



# Annual Report 2016



Canadian Liver Foundation  
Fondation canadienne du foie

*Bringing liver research to life  
Donner vie à la recherche sur le foie*



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A light gray map of Canada serves as the background for the 'CLF CHAPTERS' section. Red dots indicate the locations of various chapters across the country, with labels placed next to each dot. The locations are: St. John's (Atlantic), Moncton (Atlantic), Saint John (Atlantic), Halifax (Atlantic), Montreal (Central), Ottawa/Carleton (Central), Sudbury (Central), Kingston (Central), Toronto/Durham (Central), Sarnia/Lambton (Central), Chatham/Kent (Central), and Windsor/Essex County (Central).

## CLF CHAPTERS

- St. John's
- Moncton
- Saint John
- Halifax
- Montreal
- Ottawa/Carleton
- Sudbury
- Kingston
- Toronto/Durham
- Sarnia/Lambton
- Chatham/Kent
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# MESSAGE FROM CHAIRMAN & PRESIDENT

Liver disease in Canada has been growing exponentially but largely off the public radar. Ten years ago, estimates were that 1 in 10 Canadians may be affected by liver disease. In 2016, we re-examined available liver disease statistics and determined that now the number is 1 in 4, or more than eight million Canadians.

These statistics are alarming. And while it is true that many will not suffer serious illness, the risk is real and we cannot predict how many may progress to advanced liver disease. The numbers show that we must continue to push for greater awareness, understanding and investment in liver disease. In 2016, we led by example by awarding our largest grant in Foundation history to fund exciting new liver cancer research. The \$1.2 million grant was made possible by a \$600,000 gift to the CLF coupled with a matching \$600,000 contribution from

the Toronto General and Western Hospital Foundation (TG&WHF). This funding, paid out over three years, is supporting a team project led by Dr. Ian McGilvray to study how nanoparticles can be used to knock out liver cancer's defenses and make a tumour vulnerable to chemotherapy and other treatments. Liver cancer is currently the only form of cancer for which incidence and death rate is rising in Canada but innovative projects like this hold promise for reversing that trend.

Liver cancer is a barometer for the state of liver health in Canada. It can often be the end result of different liver conditions which is why the CLF is investing in research to expand our capabilities to identify and intervene in many forms of liver disease. Thanks to the generous support of our donors and corporate supporters, the CLF had \$3.4 million available for research in 2016. These funds made it possible for multi-disciplinary teams, senior investigators, graduate and undergraduate

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*"1 in 4 Canadians  
may be affected  
by liver disease."*

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students to pursue studies in hepatitis B, hepatitis C, autoimmune liver diseases, fatty liver disease, and hepatic encephalopathy. Research takes time and new insights often come in incremental steps. Time, however, may be an unaffordable luxury to liver disease patients, particularly those already on transplant waiting lists. Fortunately, the Canadian National Transplant Research Program (CNTRP) is already making dramatic progress in expanding the availability of donor organs. Researchers are using new technology to better preserve and even repair donor organs prior to transplant. This is just one way CNTRP – with support from the CLF – is working to make organ shortages a thing of the past.

While the work of a researcher can change the future, the efforts of a volunteer can change the present for someone living with liver disease. A critical part of our mandate is to take what we learn in the lab and turn it into practical tools and advice that can help people manage their liver diseases.

In 2016, we expanded our LIVERight Health Forums by holding sessions in Vancouver, Calgary, Edmonton, Winnipeg and Markham thus giving an even greater number of people access to research-based information on a variety of liver diseases. We also continued other multi-lingual outreach programs including community presentations, Living with Liver Disease and patient support services like our National Help Line which provides guidance and support to thousands of individuals and families coping with liver disease across the country.

Discoveries in the lab, outreach to the community or one-on-one support – these activities are all part of our commitment to *bringing liver research to life* for all Canadians. But none of it would be possible without the dedication, enthusiasm and financial contributions of our donors, volunteers, corporate supporters and staff.

Thank you for your support in 2016 and we look forward to taking even greater strides together toward a healthier future in 2017.

Sincerely,



A stylized, handwritten signature in black ink.

**Morris Sherman,  
M.D., FRCP**  
Chairperson



A stylized, handwritten signature in black ink.

**Gary A. Fagan**  
President & CEO

A background image showing a gloved hand using a pipette to add liquid to a multi-well plate in a laboratory setting. The pipette is white and the liquid being added is a light brown color. The multi-well plate is clear and contains several wells with the same light brown liquid. The background is a soft, out-of-focus blue and white.

# Research

**How does a liver transplant affect a child's development?**

**Is there a way to make hepatitis C testing easier and more convenient?**

**How can liver cancer's defenses be dismantled?**

All research begins with a question or a problem that needs to be solved. The answers rarely come quickly but rather involve incremental steps over months and even years. Researchers build upon what others have learned until over time the answers emerge.

The Canadian Liver Foundation is proud to be able to support Canada's top liver experts as well as promising new investigators and trainees who will carry on this country's research legacy. Together we are answering questions: together we are *bringing liver research to life*.

## Defeating liver cancer's defenses

Liver cancer is one of the fastest-growing cancers in Canada. Since 1970, liver cancer cases have tripled for men and doubled for women. It's also one of the most deadly diseases; patients with advanced diagnosis survive less than a year. More than half of patients cannot be treated with current therapies.

An exciting new research initiative may help turn the tables on liver cancer. In 2016, the Canadian Liver Foundation in partnership with the Toronto General & Western Hospital Foundation (TG&WHF) awarded a three-year \$1.2 million grant to a team that is exploring the potential of nanoparticles (microscopic particles) to knock out liver cancer's defenses.

Led by **Dr. Ian McGilvray**, liver transplant and cancer surgeon and Senior Scientist at Toronto General Research Institute, University Health Network, the multidisciplinary team of investigators is studying how nanoparticles can target and destroy immune cells that help liver cancer evade detection and grow.

"This research will bring us one step closer to conquering this deadly disease," says Dr. McGilvray. "We are, quite literally, on a mission to cure liver cancer by harnessing the power of the immune system."

Liver cancer is very good at hiding from the immune system using bodyguards called 'tumour associated macrophages' or TAMS. But the researchers hope that nanoparticles will be able to eliminate the TAMS thus leaving the tumour vulnerable to chemotherapy and other treatments.

