



CANADIAN
LIVER
FOUNDATION



FONDATION
CANADIENNE
DU FOIE

Extending Our Reach

ANNUAL
REPORT
2010

Canadian Liver Foundation National Board of Directors 2010

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CANADIAN
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FONDATION
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National Office

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Canadian Charitable Registration No: 10686 2949 RR0001

In pursuit of a common goal



There is no single cure for liver disease – nor is there a single organization that can defeat liver disease on its own.

As a hepatologist and liver researcher, I have had many opportunities to collaborate with my colleagues in Canada and throughout the world on journal articles, clinical trials and research projects. Through the application of our collective knowledge and resources, the final product of these joint efforts had more impact than if we had each tackled it alone. As Chairman of the Canadian Liver Foundation, I have seen these same principles at work in our collaborations with corporations, funding agencies, industry and institutions. Together, we can accomplish more.

In 2010, the CLF established several new partnerships that promise to help improve care for patients with hepatitis C. Through a collaborative agreement between the CLF and Dr. Murray Krahn at the Toronto Health Economics and Technology Assessment Collaborative (THETA), the CLF will be funding a three-year study on the correlation of the demographics of the chronic hepatitis C population in British Columbia and the types of care received. The study will further seek to discover how the current standard of care affects long-term life expectancy, quality of life and the related economic and productivity losses for people with chronic hepatitis C. This type of data may lead to changes in health policy and clinical guidelines that could benefit patients not only in BC but all across Canada.

With the next generation of hepatitis C drugs already winding their way through government approvals in the U.S. and Canada, it will be critical to be able to determine which treatment holds the most promise for

a cure for each patient. Current tests, however, cannot accurately predict response to treatment on a patient-by-patient basis. In partnership with the Canadian Institutes for Health Research (CIHR) Institute of Nutrition, Metabolism and Diabetes (INMD) and the Institute of Genetics (IG), the CLF is supporting Dr. Jordan Feld's research on the identification of new genetic markers to allow doctors to better predict treatment outcomes. This work may result in a simple panel of blood tests that can determine which treatment is right for each patient.

This is an exciting time when the pace of discovery in hepatitis and liver disease research is increasing exponentially. Unfortunately government policy and health care resources are not keeping pace meaning that only select patients are able to benefit from new breakthroughs. To determine the extent of this gap, the CLF established two task forces to gather data on disease prevalence and incidence and available resources. Due to be released in 2011, our Report Card on Liver Health will offer what may be the first comprehensive assessment of the burden of liver disease in this country.

Defining the problem is the first step. The CLF's role from that point forward will be to work with federal/provincial/territorial governments, funding agencies, corporations and other stakeholders to address capacity, accessibility and resource issues on behalf of all Canadians with liver disease.

A handwritten signature in black ink, appearing to read 'MS'.

Morris Sherman, M.D., FRCPC
Chairman & CEO

The face of liver disease is changing



Research is about discovering new truths. What we understood about liver disease yesterday may change radically based on what we learn today. As an organization dedicated both to research and to translating that research into action, the Canadian Liver Foundation must always be ready to change our approach to meet new realities.

Unfortunately, liver cancer is a reality for an increasing number of liver disease patients. Liver cancer is one of the few forms of cancer currently on the rise in Canada. Although many types of liver disease can evolve into liver cancer, the leading cause is chronic hepatitis B. Within Canada, chronic hepatitis B is more common in immigrant populations from countries where the disease may have been passed from mother to child at birth. Language barriers and stigma can make it difficult for these individuals to access the information and resources they need to ensure they avoid the most severe consequences of their disease.

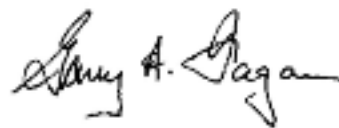
The Canadian Liver Foundation is responding to this changing face of liver disease in a number of ways. Looking toward the future, we have invested in several new liver cancer research projects to help better understand, diagnose and treat the disease. In one of the most promising studies, Dr. Marc Bilodeau and his colleagues at the University of Montreal are developing a new laboratory model using the tissue of liver cancer patients to allow them to study the effectiveness of possible treatments. Other CLF-funded projects will study the roles of alcohol, tobacco, environmental factors and genetics in the development of liver cancer.

Research promises hope for tomorrow but we recognize that there is still knowledge we can share today that

