



Annual Report 2017



Canadian Liver Foundation
Fondation canadienne du foie

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



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MESSAGE FROM CHAIRPERSON & PRESIDENT

You are the momentum driving us a *step forward*

Eight million Canadians face a daunting and uncertain path every day. Without a roadmap helping them navigate their future, their journey is unknown. Their final destinations often put their lives at risk; cirrhosis, liver cancer, liver transplantation and ultimately, liver failure may very likely await anyone with liver disease at the end of the road.

These are the *1 in 4 Canadians* who may be affected by liver disease.

Our work at the Canadian Liver Foundation is motivated by the ability to pave new and improved pathways for those affected by liver

disease. This report is about a *step forward* along that pathway; a new direction of liver disease that is steered towards improved destinations through innovative discoveries and continuous support.

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

In 2017, the CLF invested \$2.9 million in lifesaving research, which continues to bring us a step closer towards the prevention, diagnosis, treatment and cure of liver diseases. Throughout the year, we persistently advocated

for better screening, access to treatment, and patient care alongside government officials, community members and other health organizations. By reaching over 10 million Canadians with our awareness and education programs, we took a *step forward*

along the path of a liver-healthy future, where Canadians will hopefully be less impacted by the hardship that liver diseases can present.

As the only non-governmental organization funding all forms of liver disease research in Canada, we rely on the continued collaboration of likeminded partners to build these pathways towards liver health. Our partnerships with the medical community, hospitals and researchers guide our path with veteran expertise; positively shaping areas in liver health and addressing liver disease.

In the pages that follow, you will read countless examples of how the support of our donors, volunteers, the medical community and corporate partners have been our driving force to *step forward* along this path of knowledge and change.

In all that we do—supporting the work of researchers dedicated to making advancements in liver health, or providing one-on-one support and education—the Canadian Liver Foundation recognizes that we are all on this road together. We all share ambitions to improve the outcomes for those who are suffering with liver disease, and for those who may not yet know their journey with liver disease has already begun.

Thank you for your continued support in 2017. With your help, we can take even longer strides towards a fundamental change in liver health.

Sincerely,



A stylized, handwritten signature of Morris Sherman in black ink.

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



A stylized, handwritten signature of Gary A. Fagan in black ink.

Gary A. Fagan
President & CEO

CLF ACHIEVEMENTS IN 2017

\$2,900,000

committed to liver research



33 researchers

Provided funding to

across 18 research projects



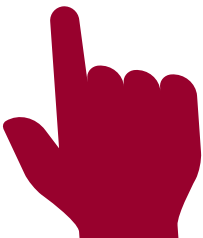
8.8M people

reached during our public education campaigns



1.5M visitors

on liver.ca



8,780 people

reached via social media



Provided answers to

3,500+

patients, families and healthcare providers



30,000 print materials

on liver diseases distributed in English, French and Chinese



31,451 subscribers

received our email newsletters

Research Projects

Research is a quest for knowledge. It provides *a step forward* in the search for answers to countless liver health problems and unknowns.

The Canadian Liver Foundation understands this and is proud to be able to support Canada's top liver experts (as well as promising new investigators and trainees) who will carry on our country's research legacy. Together, we are not just answering questions; together, we are *bringing liver research to life* for Canadians at risk and for those impacted by liver disease.

Operating Grants



Dr. Morgan Fullerton
University of Ottawa

An investigation aiming to better understand how obesity re-wires the liver to overproduce cholesterol. This study can one day help prevent and correct obesity-related fatty liver disease.



Dr. Christopher Rose
Université de Montréal CRCHUM

Research studying how an increase of inflammation and ammonia levels in the blood cause a surge of fluid in the brain, and how this surge influences progression to hepatic encephalopathy (HE), brain confusion caused by liver disease. Dr. Rose is also studying the impact of multiple episodes of severe HE on the brain, including permanent brain damage.



Dr. Anand Ghanekar
University of Toronto/Toronto General
& Western Hospital Foundation

Research trying to improve the understanding and treatment of hepatocellular carcinoma (HCC) by determining the function and behaviour of a specific molecule present in high levels in liver cancer cells.



Dr. Daniel Winer
University of Toronto/Toronto General
& Western Hospital Foundation

A study to determine how specific liver cells worsen fatty liver disease, and whether they can be stopped with innovative methods. The results of this research will lead to new ways to prevent, diagnose, and treat fatty liver disease and its complications. the brain, including permanent brain damage.