"Liver cancer is notoriously difficult to diagnose and the later the diagnosis the less effective available treatment options will be," says Dr. Morris Sherman, CLF Chairperson. "We see liver cancer as a top research priority and thanks to the generosity of our donors and our partnership with TG&WHF we were able to award the largest research grant in the Foundation's history."





## A hepatitis C test can be as easy as a finger prick

What if it only took a finger prick to find out if you had hepatitis C?



Thanks to an operating grant from the CLF, **Dr. Hemant Shah** and his team at the University Health Network in Toronto are conducting a study in several

remote communities in Northern Ontario to determine whether a finger prick test could facilitate widespread hepatitis C testing.

The current procedure for hepatitis C testing involves having a tube of blood drawn. The finger prick test is easier on the person being tested since only a small amount of blood is needed. Instead of a tube of blood having to be processed and sent to a lab, the samples are spotted on paper which can be dried and mailed to the lab.

“The advantage is not that the results would be faster,” says Dr. Shah, “but that the test would be considerably more convenient to do, for all involved. When you’re talking about testing people in a remote fly-in community, there is no guarantee that blood samples could be kept frozen during the long trip to the testing lab.”

The Canadian Liver Foundation has been pushing for more effective hepatitis C testing for several years and this research is one more step toward increasing the numbers of Canadians getting tested. Dr. Shah and his team are also looking to document the hepatitis C prevalence within specific communities to make it possible to do future research into treatment as a way of preventing the spread of the virus.





## When a child's gut and liver revolt

For every 100,000 children, 1 to 2 have primary sclerosing cholangitis or PSC, a condition which causes the bile ducts to become inflamed and scarred and bile to back up into the liver. If that wasn't enough, up to 80 per cent of these children also have inflammatory bowel disease or IBD which has more obvious symptoms and can often be diagnosed before PSC is identified.

Much about PSC still remains a mystery but its co-existence with IBD offers a clue as to how the disease progresses.



**Dr. Amanda Ricciuto**, from the Hospital for Sick Children in Toronto, is studying children with both PSC and IBD to determine the best way to monitor for bowel healing in this population, and how it affects the progression of PSC.

“PSC is a rare disease, but it is a devastating one,” says Dr. Ricciuto, recipient of the CLF’s **Taking Action Against PSC** Grant. “It often progresses to end-stage liver disease and about 1 out of 5 children with PSC will require a liver transplant at some point. Since the majority of PSC patients have IBD, it is believed that there are important interactions between the bowel and the liver (the “gut-liver axis”). This “cross-talk” may influence the development and progression of PSC so it’s important for us to understand it because it may offer opportunities to intervene. At this point there is no cure for PSC but anything we can do to slow down the disease and contribute to patient’s quality of life will make a difference. This research may reveal that a healthier bowel leads to a healthier PSC patient.”



## 2016 summer studentships

### **Nikolas Ewasechko**

University of Calgary  
Supervisor: Dr. Carla Coffin

Research to determine how non-alcoholic fatty liver disease (NAFLD) may impact the efficacy of the hepatitis B vaccine.

### **Curtis Quan**

University of Ottawa  
Supervisor: Dr. John Pezacki

Study to determine how the body's immune system responds to the hepatitis C virus to understand how hepatitis C can lead to liver cancer.

### **Leah Burkovsky**

University of Ottawa  
Supervisor: Dr. Morgan Fullerton

Research to determine how a certain metabolic protein often targeted by cholesterol-lowering drugs may contribute to non-alcoholic fatty liver disease.

### **Youngkee (Jake) Hong**

University of Alberta  
Supervisor: Dr. Andrew Mason

Research into how primary biliary cholangitis (PBC) patients respond to viral infection which may lead to new treatments for PBC.

### **Alexander Anagnostopoulos**

McMaster University  
Supervisor: Dr. Gregory Steinberg

Investigation into how a widely-used diabetes drug may reduce the risk of liver cancer.

### **Emma Hjartarson**

University of Alberta  
Supervisor: Dr. Puneeta Tandon

A multi-centre study to determine the views of, and readiness for, advanced care planning amongst patients with cirrhosis.

### **Shirley (Xue) Jiang**

Toronto General Hospital  
Research Institute  
Supervisor: Dr. Harry Janssen

Investigation of how the hepatitis B virus infects liver cells and how the subsequent changes that occur in the liver cells could be blocked to prevent chronic infection.

### **Amber Hager**

University of Alberta  
Supervisors: Drs. Diana Mager and Jason Yap

A study to evaluate the impact of a liver transplant on a child's body composition in order to develop clinical treatments for delayed growth post-transplant.

### **Kim Phat Pham**

University of Montreal  
Supervisor: Dr. Christopher Rose

Research into how episodes of hepatic encephalopathy may lead to loss of brain function and behavioural changes in order to find ways to prevent permanent brain damage in people awaiting liver transplants.

# #IAmBringingLiverResearchToLife



Curtis  
Quan

*The liver is a very large organ full of very fascinating metabolic pathways. We do not fully understand all of these pathways and it is quite exciting to tease apart all their intricacies and puzzles. Viruses are extremely good at hijacking these pathways and I find it deeply fascinating to try and understand all the mechanisms and tactics these viruses use.*



Shirley  
Jiang

*My liver-related research took place in a laboratory setting, where we work at the molecular level. It is amazing how experiments can be designed to be very similar to the real world but much more simplified. In the end, all the simple small answers add up and can have huge implications for the treatment of liver disease for millions of individuals.*



Nicholas  
Ewasechko

*My interest in liver-related research stems from my personal stake in the progress of this field due to my sister being an autoimmune hepatitis patient. Since the onset of her illness, I have been driven to pursue research on how to improve the quality of life of people who, like my sister, are living with chronic liver diseases.*

# Graduate studentships

## Ms. Celeste Lavallee

University of Alberta

Supervisor: Dr. Justine Turner

Liver disease is a serious problem for babies born with short bowel syndrome (SBS). These babies often need liver transplants, but many die while on the waiting list. Babies with SBS need to be fed intravenously, a process called parenteral nutrition (PN). Currently, the only certain cure for their liver disease is to stop PN but these babies depend upon PN to live and grow. We need other ways to treat their liver disease, and that will only come from better understanding what causes it. Most babies with SBS have lost part of their gut called the ileum. It is believed this changes their gut bacteria which is linked to liver damage. The research project will research new treatments for babies with SBS and their life-threatening liver disease.