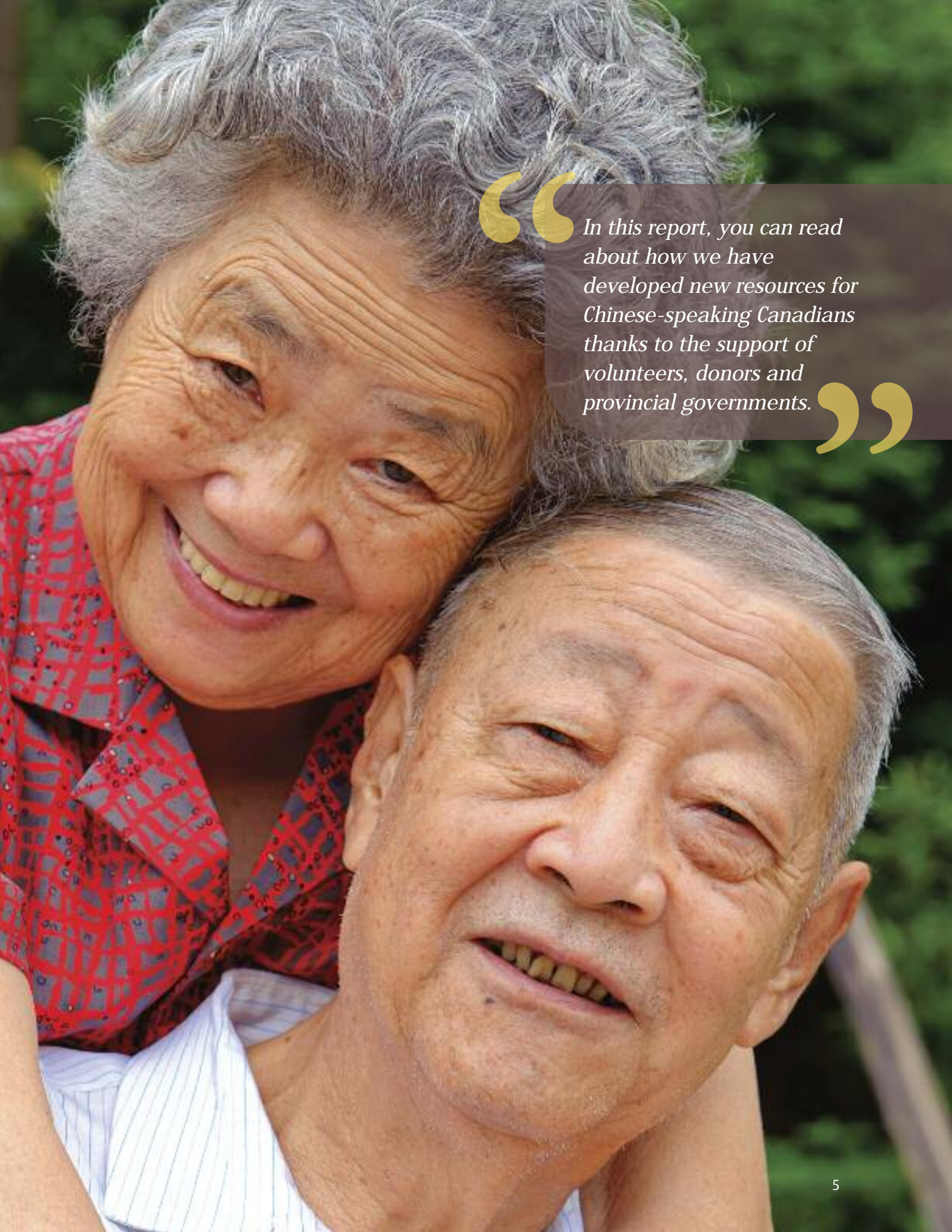
can help people living with liver cancer and other liver diseases. To make this information as accessible as possible, we are expanding our capabilities to reach audiences in their own languages. In this report, you can read about how we have developed new resources for Chinese-speaking Canadians thanks to the support of volunteers, donors and provincial governments. In 2010, we also helped provoke more public dialogue about liver disease with regular articles and columns in major Chinese news outlets including Ming Pao, Sing Tao and Fairchild TV.

The title of this year's report – *Expanding Our Reach* – effectively captures our approach not only to understanding and meeting the needs of ethnocultural communities dealing with liver disease but also to seeking out solutions with like-minded organizations internationally. Our efforts have taken us halfway across the world to partner with Shanghai Jiao Tong University School of Medicine and Xinhua Hospital in Shanghai, China, and may eventually lead to collaborations with liver disease organizations in the U.S., U.K. and Australia.

When the CLF was first founded in 1969, we were the first organization in the world committed to battling liver disease through research and education. Now as the global impact of liver disease increases, we must look at solutions that are not limited by borders.



