at risk of a reactivation of the disease.

**Policies**

The Original Trust document states that monies from the Trust shall be used:

"To aid, further, promote, develop, encourage and sponsor research, experiment and work in the cause, cure and treatment of human disease or in any field of medical research, and To aid, further and promote medical education."

With this statement as a guide, and having knowledge of the desires and concerns of the Trustor, Mr. Collins, and applicable laws, the Trustees over the ensuing years have established the following *general guidelines* under which grant requests are considered:

1. Disbursements are made only to applications which have established their tax-exempt status with the U.S. Treasury Department and are operated exclusively for scientific and/or educational purposes.

2. Preference is given to projects and programs conducted by qualified organizations within the State of Oregon.

3. Funds cannot be paid directly to or for the benefit of any specific individual. This does not preclude grants to qualified institutions for organized scholarship programs. Education is generally geared toward the education of health care professionals.

4. Grants for annual operating budgets or for deficit financing are not favored.

5. Disbursements are normally not made to "Private Foundations", as defined in the Internal Revenue Code.

6. The Trust will not support efforts to influence legislation or other political action.

7. In considering projects or programs involving substantial funds, the Trust prefers to participate with other donors and expects the applicant to seek additional support.
Submission Procedures

Requests for information and applications for grants from the Collins Medical Trust should be presented in writing. Applications need not be formal and should include an Executive Summary suitably brief to present the necessary facts about the applying organization and the project for which the grant is being sought, supported by sufficient technical detail to present a clear picture of the project and expected outcomes. Project outcomes should be clearly articulated, along with an evaluation plan that will determine how successful the project was in attaining its objectives.

The application should include:

1. The exact name of the organization or agency making application, and the specific date when requested funds will be required.
2. A copy of the letter from the Treasury Department of the United States which grants tax exempt status; also a statement that the applicant is classified as "Not a Private Foundation", as defined in the Internal Revenue Code.
3. The nature of the project for which funds are requested. Projects seeking funding for symposiums, seminars or conferences should contain details regarding course evaluations.
4. Curriculum vitae of the investigator(s). NIH format is preferred. Junior investigators should identify their primary mentor(s) as preference is given to projects associated with respected mentor(s).
5. Bibliography supporting the project.
6. In research projects involving human subjects, the status of IRB approval should be included.
7. A budget for the proposed project.
8. Estimated total of funds required for the proposed project and the amount sought from the Collins Medical Trust.
9. Anticipated source of balance required in excess of funds requested from the Collins Medical Trust.
10. Other sources being approached for financial assistance for the project.

Electronic submission (preferred): via email to nhelseth@collinsco.com (.pdf format preferred).

Hard copy submission: Submit the original and 4 photocopies of the proposal (including any supporting documentation). Mail to:

Nancy L. Helseth, Administrator
Collins Medical Trust
1618 S.W. First Avenue, Suite 500
Portland, OR 97201
(503)471-2223
nhelseth@collinsco.com
http://www.collinsmedicaltrust.org/

If the Trustees believe further information is required, they may request an interview with a principal of the applicant and/or a visit to the applicant’s facility.
Replies to Applications:
The Trustees meet *three times a year*, in January, May and September. Requests should be submitted by the *first day* of these months to receive timely consideration. It is not possible to react to emergency requests for crash programs. When an application has finally been acted upon by the Trustees, it will be accepted or rejected in writing sent to the mailing address of the applicant by the first week in the following month.

Reports:
The organization receiving a grant from the Collins Medical Trust has a responsibility to report on the use of the funds granted. Unless otherwise indicated at the time disbursement is made, reports are requested to be made annually until the entire grant has been expended. These reports should cover not only progress, but also evaluate the results being achieved. Furthermore, the Collins Medical Trust appreciates acknowledgment, primarily in scientific publications, for their contribution in support of the project.
Trustee Biographies

Walter J. McDonald, MD, MACP

Walter received his undergraduate education at Williams College and his MD degree at the University of Michigan. Following a residency in internal medicine at Oregon Health Sciences University, he returned to Michigan for training in Endocrinology. He is certified in both internal medicine and endocrinology.

Walter was the Chief of Medicine at the Portland Oregon VA Medical Center for 12 years beginning in 1979. He then assumed the role of Associate Dean for Education at the Oregon Health Sciences University. In 1995 he became the CEO of the American College of Physicians. In 2002 he assumed the role of CEO of the Council of Medical Specialty Societies, a position he held until 2008.

Walter serves on the Executive Committee of the Physicians Consortium for Performance Improvement, and is Chair of the ACP Foundation and a Board member on several other foundations.

He is a member of Alpha Omega Alpha and has been elected as a Master of the ACP. He has been recognized by Oregon Health Sciences University as Alumnus of the Year (1998) and has been recognized by a number of organizations for both his teaching and leadership skills.

His primary interests include quality improvement, continuing and graduate medical education, and professionalism.

Elizabeth Eckstrom, MD, MPH

Elizabeth is a geriatrician who specializes in promoting an active lifestyle in older adults and issues relevant to healthy aging in women. She is Director of Geriatrics at Oregon Health & Science University in Portland, Oregon, Section Chief of the Division of General Internal Medicine & Geriatrics, and Associate Professor of Medicine.

Her research has focused on teaching residents how to counsel elderly patients in physical activity, doctor-patient communication, and tai chi for prevention of falls in older people. She also studies the effectiveness of training primary care faculty in geriatrics, and speaks regionally and nationally on strategies to optimally care for older patients in primary care practice.

Personal interests include travel, windsurfing, telemark skiing, gardening, and reading.

Truman W. Collins, Jr.

Truman is the son of the founder of the Collins Medical Trust (Truman W. Collins, Sr.), and has been a trustee since 1990. Truman earned his Master’s degree in Computer Science from Stanford University in 1987.

In addition to serving as Trustee of the Collins Medical Trust, Truman is the President of The Collins Foundation, and a board member of The Collins Companies. He also serves as a trustee of the OHSU Foundation and is a board member of The Chalkboard Project — an initiative of Foundations for a Better Oregon.

Truman also works part-time as a software engineer for Mentor Graphics Corporation in the area of Computer Aided Engineering software for the design and fabrication of computer chips.
Dedicated to:

Dr. Joseph Paquet who was a founder of the Collins Medical Trust and who served as a trustee from 1956 until his death in 2002. His knowledge of the medical field and his dedication to the mission of this Trust were invaluable to the wise grant decisions made over the years.