## Mr. Kaveh Farrokhi

University of Toronto

Supervisor: Dr. Gary Levy

Over 500 million people worldwide are chronically infected with hepatitis B or hepatitis C and these diseases contribute to over 60% of liver cancer. Both hepatitis B and hepatitis C survive and flourish by making the body produce proteins that prevent the immune system from fighting these two viruses. Dr. Levy's laboratory has identified one such protein which has been shown to be elevated in both hepatitis B and hepatitis C infections. This research project involves examining this protein as a potential target for the development of new treatments for chronic viral hepatitis.



Dr. Amanda  
Ricciuto

*The consequences of liver diseases such as PSC are devastating. Many such liver diseases remain unresponsive to currently available medical therapies and relentlessly progress to end-stage liver disease, necessitating liver transplant. Investing in liver research is essential to understanding why and how these liver diseases develop and progress, and to gaining insight into novel therapies to alter their natural history.*

#IAmBringingLiverResearchToLife





## A team effort to conquer hepatitis C



Over 14 years ago, the CLF helped fund the launch of an innovative, multi-disciplinary research training program with the goal of increasing Canada's knowledge base and research capacity in hepatitis C. Today, the Canadian Network on Hepatitis C (CanHepC) links over 100 researchers, health practitioners, affected community members, trainees, policy and decision-makers from across Canada as well as international partners.

In 2016, CanHepC re-branded itself and revamped its website to make it easier for its members, stakeholders and the public to access its information and programs. In addition, they built critical collaborative resources that will make it easier to study and track hepatitis C and to improve prevention, patient care and outcomes. Researchers will now have access to a bank of biological samples from patients who have been re-infected by hepatitis C as well as a registry of clinical data on individuals from across the country that have hepatitis C. To better monitor the health outcomes of patients and to assess access to care, CanHepC has linked administrative databases of various provinces and has created a virtual care map to document how and when people who inject drugs receive care for their hepatitis C.

The objective of the CanHepC Training Program is to provide opportunities for learning, research and the transfer of knowledge by individuals at various stages of their educational careers. The program flourished in 2016 with over 25 trainees, including masters, doctorate and post-doctorate candidates, who presented at national and international conferences to encourage translation of research findings into clinical practice.

A key part of CanHepC's mandate is to turn the knowledge gained from research into practices and policies. To that end, each year CanHepC brings together researchers, patients and organizations like the CLF at the Canadian Symposium on Hepatitis C Virus. This forum offers the opportunity to share findings as well to discuss hepatitis C related issues including access to care, available therapies and financial coverage for treatment costs. One of the key issues on the agenda was the need for a National Action Plan for hepatitis C. With cooperation from the CLF and other stakeholders, CanHepC created an infographic that presents an accurate picture of the current state of hepatitis C in Canada. The infographic was released as part of awareness activities for World Hepatitis Day.



**CanHepC**

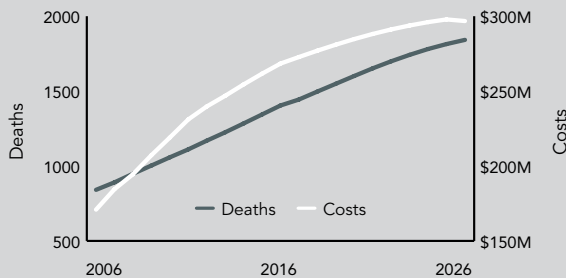
Canadian Network on Hepatitis C  
Réseau Canadien sur l'Hépatite C

# ACHIEVING ELIMINATION OF HEPATITIS C IN CANADA

## Supporting Canada's commitment to Hepatitis C

### THE PROBLEM

IN CANADA, OVER 250,000 PEOPLE ARE INFECTED WITH HEPATITIS C, BUT ONLY 40% HAVE BEEN DIAGNOSED AND ONLY 10-15% HAVE RECEIVED TREATMENT



The number of deaths and health care costs due to hepatitis C have **almost doubled in the past decade**



Indigenous communities, people who inject drugs, ethno-cultural communities, inmates and baby boomers are **more affected** than other groups of people

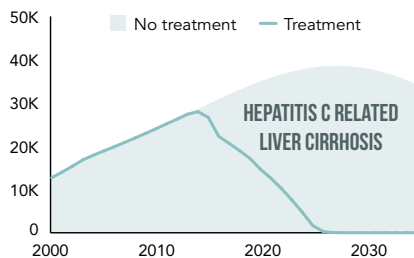


Hepatitis C prevention and care strategies are **fragmented across Canada**

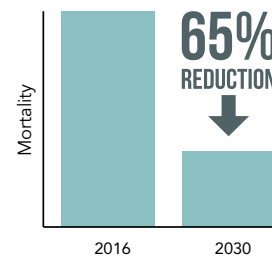
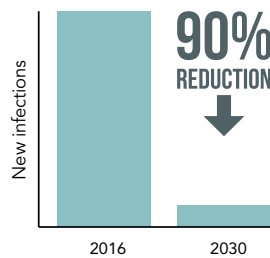
### THE UNPRECEDENTED OPPORTUNITY



New hepatitis C therapies can **cure nearly 95%** of people treated



Successful hepatitis C treatment can **reduce** hepatitis C-related liver cirrhosis



The WHO has **set targets for eliminating viral hepatitis** as a major public health threat by 2030 and has called on all countries to develop National Action Plans

In Canada, Hepatitis C elimination is possible with **concerted action**

### THE SOLUTIONS

#### APPLY AN EVIDENCE-BASED PUBLIC HEALTH APPROACH



Increase **screening** through risk-based and birth cohort-targeted strategies



Increase **access** to treatment for **all** people infected with hepatitis C



Enhance targeted prevention strategies for **populations at risk**

#### ADDRESS INEQUALITIES



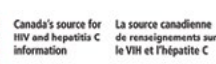
Address **health inequities** especially for Indigenous communities and for people who inject drugs

#### REDUCE COST



Implement proven strategies for **reducing cost** of Hepatitis C medications to allow for universal access

THROUGH EFFECTIVE PARTNERSHIP, WE SUPPORT CANADA'S COMMITMENT TO HEPATITIS C AND THE DEVELOPMENT OF A **NATIONAL ACTION PLAN**



## Making every liver count



**Dr. James Shapiro** is working with teams in both Edmonton and Toronto to test the OrganOx metra® on ‘high risk’ livers to determine how well they function and whether they can be repaired. Livers may be considered to be ‘high risk’ if they are very fatty, have been on ice too long, are infected with hepatitis B or C viruses, or have been deprived of oxygen for an extended period so that liver cells are beginning to die.