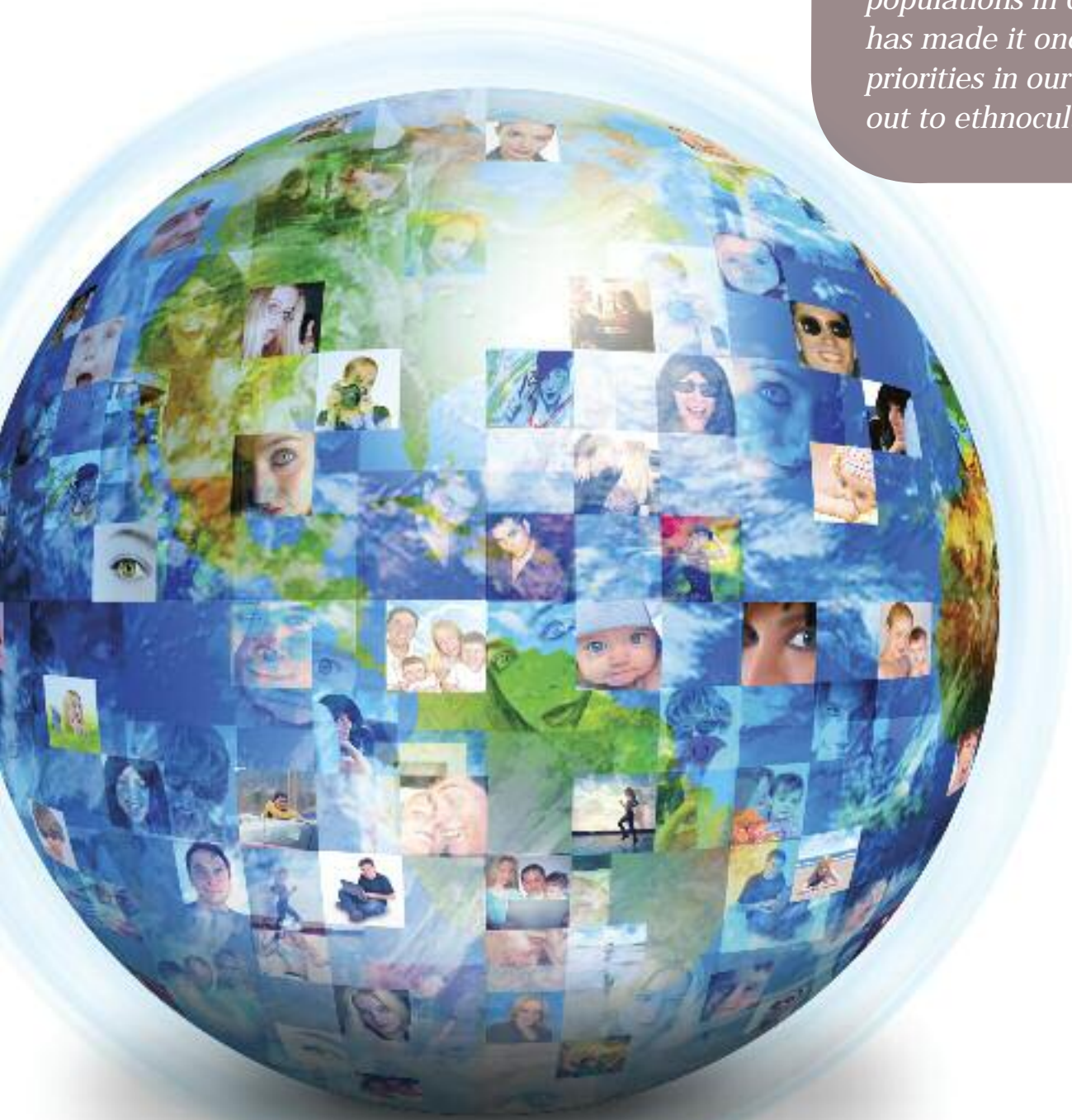
Gary Fagan
President & COO



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In this report, you can read about how we have developed new resources for Chinese-speaking Canadians thanks to the support of volunteers, donors and provincial governments.

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Since the Chinese community is one of the largest immigrant populations in Canada, the CLF has made it one of the first priorities in our efforts to reach out to ethnocultural groups.

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Conquering the language and cultural barriers to liver health

Every year, Canada welcomes an average of 250,000 immigrants from countries around the globe. These newcomers join the more than six million Canadians born in other countries that make up almost 20 per cent of our population. Although immigrant communities face the same type of liver health issues as everyone else, they often have greater challenges getting the help they need due to language barriers and cultural issues. As a result of this isolation, they may suffer with the consequences of diseases like hepatitis B and C – diseases that are treatable or even curable if they are diagnosed before the disease has progressed too far.

Some ethnic communities in Canada have higher rates of certain forms of liver disease because the immigrants within that community come from areas of the world where those liver diseases are highly prevalent. For example, hepatitis B is a significant issue within the Chinese community because many people contracted hepatitis B at birth prior to emigrating. Since the Chinese community is one of the largest immigrant populations in Canada, the CLF has made it one of the first priorities in our efforts to reach out to ethnocultural groups.

Awareness

When you can talk about a disease openly, it makes it easier for people with that disease to ask for the help they need. Throughout 2010, the CLF worked with Chinese-language media outlets to provoke more public dialogue about liver health within the Chinese community. Over the course of the year, we achieved over 20 million media impressions through 25 different online, print and broadcast media outlets (including both Chinese language and mainstream). Highlights of the coverage included:

- Fairchild TV half hour documentary on liver health which aired in Toronto, Vancouver and Calgary in April;
- Ming Pao, a national Chinese-language daily newspaper, published a weekly column from the CLF covering a variety of liver topics;
- Omni TV filmed four segments on hepatitis, fatty liver disease, liver cancer and women and liver health, with Dr. Hsiao-Ming Jung from Mount Sinai Hospital in Toronto which aired in July and August.

Public Education & Patient Support

According to Statistics Canada, more than one million Canadians speak a Chinese language (Mandarin, Cantonese or other) at home. To make it easier for Chinese-speaking patients, families and members of the public to access liver health information and support in their own language, the CLF developed new resources including:

- expansion of our National Help Line service to include Chinese;
- web content and educational materials in traditional and simplified Chinese;
- liver education sessions in Mandarin and Cantonese.



Since Toronto and Vancouver each have large Chinese-speaking populations, the CLF focused its initial community outreach efforts in these two cities in 2010. By participating in health fairs, seminars and special events organized by cultural and service groups, the CLF had the opportunity to promote its materials, services and volunteer opportunities to audiences who might never have heard of the Foundation. The following are some highlights:

- S.U.C.C.E.S.S. Health Fair
- Affiliation of Multi-Cultural Societies & Service Agencies of BC Diversity Health Fair
- Chinese Cultural Centre Health Awareness Day
- "I Care" symposium for patients and caregivers

International Partnerships

Liver disease is a serious health issue both within the Chinese community in Canada as well as amongst the general population in China. Although the scale of the problem is vastly different based on population size, both countries face similar challenges with awareness, public education, treatment and resources for research.



To explore the possibilities for collaborative solutions, the CLF, with the help of Dr. Luke Chan, Chairman of the CLF Asian Advisory Committee, initiated a partnership with China in 2010.

The focus of our partnership with the Xinhua Hospital / Shanghai Jiao Tong University School of Medicine is to collaborate on research and education in the areas of liver cancer, hepatitis, pediatric liver disease and fatty liver disease. As a first step in the partnership, the CLF was proud to co-chair the 2010 Shanghai International Forum on Digestive Diseases. The main focus of the forum was fatty liver disease which is one of the leading liver health issues in China, in Canada and worldwide. The conference, which involved over 500 attendees and 25 international faculty (including five Canadian liver specialists), received coverage in 15 media outlets in Canada and China.

Although this alliance was a first for the CLF, collaborative international partnerships are one way to help us reach our goal of reducing the incidence and impact of liver disease in our own countries and around the world.



Liver disease is a serious health issue both within the Chinese community in Canada as well as amongst the general population in China.

Fighting liver disease one kilometre at a time



Hundreds of walkers, runners, joggers and strollers took steps in the fight against liver disease in 2010. They took steps in exotic locales like Kauai, Hawaii and Dublin, Ireland and in parks and downtown areas of cities like Vancouver, Edmonton or Halifax. No matter how many or how fast the steps, they all helped raise funds for liver research and move us closer to treatments and cures.

Stroll for Liver

The CLF's family-oriented Stroll for Liver fundraiser offered participants some new twists this year by challenging them to complete specific tasks at stations throughout their routes. In Edmonton and Winnipeg, the 'Amazing Pace' competition (modeled after the 'Amazing Race' reality show) had individuals and teams facing roadblocks, fast forwards and detours on their way to the final 'pit stop'. In other communities, participants enjoyed live music, barbecues and other family-friendly entertainment. Thanks to pledges and sponsorships, the Stroll for Liver raised more than \$135,000.

Scotiabank Charity Challenge

In Vancouver, Calgary, Toronto and Halifax, walkers and runners got a chance to 'lace up for liver' by joining our charity teams in Scotiabank Marathon, Half-marathon and 5K events. Although some teams had to brave Mother Nature's worst, our intrepid participants raised more than \$35,000 for liver research.

Give'r for Liver

The CLF's Give'r for Liver team travelled the world to raise funds for liver disease. The team participated in three events in 2010 – the MORE Magazine New York City Half-Marathon in April, the Kauai Marathon in September and the Dublin Marathon in October. Together the team – comprised of men and women from Alberta, Ontario and Nova Scotia – raised over \$170,000 for liver research while making life-long memories and friendships.





A party with a purpose

What a Girl Wants

It's a night out on the town for women and the men who love them. What a Girl Wants is the CLF's party with a purpose featuring something for everyone – from music and fashion to gourmet food and cirque acts. Held in Vancouver, Winnipeg, London, Toronto, Ottawa and Montreal in 2010, What a Girl Wants raised more than \$175,000 for liver research.

A Cause for Celebration

We are grateful for the many companies, families and individuals who have organized special fundraising events or donated the proceeds from their own events or celebrations to the CLF. We would like to offer a special thank you to those who made us a 'cause for celebration' in 2010.

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|-----------------------------------|-----------|
| Amanda's Cookies 4 Hope | Toronto |
| Keryluk Family | Winnipeg |
| Kyle's Run | Whitby |
| Live'r Up Brunch | London |
| Mamma Rosa Restaurant Fundraiser | Kelowna |
| Midget League Football | Winnipeg |
| Poor Boy Lunch Committee | Chatham |
| Simpson Family Bowling Tournament | Vancouver |
| The Funkenhause Family | Windsor |
| Transcona Hairstyles & Esthetics | Winnipeg |



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We are very grateful for the generous support of the Williams family and appreciate that they are setting an example for businesses and individuals alike by committing both time and money to the fight against liver disease.