Across the country, there are hundreds of people on waiting lists hoping that today is the day they’ll get the call that a matching liver is available. Despite this overwhelming demand however, each year, an estimated 20 percent of available donor livers must be refused for transplant because they are damaged in some way. To those on the waiting list, those livers could be the difference between life and death.

Thanks to research by the Canadian National Transplant Research Program (CNTRP) supported by the Canadian Liver Foundation, it may soon be possible for these livers that would have been discarded to be made viable for transplant. Using a machine called the OrganOx metra®, donor livers can be maintained at body temperature with blood pumping through them allowing doctors the opportunity to test and repair them as needed. This technology has already been effective in prolonging the time a liver can be kept functioning outside the body before transplantation.

“Whatever is making a liver ineligible for transplant, we may have the prescription,” says Dr. Shapiro. “The OrganOx metra® gives us the time and the opportunity to treat the liver – whether that means purging fat cells, eliminating a virus or stopping liver cell death. It is our hope that one day we may be able to use almost any liver no matter what its condition so we could save more lives.”

Currently, there are only two OrganOx metra® machines in Canada but one day this technology may be in place in every transplant centre.





## A leader in liver health

Those who devote their careers to *bringing liver research to life* are truly in a league of their own. Each year, the CLF recognizes both Canadian and world leaders in liver health for their contributions as scientists, mentors, clinicians, teachers and advocates.

In 2016, the **Gold Medal**, given jointly by the Canadian Liver Foundation and the Canadian Association for the Study of the Liver for outstanding achievement in hepatology, was awarded to **Dr. Morris Sherman**.

Throughout his medical career, Dr. Sherman has taken a particular interest in viral hepatitis and liver cancer and has been instrumental in the development of screening for hepatocellular carcinoma. Dr. Sherman is also a strong advocate for patients and in 2009 took on the role of National Board Chairperson for the Canadian Liver Foundation to push for improvements in patient care and access to treatment.

Thanks to Dr. Sherman's leadership and commitment, the CLF published the first ever report on liver disease in Canada which was widely circulated to policy makers and key decision-makers across the country. He has been a powerful voice speaking out on liver issues ranging from hepatitis C treatment to the need for a national strategy for liver disease. He was also responsible for the CLF being the first organization to recommend widespread hepatitis C screening of adults born between 1945 and 1975.



# Education & Support

When someone is first diagnosed with liver disease, the first reaction is often shock and confusion. What follows are questions and a search for answers.

Through our community outreach programs, patient support services and Peer Support Network, the Canadian Liver Foundation helps provide answers and dispel fears via research-based information, guidance, links to resources and the opportunity to connect with others with firsthand experience with liver disease.



Paul

*Being a Peer Network volunteer has reinforced for me the notion that talking about the experience of liver disease is helpful and is an aide to recovery. I seized the opportunity to challenge myself to expand my skills and capabilities, most of which had been struck down by the illness. In talking with other patients with liver disease I became more deeply aware of their experiences while at the same time offering my insights on the complex issues that arise from being a liver disease patient and survivor.*



# Bringing liver research to life in the community

Liver specialists are few and far between in Canada meaning that it can take months to get an appointment. The CLF's LIVERight Health Forums offer access to top liver experts as part of a one-day program that includes presentations on a variety of liver disease topics as well as Q&A sessions. In 2016, five LIVERight Health Forums took place in Vancouver, Calgary, Edmonton, Winnipeg and Markham. The Vancouver forum, currently the largest of these education events, featured eight experts and attracted over 1,000 attendees who were interested in learning about hepatitis B and C, fatty liver disease, liver cancer, children's liver disease, liver transplantation and nutrition for liver health. Presentations were in English with simultaneous translation into Mandarin and Cantonese. The forums in Calgary, Edmonton, Winnipeg and Markham followed a similar format with expert presentations on topics ranging from diagnosing liver disease to treatment for PSC and testimonials from individuals living with liver disease. The Markham forum targeted to the Chinese community was presented entirely in Cantonese and Mandarin.

The LIVERight Health Forums address a knowledge gap in liver health and their continued popularity – as evidenced by the positive reviews from participants – show the ongoing need for these educational opportunities.



Christine

*I really enjoyed being part of the volunteer team for the Vancouver LIVERight Forum. It's a great event and the messages from the professionals are very useful. I believe everyone benefits a lot from the LIVERight Health Forum.*

## Offering compassion and counsel

Researching liver disease on the internet will dig up a lot of unreliable information and advice. It can help to talk to a real person who understands your concerns and can provide accurate information and solid advice. Each year, the volunteers and staff that answer the CLF's National Toll-free Help Line assist patients and families in sorting out the truth from fiction about liver diseases of all kinds by answering questions, providing guidance on navigating the health care system and offering additional resources. In 2016, the Help Line responded to 2,357 inquiries via both phone and email in English, French, Cantonese and Mandarin.

Living with liver disease can take a serious toll on not only the physical but also the mental and emotional state of a person. No one knows that better than someone who has lived it. The Peer Support Network connects volunteers who are living with liver disease, or may be spouses or parents of someone with liver disease, with others who can benefit from their personal experiences. Across the country, the CLF's 60+ Peer Support Network volunteers provide an outlet for others to share their fears, questions and concerns one-on-one.



George

*Many years ago when I began my own transplant journey, I had the opportunity to speak with a peer volunteer. I was very thankful to Ed who gave of his own time over a few telephone conversations. I remember that on our first conversation he spent over an hour on the phone telling me about his story and answering my many questions. After speaking with him I felt a little more ready for my own transplant. I also was able to say to myself, "if he got through it, so can I." This gave me strength, eased my fears and gave me what I needed. All these years later when I meet Ed I am still very thankful for what he did for me. By being able to be a Peer Network volunteer it is small way of paying back what Ed did for me those many years ago.*