Shayla Steeves, Regional Director, Atlantic Canada

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Investing. Building. Inspiring

John Williams considers himself a lucky man. The 59 year old retired fire captain had run a successful contracting business in St. John’s for 32 years and had never really been sick in his life. In January 2009 however, his life took a dramatic turn. While in the hospital suffering from kidney problems, John lapsed into a coma for five days. When he emerged from the coma he was told that tests had revealed that he had advanced cirrhosis of the liver. His health deteriorated quickly and John was eventually placed on the waiting list for a liver transplant. He was fortunate to only have to wait two months for a donor organ. On July 7, 2010 in an operation that lasted more than 11 hours, John received a new lease on life in the form of a new liver.

After his recovery, John wanted to make sure that others benefited from his good fortune. With the full support of his family and his employees at Eastern Contracting Limited, John made a personal donation of

\$50,000 to support liver research and the work of the Canadian Liver Foundation in Atlantic Canada. His team at Eastern Contracting Limited made an additional donation of \$10,000.

“We are very grateful for the generous support of the Williams family and appreciate that they are setting an example for businesses and individuals alike by committing both time and money to the fight against liver disease,” said Shayla Steeves, Regional Director, Atlantic Canada. “We hope that many are inspired to follow their lead.”

Photo: John and Flora Williams present cheque to St. Johns Chapter President Leonard Stacey. In photo from left to right: Myrtle Stacey, Jonathan Williams, Leonard Stacey, Jason Williams, John Williams, Carly Baldwin, Flora Williams, Tyler Baldwin, Dr. Jennifer Leonard, and Blair Leonard. Missing from photo: Lisa Peckford.

Thanks to all of our members for your support. Become a CLF Member and receive the most up-to-date information in liver health, learn ways to prevent liver disease and how your donations to the CLF are making a difference.

Join today, visit www.liver.ca

Khosrow Adeli	Dr Magdy Elkashab	Dr Sam Lee	John Preston
Christina Arthur Dick	Sandra Evans	Emily Lombardo	Lucas & Chelsea Ramage
Dr Alex Aspinall	Ihab Farag	Adel Louka	K Craig Render
Ulrich Banner	Stephen Farmer	Bonnie & Darren Loutit	Carolyn Roberts
Larry Baxter	Tanya Fillion	Robert Lu	Angela Robinson
Linda Beagle	Rasem Fituri	Yidan Lu	Shyann Rogan
Dr Melanie Beaton	Marc-Andre Gagne	Sam Lubkey	Brenda Sawada
Shelley Beckstead	Geraldine Gerein	Beth Lusina	Wenda Schafer
William Bedell	Elizabeth Golemme	Lorna MacDonald	Lynn Schindel
Ryan Benson	Hunter Gordon	Catherine Mackenzie	Marla Schram
Audrey Bergen	Monica Grainger	Janet & John MacLeod	Stephen & Jacquie Sheridan
Kerry Best	Gentry Hall	Gisela Macphail	Lina Spencer
Michael Billins	Kelli Hanslien	Joanne Madden	Richard Staker
Rob & Tina Brown/Pearson	Myra Harvey	Nathan Magee	Anne Stang
Dr Kelly Burak	Sandy Hemsing	Wanda Magrowski	Judy Steele
Meredith & Greg Callsen	Dr Gideon Hirschfield	Simmi Malhotra	Jeri & Ed Strickland
Oswald Canales	Emily Ho	Lana Marie	Dr Mark Swain
Virginia Chow	Gaily Ho	Dr Steve Martin	Geraldine Tanis
Sean Cleary	Frank Horsfall	Leona McCormick	Celina Thibault
Dr Carla Coffin	Subburaj Ilangumaran	James McHattie	Sue-Anne Thiessen
Shirley Cole	Cinder Inglis	Dale Meili	Darlene Thompson
Patrick Colin	Jackie Jarvis	Dee Miner	Susanna Town
Linda Cormier	Sherryl Jeffries	Judy Moore	Jenna Tracey
Stefano Cristiano	Carol Jepson	Veronique Morinville	Barbara Treacy
Alan Cromie	Anne & Bob Jones	Dr Rob Myers	Joni Tsougrianis
Pam Crotty	Dr Hsiao-Ming Jung	Sam Ng	Dr Lorne Tyrrell
Dennis Culhane	Barbara Keates	Yvonne Nguyen	Marlene & Dave Urton
Tony D'Addorio	Dana Kennedy	Arlene Nissen	Jennifer Vo
Adele Daly	Jean-Pierre Khlout	Marcia O'Connor	Lynda Waddington
Ann Dang	Pat Klein	Pat Orita	Yin Hui Lin Wang
Randall Davis	Archie Kwan	Pierre Pare	Stephen A Westcott
Mark Dickson	Christopher H Kwan	Carrie Paxson	Alison Whellams
Janice Doell	Dennis Labadie	Jill Payne	Donald Wishart
Ciaran Dolan	Cheryl Laing	Karen Persaud	Cynthia Wittiger
Jeff Donaldson	Sylvester J Lakusta	Shannon Persaud Tolnay	Judy Wright
Shirley & Len Donaldson	Ron & Jan Lalonde	Tamara Petrovic	Tammy Yasinski
Thia Drinnan	Fiona Lau	Angie Pickering	Zachry T & E Canada Inc
Steve Duke	Dr Agatha Lau	Gail, Fred & Greg Porter	
Gayle & Robert Eagleson	Regan Lavoie	Marcia Presh	



Liver Cancer – a barometer for the state of liver health in Canada

Liver cancer is one of the few forms of cancer on the rise in Canada and it is ranked in the top ten most frequently diagnosed cancers worldwide for both men and women. Since liver cancer is often the end result of other forms of liver disease – including chronic hepatitis B and C and fatty liver disease – it indicates that not enough is being done to prevent or treat these diseases.

In 2010, as part of the CLF's \$400,000 investment in new liver research, we funded four liver cancer-related projects studying risk factors, screening and new methods for testing treatments. Recognizing the importance of early intervention in childhood liver disease, we also awarded grants to two pediatric studies on the impact of nutrition on infants with liver disease.

Operating Grant Recipients

Marc Bilodeau, Université de Montréal

Co-applicants: R. Lapointe, F. Vandenbroucke

With the incidence of liver cancer on the rise, it is critical to find effective treatments for current and future patients. Unfortunately, it has been difficult to study liver cancer in a laboratory setting because there are no models of the disease that effectively mimic the tumours found in patients. Dr. Bilodeau and his team are using tissue from the tumours of liver cancer patients to grow copies of these tumours outside the body. Once it is confirmed that a model is similar enough to the patient's actual tumour, doctors would be able to test a number of different treatments to determine what would work best for the patient.

Diana Mager, University of Alberta

Co-applicants: J. Yap, S. Gilmour, R. Tang-Wai, T.J. Snyder

When babies are born with liver diseases that interfere with bile flow, (these are known as 'cholestatic' liver diseases), their bodies are not able to process the nutrients – protein, fat, minerals and vitamins – from the food they eat. Starved of the fuel their bodies need to grow, these babies develop a form of malnutrition called 'protein energy malnutrition' or PEM. This malnutrition can cause serious delays in these babies achieving the same physical and cognitive milestones as their healthy counterparts.

Dr. Diana Mager and her colleagues are looking at ways to counteract PEM by boosting the amino acids that babies with biliary atresia (a form of cholestatic liver disease) receive prior to liver transplants.

Raj Bhargava Summer Studentship Award

Simon Bow, University of Alberta

Supervisor: Dr. Jason Yap

Viral hepatitis can cause cirrhosis and liver cancer in adults which is why routine screening of high risk groups is recommended. Currently, there are no guidelines for liver cancer screening of children with chronic viral hepatitis. Under the supervision of Dr. Yap, Mr. Bow reviewed the medical records of children with chronic viral hepatitis to determine if ultrasound screening would provide valuable information that could be used in the care of these patients.

Graduate Studentship Recipients

Ran Chen, University of Alberta

Supervisor: Dr. Lorne Tyrrell

Hepatitis B and C are the major causes of liver cancer worldwide. Co-infection with the two diseases can lead to more rapid and aggressive liver disease. Ms. Chen is studying how both hepatitis B and C viruses respond to interferon which may help in the treatment of co-infected patients.

Ivan Diamond, The Hospital for Sick Children, University of Toronto

Supervisor: Dr. Paul Wales

Liver disease caused by parenteral nutrition (nutrition given directly into a vein) is known as Parenteral Nutrition Associated Liver Disease (PNALD). PNALD is common in infants with intestinal problems who need parenteral nutrition for a long time and it can eventually result in the need for a liver transplant. The omega-6 fatty acids (derived from soy beans) used in parenteral nutrition are believed to contribute to PNALD when used in isolation. Dr. Diamond is investigating whether omega-3 fatty acids (derived from fish oil) may be useful in preventing and treating PNALD.

Charmaine Ferguson, University of Toronto

Supervisor: Dr. Rachel F. Tyndale

Although smoking and alcohol consumption are recognized risk factors for the development of liver cancer, the reasons are not clear. Recent studies suggest that alcohol and nicotine can increase the levels of certain cancer-causing proteins in the liver. Mr. Ferguson is studying the levels of these proteins after several weeks of exposure to nicotine and alcohol to determine the impact on the liver.

Michael Ryczko, Mount Sinai Hospital University of Toronto

Supervisor: Dr. Jim Dennis

Carcinogens, viruses and obesity are well known causes of liver cancer. Cell growth depends on nutrient transporters and growth factor receptors located at the cell surface. Since the cell surface can adapt to environmental conditions, Mr. Ryczko is investigating the interplay between environmental and genetic factors in liver cancer initiation, progression and spread.