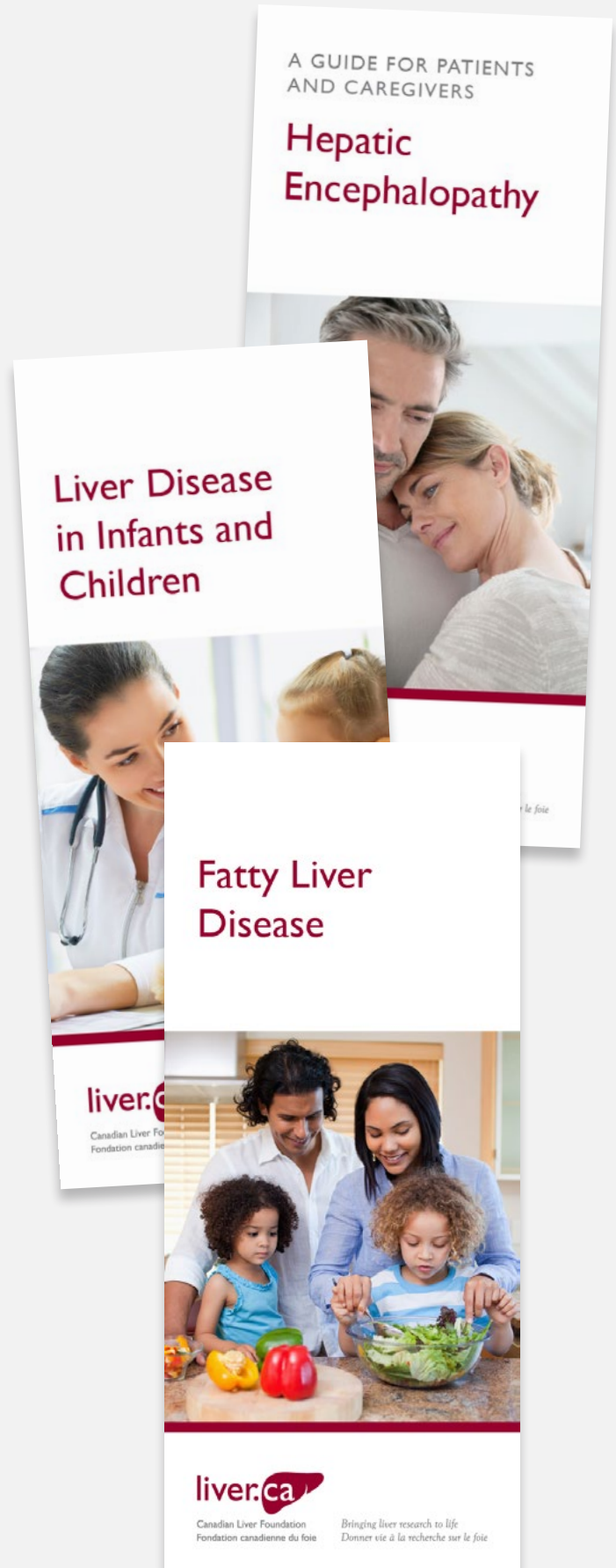


# Making liver health information convenient and accessible

People look for liver health information in different ways and the CLF strives to provide the facts in the places and in the formats that are the most convenient and accessible. Our website is open for business 24/7 and in 2016, we welcomed more than 2.2 million visitors to liver.ca. With over 300 pages of content, we are constantly striving to make our information easy to navigate. This year as part of our efforts to consolidate information on certain liver diseases and complications, we launched two new online resource centres one for primary biliary cholangitis (PBC) and one for hepatic encephalopathy (HE).

Community agencies, clinics, hospitals and doctors' offices offer the opportunity for both health care professionals and individuals to pick up brochures and flyers on liver diseases, testing, prevention and healthy living. In 2016, we distributed 30,000 printed pieces in English, French and Traditional Chinese. We updated the format and content for four brochures on hepatitis B, hepatitis C, fatty liver disease, and liver disease in infants and children and produced two new brochures on hepatic encephalopathy and lysosomal acid lipase deficiency (LAL-D).

Those that attend health fairs and employee wellness events are interested in improving their health but may not understand the vital role the liver plays. In 2016 with the help of our volunteers, CLF participated in numerous workplace health fairs, community presentations and other events across the country to connect with new audiences and share important facts about risk factors and liver disease prevention.



A close-up, slightly blurred photograph of an older couple. The woman on the left has short blonde hair and is smiling warmly. The man on the right has grey hair and is also smiling, with his hand resting on the woman's shoulder. They are both looking towards a laptop screen, which is partially visible in the bottom right corner. The background is bright and out of focus.

# Awareness

**1 in 4 Canadians may be affected by liver disease.**

**A decade ago, that number was 1 in 10.**

With such a sharp increase, the need for greater awareness and understanding of liver disease has never been more critical.

The good news is that the liver is finally beginning to develop more of a public persona. People are beginning to understand the connections between liver health and nutrition, how the liver can be damaged by everything from unhealthy eating and acetaminophen to viruses and the body's own immune system. Through our continuing awareness efforts, we are generating conversations and encouraging action on liver health.

# Lean Liver 2016

At the beginning of a new year, conversations inevitably centre on losing weight, getting more exercise and other ways people can adopt healthier lifestyle habits. CLF launched its second 'Lean Liver' campaign on January 1<sup>st</sup> to bring attention to the important link between nutrition and liver health.

The online campaign which reached over 165,000 people featured social media posts, a landing page, e-blasts, digital ads and a flyer entitled 'Choose This, Not That' that offered liver-healthy swaps for snacks and meals throughout the day.





## Too close 4 comfort

In 2016, after a review of existing prevalence and incidence rates for many different forms of liver disease, CLF's medical experts determined that 1 in 4 Canadians may be affected by liver disease. This represented a dramatic increase from the previous statistic of 1 in 10. In order to draw public attention to this alarming fact, the Foundation rolled out a campaign during Liver Health Month entitled *#TooClose4Comfort*. The campaign featured a public service announcement in English and French (later translated

into Chinese) that highlighted how 1 in 4 Canadians of any age could be at risk.

Throughout March, we shared facts, personal stories and images reinforcing the impact of liver disease and encouraging audiences to learn more. Campaign materials included social media posts, a direct mail letter, newsletter articles, landing page and digital ads. Too Close 4 Comfort reached millions of Canadians via news stories, YouTube, broadcast media and advertising.







# Could You Have It? Hepatitis C testing campaign

Thousands of Canadians are living with hepatitis C and do not know it. Estimates range from 44 per cent to as high as 70 per cent that are still undiagnosed.

In the wake of our successful 'Could You Have It?' hepatitis C testing campaign in 2015, we launched a follow-up campaign in 2016 in the lead up to World Hepatitis Day.

The target audience was adults born between 1945 and 1975, a group that has the highest risk of having chronic hepatitis C. Using a mix of traditional and social media, sponsored editorial and advertising, the *Could You Have It?* campaign achieved more than 25 million media impressions, reached over two million people online and prompted more than 6,500 to fill out our online risk assessment.