Improving care for hepatitis C

A person may live with chronic hepatitis C for years, even decades, without experiencing any obvious symptoms. Over time however, the virus wreaks increasing amounts of damage on the liver until eventually fibrosis, cirrhosis, liver failure and even liver cancer may develop. If left undiagnosed or untreated, chronic hepatitis C will take its toll on finances, productivity, and quality of life for the individual as well as drive up costs for the health care system. Unfortunately, there have been no studies in Canada that have looked at this long-term impact and the factors that could play a role in improving these outcomes.

Through a collaborative partnership between the CLF and Dr. Murray Krahn at the Toronto Health Economics and Technology Assessment Collaborative (THETA), the CLF is funding a three-year study on the connection between the demographics of people in British Columbia with chronic hepatitis C and the type of care they receive. Lead investigator Dr. Wendong Chen and his colleagues will examine how drug treatment, referrals to specialists, ultrasound screening for liver cancer, endoscopy screening for varices and other patient care protocols can impact long-term life expectancy, quality of life and the related economic and productivity losses for people with chronic hepatitis C.

By identifying the gaps between the current patterns of care and the clinical guidelines for the treatment of chronic hepatitis C, Dr. Chen and his team will help demonstrate where changes are necessary to improve patient health and quality of life as well as reduce the burden of care.



Making treatment decisions easier

For patients with hepatitis C, the odds of successfully getting rid of the virus with currently available drug treatments ranges from 40 to 80 per cent. Where someone falls within that range depends upon some known factors, such as the genotype of the hepatitis C virus, as well as other factors that scientists have yet to identify. Hepatitis C treatment can be long (24 – 48 weeks), expensive (if not covered) and fraught with side effects. If doctors had a way of accurately predicting which types of treatment patients would respond to, they could create treatment plans with the best odds of achieving that goal.

Dr. Jordan Feld and his colleagues at Toronto Western Hospital and Mt. Sinai Hospital are hoping to identify new genetic markers that will make it easier to predict who will respond to a course of treatment. The goal is to create a panel of simple blood tests that will accurately forecast potential treatment outcomes for individuals.

Patients undergoing hepatitis C treatment at Toronto Western Hospital will have the opportunity to participate in the study. The team will collect a small sample of blood and will screen each person's DNA for millions of genetic markers. Dr. Feld and his colleagues will then look to identify specific markers that are associated with the response to treatment.

The Canadian Institutes of Health Research (CIHR) Institute of Genetics and Institute of Nutrition, Metabolism and Diabetes partnered with the Canadian Liver Foundation in a Clinical Investigatorship Award that will fund Dr. Feld's promising research over the next two years.



Photo courtesy of Lawson Health Research Institute.

Honouring the Men of Iron

If your parents came from Northern Europe, your odds are 1 in 227 that you may have inherited genes that could cause your liver to store too much iron. This condition – called hemochromatosis – is one of the most common genetic diseases in Canada (affecting one in 327 Canadians) and has been the life’s work of Dr. Paul Adams (pictured above), a scientist at Lawson Health Research Institute and a liver specialist at the London Health Sciences Centre. Thanks to Dr. Adams’ research into the disease’s genetic determinants, epidemiology, prevalence and treatment, hemochromatosis patients are now being identified earlier and treated more effectively.

In recognition of his contributions, Dr. Adams was chosen as the 2010 recipient of the Gold Medal Award from the Canadian Liver Foundation (CLF) and Canadian Association for the Study of the Liver (CASL). First established in 1983, the Gold Medal Award honours individuals – regardless of nationality – who have made significant contributions to the advancement of hepatology.

The second 2010 Man of Iron was Dr. Peter Whittington of Northwestern University School of Medicine, recipient of the Sass-Kortsak Award for pediatric hepatology. Dr. Whittington is an expert in neonatal hemochromatosis – a rare but severe form of iron overload that can lead to liver failure in newborns. The Sass-Kortsak Award is named after the late Dr. Andrew Sass-Kortsak who made tremendous contributions to pediatric hepatology and to the work of the CLF.

Treasurer's Report

In 2010, the Canadian Liver Foundation continued to recover from the effects of the global economic crisis faced by for-profit and not-for profit organizations alike. Some of the highlights of the year included the development of new funding partnerships and our Walk/Run and What a Girl Wants events which brought together community members and garnered positive attention from the media.

The Foundation's Donations and Chapter Revenue increased from \$6.0 million in 2009 to \$6.6 million in 2010. The Research Trust Funds increased in revenue from \$463,000 in 2009 to \$802,000 in 2010 due to continued support of our existing partnership

programs as well as revenue from new partnerships.

Our expenditures on Programs in 2010 totaled \$2.2 million compared to \$2.7 million in 2009. Operating costs were \$3.3 million in 2010 compared to \$3.5 million in 2009.

Despite a still weak economy, we were still able to show our commitment to research and are pleased to have been able to pay over \$300,000 in research grants. In addition, the Canadian Liver Foundation has ongoing research commitments totaling over \$1 million to be paid from 2011 to 2013. Our financial position remains fiscally sound. At the end of 2010, we had current assets amounting to \$2.1 million an

increase of \$400,000 over last year. Our investments total \$1.5 million an increase of \$300,000 over last year.

On behalf of the Foundation's Finance Committee, I want to express our sincere appreciation for the efforts and ongoing dedication of our volunteers, donors, program partners, professional advisors and staff. Their commitment will enable us to continue supporting medical research and education into the causes, diagnosis, prevention and treatment of liver disease for all Canadians in 2011 and beyond.



Paul Derksen, CA
Secretary/Treasurer

FINANCIAL POSITION SUMMARY AS OF DECEMBER 31, 2010 AND 2009								
	General Fund		Research Trust Funds		Medical Research Trust Fund		Total	
	2010	2009	2010	2009	2010	2009	2010	2009
ASSETS								
Current	\$552,958	\$824,111	\$816,771	\$613,516	\$743,347	\$275,389	\$2,113,076	\$1,713,016
Investments	\$40,978		\$1,223,651	\$963,052	\$284,652	\$275,084	\$1,549,281	\$1,238,136
Capital Assets	\$37,377	\$46,721					\$37,377	\$46,721
	\$631,313	\$870,832	\$2,040,422	\$1,576,568	\$1,027,999	\$550,473	\$3,699,734	\$2,997,873
LIABILITIES								
Current	\$217,862	\$461,907					\$217,862	\$461,907
FUND BALANCE	\$413,451	\$408,925	\$2,040,422	\$1,576,568	\$1,027,999	\$550,473	\$3,481,872	\$2,535,966
	\$631,313	\$870,832	\$2,040,422	\$1,576,568	\$1,027,999	\$550,473	\$3,699,734	\$2,997,873
OPERATIONS SUMMARY FOR THE YEAR ENDED DECEMBER 31, 2010 AND 2009								
	General Fund		Research Trust Funds		Medical Research Trust Fund		Total	
	2010	2009	2010	2009	2010	2009	2010	2009
REVENUE								
Donations and Chapter Revenue	\$5,781,522	\$5,557,703	\$802,168	\$463,289			\$6,583,690	\$6,020,992
Interest and Other Income	(\$1,003)	\$6,308	\$119,372	\$219,101	\$6,279	\$4,789	\$124,648	\$230,198
	\$5,780,519	\$5,564,011	\$921,540	\$682,390	\$6,279	\$4,789	\$6,708,338	\$6,251,190
EXPENDITURE								
Programs	\$1,804,861	\$1,987,144	\$352,216	\$697,797	\$2,125	\$2,490	\$2,159,202	\$2,687,431
Operating	\$3,302,554	\$3,507,123					\$3,302,554	\$3,507,123
	\$5,107,415	\$5,494,267	\$352,216	\$697,797	\$2,125	\$2,490	\$5,461,756	\$6,194,554
Excess (deficiency) of revenue over expenditure for the General Fund	\$673,104	\$69,744					\$673,104	\$69,744
Excess (deficiency) of revenue over expenditure for the Research Trust Funds			\$569,324	(\$15,407)			\$569,324	(\$15,407)
Excess (deficiency) of revenue over expenditure for the Medical Research Fund					\$4,154	\$2,299	\$4,154	\$2,299
Research Grant Disbursements					(\$300,676)	(\$704,459)	(\$300,676)	(\$704,459)
Interfund transfers to support activities of the Medical and Research Trust Funds	(\$668,578)	(\$28,058)	(\$105,470)	(\$488,678)	\$774,048	\$516,736	\$0	\$0
Fund Balance - Beginning of Year	\$408,925	\$342,492	\$1,576,568	\$2,105,400	\$550,473	\$735,897	\$2,535,966	\$3,183,789
Fund Balance - Allocation Adjustment		\$24,747		(\$24,747)				
Fund Balance - As Adjusted		\$367,239		\$2,080,653		\$735,897		\$3,183,789
Fund Balance - End of Year	\$413,451	\$408,925	\$2,040,422	\$1,576,568	\$1,027,999	\$550,473	\$3,481,872	\$2,535,966

Complete financial statements including explanatory notes as audited by Grant Thornton LLP are available from the Canadian Liver Foundation National office.

Thank You to Our Donors. Merci à nos donateurs

Thanks to the investment and commitment of our donors, the Canadian Liver Foundation funds and delivers important liver health research and education programs. Donors listed are for the period January 1 - December 31, 2010. Every effort has been made to ensure the accuracy of the donor list below. Should you find any errors or omissions, please contact Judy Thompson at 1-800-563-5483 ext. 4945 or clfdonation@liver.ca

Grâce aux investissements et à l'engagement de nos donateurs, la Fondation canadienne du foie finance la recherche sur le foie et offre d'importants programmes éducatifs. Voici la liste des donateurs inscrits pour la période du 1er janvier au 31 décembre 2010. Tous les efforts ont été faits pour assurer l'exactitude de la liste de donateurs ci-après. Si vous trouvez des erreurs ou des omissions, veuillez communiquer avec Judy Thompson au 1 800 563-5483 poste 4945 ou clfdonation@liver.ca

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