**NATIONAL POST**

FINANCIAL POST • NEWS • COMMENT • PERSONAL FINANCE • INVESTING • TECH • SPORTS • ARTS • LIFE • HEALTH • CANADA • WORLD • TORONTO • GRAPHICS • HOCKEY • FOOD & DRINK • STYLE • BOOKS • HOROSCOPES • CONTESTS • POS



## Not Getting the Message: Too Many Canadians Born Between 1945-1975 Unaware of Their Increased Risk of Undiagnosed Hepatitis C

Canadian Liver Foundation says levels of awareness and testing for the disease dangerously low among this group, and urges those at risk to get tested

TORONTO, July 21, 2016 /CNW/ - If you were at an increased risk of having a potentially devastating – but curable – disease, would you want to know? This may be the case for over 100,000 people in Canada who may be living with undiagnosed hepatitis C – a blood-borne virus that attacks the liver. The little-known reality is that the greatest number of Canadians with hepatitis C are those born between 1945 and 1975. However, a recent survey showed over 80 per cent of Canadians in this age bracket are unaware of their increased risk and only one quarter have been tested.

"Unfortunately, the vast majority of people still have a very limited understanding of hepatitis C, and don't realize that they could be at risk – particularly those born between 1945-75, who are up to five times more likely to have the disease," says Dr. Morris Sherman, Chairman of the Canadian Liver Foundation, and hepatologist based in Toronto. "Chronic hepatitis C can severely damage the liver and leads to increases in liver cancer rates and without diagnosis and intervention will continue to result in otherwise avoidable deaths."

**OTTAWA CITIZEN**

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## Advocates push need for hepatitis C screening

 **BLAIR CRAWFORD, OTTAWA CITIZEN**  
[More from Blair Crawford, Ottawa Citizen](#)

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At first, Steve Pollard felt like he just had a touch of the flu. Today, seven years and two liver transplants later, the Ottawa man is a vocal advocate for the need for hepatitis C screening.

"If you don't get tested, you don't know your status. They can't fix you," said Pollard, 48.

Pollard was living "a decent life" in 2009 when he first fell ill — a family man who drank little and didn't have the "high-risk lifestyle" often associated with the disease. But he did have one risk factor that has been identified as the most common element among the estimated 300,000 Canadians infected by hepatitis C: The year on his birth certificate.



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## **YOUR RISK OF HEPATITIS C LIKELY GREATER THAN YOU THINK**

Zoomer | July 17th, 2016



SPONSORED CONTENT

**C**anadians who are currently between the ages of 41 and 71, and born here in Canada or abroad, are up to five times more likely to be living with hepatitis C than people in other age groups. But results of a new online survey from the Canadian Liver Foundation show that

The background of the page is a photograph of a Gothic cathedral tower, likely St. John's Cathedral in Toronto. The tower is made of light-colored stone and features a large clock face. At the very top of the spire, a Canadian flag is flying. The sky is a clear, pale blue. The text 'Advocacy' is overlaid on the left side of the image in a large, bold, red font.

# Advocacy

Liver disease can be silent but those living with it need to have a voice. The CLF offers individuals and families opportunities to share their experiences and helps educate policy makers and government decision makers regarding the impact of liver disease on Canadians. Through our advocacy activities, we push for improvements in access to treatment, prevention and screening and champion measures to protect liver health.



## **Access to treatment**

Research has led to the development of medications that can treat or even cure certain liver diseases. Getting these medications from the lab and into the hands of physicians and their patients is a long, multi-step process that involves both federal and provincial government agencies. Drug therapies have to be reviewed for safety and efficacy and then comes the price negotiations. In 2016, the CLF completed seven submissions to federal and provincial governments for new hepatitis C therapies.

The submissions included personal experiences of patients dealing with hepatitis C and highlighted the need for access to both affordable and effective treatment options. In many cases, thanks to insights from both patients and treating physicians, the CLF's input helped secure drug plan coverage for these therapies.

As an estimated 44 per cent of Canadians with hepatitis C remain undiagnosed, the CLF is continuing its push for the addition of age-based screening to make up for the gaps in the current risk-based screening protocols.

## **Acetaminophen labelling guidelines**

Acetaminophen, a popular pain reliever, can cause liver damage if taken in excessive doses. Unfortunately, acetaminophen is the leading cause of acute liver injury in Canada but many overdoses are accidental resulting from mixing of products containing acetaminophen or otherwise exceeding the daily maximum dose.

The CLF was part of a two-year collaborative Health Canada safety initiative to look at possible packaging changes and public outreach to educate about the risks of taking too much acetaminophen. In September 2016, Health Canada announced new labelling standards which require clearer dosing instructions, warnings about mixing acetaminophen with alcohol, bold text indicating the product contains acetaminophen and a drug facts label.

Although CLF believes there are additional safety measures that can still be taken, we see the new labelling standards as a positive step in protecting the liver health of Canadians.

A man with a mustache, wearing a dark patterned shirt and light-colored pants, is playing an acoustic guitar and singing into a microphone on a stage. In the background, a drummer is visible behind a drum kit. The drum kit has a bass drum with a logo that reads "BARENAKED LADIES" and "Gilbertball". The scene is dimly lit with stage lights.

# Giving in Action

Giving is a choice and we are grateful for the individuals and families that make the choice to support liver health year after year. Whether it is buying a ticket to a gala, bringing friends and family to a Stroll, donating to a workplace campaign or giving a significant personal gift, every person is demonstrating their belief in the importance of liver research and the work of the Canadian Liver Foundation. To everyone who gave of their time, money and talents for the sake of Canadians with liver disease, **thank you!**



## A night to remember

Stars were shining at our 2016 LIVERight Galas — and it wasn't just the entertainment. Across the country, we honoured outstanding physicians, research teams, donors, transplant recipients and organ donors for their contributions to the CLF's mission of bringing liver research to life. Guests enjoyed live music from entertainers ranging from Barenaked Ladies and American Idol performer Scott MacIntyre in the east, to the Reuben Kincaids and the Moon Coin Show Band in the west.

Thanks to the support of our volunteers, sponsors, supporters, honourees and guests, the galas raised over \$750,000 for liver research and education.

## LIVERight Gala





## Stepping out for liver health

They came on two feet, four feet and even on wheels. In 2016, hundreds of people – from newborns to grandparents (and a few furry friends) – participated in our Stroll for Liver events in 11 communities across the country. This year's top fundraising teams – Richard's Renegades (Red Deer, \$7,390), Dylan's Rockstars (Calgary, \$10,800) and Team Trisha (Ottawa, \$10,510) – were each inspired by a family member who brought the realities of liver disease close to home.

Thanks to the passion and commitment of these teams and all of our participants, the Strolls raised over \$150,000 for liver research.





## Give'r for Liver

Our Give'r for Liver teams have walked and ran hundreds of kilometres in Canada and around the world in the name of liver health. 2016 marked the eighth year for the destination marathon program which attracts those looking to achieve both personal fitness goals and to make a difference in the fight against liver disease. This year, Give'r for Liver teams crossed the finish lines in marathon/half-marathon and 10k events in Calgary, Vancouver, Dublin, Ireland and Kauai, Hawaii.

Thanks to the 108 Give'r team members (past and present) and their supporters, Give'r for Liver has raised over \$600,000 for liver research since it first began.



## United for a common purpose

It is estimated that 87 percent of Canadians will be affected by a chronic disease in their lifetime. To help ensure the future of chronic disease research and provide those living with chronic diseases with the resources they need, the CLF is part of two health charity coalitions that provide education and workplace giving opportunities for public and private sector employees.

Health Partners is made up of 16 health charities and works collaboratively with its members to provide healthy living resources and hold annual fundraising campaigns in federal government agencies and offices across the country. Health Partners also sponsors workplace campaigns in an increasing number of corporate offices as a way of expanding its impact on employee wellness and its financial support base for the benefit of its member charities. Each year, federal government and private sector employees contribute over \$150,000 to the CLF via Health Partners.

Federated Health is a coalition of health charities that runs workplace awareness and fundraising campaigns in Ontario government offices. Thanks to the generosity of Ontario public sector employees, CLF received over \$84,000 in 2016 to support liver research, education and patient services.



DID YOU KNOW...

1 in 4

Canadians may be affected by liver disease



Let's change this, together.

To learn more about how giving to HealthPartners helps those impacted by Liver Disease, please visit our website [www.healthpartners.ca](http://www.healthpartners.ca).

For more information about our partner, the Canadian Liver Foundation, please visit their website [www.liver.ca](http://www.liver.ca).



## Leading by example



Sonny & Florence Leong

Sonny and Florence Leong both built their careers in health care and consequently understand the critical needs for greater knowledge and resources to benefit patients and the community as a whole. Today they are helping to fulfill those needs through generous gifts to organizations like the Canadian Liver Foundation.

Sonny trained as a pharmacist and Florence as a nurse and it was their strong work ethic and wise investments that provided the financial resources to fund their philanthropy. They take to heart the old Chinese saying “if you take from society, you return some to the community”. The Leongs have been leadership donors for three years in a row investing \$250,000 in 2014 and 2015 and an additional \$150,000 in 2016. Our mission of *bringing liver research to life* would not be possible without donors like the Leongs whose generosity can offer inspiration to others.

## When giving is a family affair



Yap family and friends at the LIVERight gala

Winston Churchill once said, “*we make a living by what we get, but we make a life by what we give.*” Dr. Allan Yap and his wife Elsa have demonstrated this philosophy by building a legacy of giving within the province of British Columbia.

When the Yaps see a need, they donate both their time and money to ensure it is met. By demonstrating what it means to support the community, the Yaps have instilled their philanthropic values in their six children and have ensured that the next generation will carry on their legacy.

In 2016, the Yap family committed \$120,000 over two years to support liver research and education. We are grateful for this generous contribution which will help improve the future for Canadians with liver disease.

## A reason to celebrate

Each year, hundreds of people pull out their golf clubs, lace up their running shoes, hop on their bikes and even strap on their dancing shoes for the sake of liver health. We are grateful

to everyone who organized events to raise funds to support the Canadian Liver Foundation's research and education programs. Thank you for making us your 'cause' for celebration!

**16th Annual Lower Deck Golf Tournament  
(in memory of Barry Martin)**  
Lower Deck Inc, Mike Condy, NS

**Kyle's Run**  
Niagara Falls, ON

**BMS Cycle for Liver**  
Montreal, QC

**Matthew Meekins Memorial Stroll**  
Springhill, NS

**Christmas Party, International  
Credit Experts**  
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**Port Hope Stroll**  
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**Fall Golf Classic**  
Caledon, ON

**Run For Lives**  
Vancouver, BC

**G Stone & Friends Concert**  
Richmond, BC

**Sun Sui Wah Golf Tournament**  
Vancouver, BC

**Horse & Buggy Ride**  
Brecht, ON

**Love Gives Volleyball Tournament**  
Ottawa, ON





# Treasurer's Report

We are pleased to present the Canadian Liver Foundation's financial highlights for the year ended December 31 2016.



## **Our financial position through individual and corporate support has allowed us to bring liver research to life for all Canadians.**

The Foundation's Donations and Chapter Revenue was \$6.6 million in 2016 compared to \$6.5 million in 2015. This reflects ongoing support from our key stakeholders.

Research Trust Funds revenue increased to approximately \$2.0 million compared to \$1.9 million in 2015. These funds have paid out \$1.5 million in research programs compared to \$1.2 million in 2015.

In 2016, we also funded \$636,000 in research grants to fund projects in liver cancer, hepatitis C, pediatric liver disease, liver transplantation, end-stage liver disease and autoimmune liver disease. In total, we have therefore paid out over \$2.1 million in 2016, in research programs and grants compared to approximately \$1.7 million in 2015, which is a 24% increase over 2015.

Our support for current research and education and our commitments for future research (all from existing resources) are ongoing. At the end of 2016 we had committed approximately \$1.7 million for future research projects. We also are committed to funding based on provincial restrictions arising from the nature of activities that generated the funds of approximately \$200,000 (an increase of \$160,000 from 2015) in research or education programs in specific provinces.

Therefore our total commitment for research and education funding is \$1.9 million (2015 – \$1.6 million) a 19% increase. As is our policy, we only commit for research from resources available at the time of the commitment.

Expenditures on Programs in 2016 were approximately \$2.9 million compared to \$2.5 million in 2015, a 15% increase over 2015.

We have maintained operational efficiency with 2016 at \$3.0 million and 2015 at \$2.9 million. This includes fundraising and administration costs.

Our financial position remains sound. At the end of 2016, we had current assets amounting to \$1.6 million. Our investments total \$5.3 million, an increase of \$712,000 (15%) over 2015.

Our total fund balances have increased in 2016 by \$631,000 (10%), the General Fund has increased \$182,000 (12%) and the Research Trust and Medical Research Trusts by \$449,000 (10%). All of our fund increases are included in either current assets or our investments.

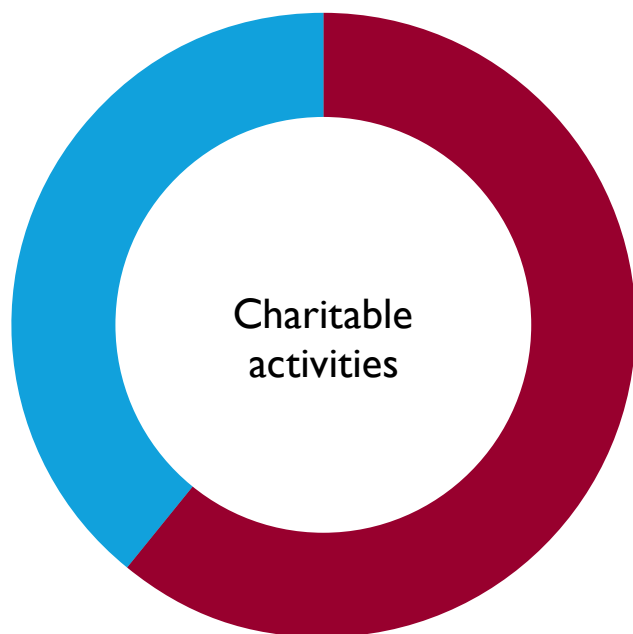
The annual investment return for 2016 was 11.3 %. We earned over \$514,000 in interest, realized and unrealized gains and other income, a \$423,000 increase from 2015. On behalf of the Foundation's Finance Committee, I want to express our sincere appreciation for the efforts and ongoing dedication of 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 2017 and beyond.



**Elliott M. Jacobson, FCPA, FCA, ICD.D**  
*Secretary/Treasurer*

## Financial position summary as at December 31, 2016 and 2015

	General Fund		Research Trust Funds		Medical Research Fund		Total	
	2016	2015	2016	2015	2016	2015	2016	2015
ASSETS								
Current	\$634 081	\$885 939	\$218 427	\$207 802	\$699 315	\$578 998	\$1 551 823	\$1 672 739
Investments	\$1 234 950	\$840 783	\$3 138 866	\$2 763 362	\$953 651	\$1 010 967	\$5 327 467	\$4 615 112
Capital Assets	\$85 602	\$104 349					\$85 602	\$104 349
	\$1 954 633	\$1 831 071	\$3 357 293	\$2 971 164	\$1 652 966	\$1 589 965	\$6 964 892	\$6 392 200
LIABILITIES	\$289 495	\$347 865					\$289 495	\$347 865
FUND BALANCE	\$1 665 138	\$1 483 206	\$3 357 293	\$2 971 164	\$1 652 966	\$1 589 965	\$6 675 397	\$6 044 335
	\$1 954 633	\$1 831 071	\$3 357 293	\$2 971 164	\$1 652 966	\$1 589 965	\$6 964 892	\$6 392 200



Research = 61%  
Education, Public Information  
and Community Support = 39%



Individual donors = 43%  
Partnerships = 24%  
Corporate Gifts = 12%  
Interest on  
Investments = 7%

Estates = 4%  
Foundations = 4%  
Gaming = 3%  
Other = 2%  
Government = 1%



# Operations summary

## for the year ended December 31, 2016 and 2015

	General Fund		Research Trust Funds		Medical Research Fund		Total	
	2016	2015	2016	2015	2016	2015	2016	2015
REVENUE								
Donations and Chapter Revenue	\$4 942 768	\$4 694 346	\$1 705 345	\$1 848 552			\$6 648 113	\$6 542 898
Interest and Other Income	\$149 637	\$24 629	\$300 248	\$62 435	\$64 153	\$3 963	\$514 038	\$91 027
	\$5 092 405	\$4 718 975	\$2 005 593	\$1 910 987	\$64 153	\$3 963	\$7 162 151	\$6 633 925
EXPENDITURE								
Programs	\$1 384 526	\$1 290 077	\$1 521 084	\$1 243 462	\$2 479	\$828	\$2 908 089	\$2 534 367
Operating	\$2 986 997	\$2 902 764					\$2 986 997	\$2 902 764
	\$4 371 523	\$4 192 841	\$1 521 084	\$1 243 462	\$2 479	\$828	\$5 895 086	\$5 437 131
Excess of revenue over expenditure for the General Fund	\$720 882	\$526 134					\$720 882	\$526 134
Excess of revenue over expenditure for the Research Trust Funds			\$484 509	\$667 525			\$484 509	\$667 525
Excess of revenue over expenditure for the Medical Research Fund					\$61 674	\$3 135	\$61 674	\$3 135
Research Grant Disbursements					(\$636 003)	(\$498 052)	(\$636 003)	(\$498 052)
Interfund transfers to support activities of the Medical Research Fund	(\$538 950)	(\$300 915)	(\$98 380)	(\$600 000)	\$637 330	\$900 915	\$0	\$0
Fund Balance — Beginning of Year	\$1 483 206	\$1 257 987	\$2 971 164	\$2 903 639	\$1 589 965	\$1 183 967	\$6 044 335	\$5 345 593
Fund Balance — End of Year	\$1 665 138	\$1 483 206	\$3 357 293	\$2 971 164	\$1 652 966	\$1 589 965	\$6 675 397	\$6 044 335

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!

We want to thank everyone who invested in our research, education, patient support and advocacy programs for the benefit of all Canadians living with or at risk for liver disease.

The Canadian Liver Foundation's work would not be possible without the support of generous individuals, groups and organizations.

Donors listed are for the period January 1 – December 31, 2016. Every effort has been made to ensure the accuracy of our donor listing.

Should you find any errors or omissions, please contact **Judy Thompson** at 1-800-563-5483 ext. 4945 or [clfdonation@liver.ca](mailto:clfdonation@liver.ca).

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*Tyler, Dylan and Taya (pictured above) were all born with biliary atresia and had to undergo life-saving surgery as infants. Today they are doing well but there is a possibility that they may require liver transplants in the future. The three of them and their families are active volunteers for the CLF and have raised thousands of dollars for liver research that will help change the future for families just like theirs.*

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