Summer Studentship Awards



Kanwar Sahdra
University of Toronto
Supervisor: Dr. Jordan Feld

Investigating the optimal hepatitis B vaccination (HBV) policy, examining whether it would be more cost-effective for Ontario to deliver HBV vaccinations during childhood (shortly after birth) or during adolescence (in the seventh grade).



Sarah Lépine
Université de Montréal
Supervisor: Dr. Massimiliano Paganelli

Research aiming to understand liver development by using 3D liver models. The models will be used to identify genes involved in the development of different liver cells, resulting in a more accurate understanding of human liver development.



Charlène Blanchette
Université de Montréal
Supervisor: Dr. Chantal Bémour

Research investigating whether the impact of exercise can prevent muscle loss for those with hepatic encephalopathy (HE), a complication of chronic liver disease and cirrhosis.



Dr. Morgan Fullerton,
University of Ottawa

Having an organization like the Canadian Liver Foundation that is dedicated to supporting a range of different liver diseases can only be considered as positive. Further, providing support and outreach to the community on how to prevent, manage and treat different types of liver diseases is critical. The kind donations of Canadians are not taken for granted by the research community and we can only hope to repay these acts of generosity by helping to “take steps forward” in liver health and against liver disease.

Graduate Studentship Award



Rachelle Davis
University of Calgary
Supervisor: Dr. Craig Jenne

A study of non-alcoholic fatty liver disease (NAFLD), examining liver models to visualize how fatty liver responds to the hepatitis B virus (HBV), and whether the HBV vaccine can sufficiently protect a patient with NAFLD. Results of this research may lead to changes in both vaccination policy and guidelines in order to better protect patients with NAFLD.



Non-Alcoholic Fatty Liver Disease

Non-alcoholic fatty liver disease (NAFLD) is a condition where too much fat is stored in the liver.

It tends to develop in people who are overweight or obese, particularly if they have a lot of fat around the middle of their body. It can also develop in a person whose body weight is in the healthy weight range, but who typically eats a lot of sugary and fatty foods and lives a sedentary lifestyle. Because of this, NAFLD has become the most common liver disease in Canada, affecting more than 7 million people.

This is why the Canadian Liver Foundation (CLF) has recently estimated that *1 in 4 Canadians may be affected by liver disease*. This progressive illness is predicted to soon surpass hepatitis C as the leading cause of liver transplants in the western world. Non-alcoholic steatohepatitis (NASH) is NAFLD's most severe form, causing liver inflammation and may even lead to cirrhosis, liver cancer or the need for a liver transplant. The CLF continues to support researchers, liver specialists, dieticians and other professionals to reduce the incidence of NAFLD and understand how it may be diagnosed and treated more effectively.

FACTS ABOUT NON-ALCOHOLIC FATTY LIVER DISEASE

7,000,000+

Affecting over 7 million Canadians, NAFLD is the most common liver disease in Canada



4
Children as young as 4 can be affected by NAFLD

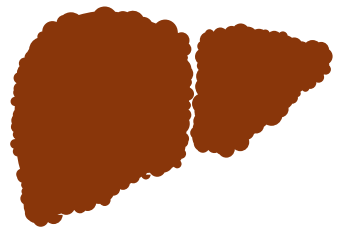


90,000



Up to 90,000 NAFLD patients can develop liver cancer

1/5

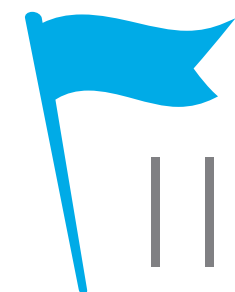


20% of people with non-alcoholic steatohepatitis (NASH) can develop cirrhosis



23%

Up to 23% of obese individuals have NASH



11%

11% of NASH patients may succumb to their condition

Tracy’s story

Tracy was diagnosed with non-alcoholic steatohepatitis (NASH) just after turning 30. In addition to her NASH diagnosis, came diabetes, esophageal varices and hypothyroidism. Tracy quickly learned that managing this aggressive liver disease is a full-time job. She felt emotionally and physically exhausted by all the doctor appointments, bloodwork, ultrasounds and biopsies she had to endure.

“Trying to manage all of this while also being a caregiver to my sick elderly parents whom both had diabetes, and my mom also having liver disease, was draining,” says Tracy. “We also discovered my older brother was diagnosed with NASH and had pretty severe liver cirrhosis.”

Unfortunately, there was still more bad news to come. After years of deteriorating health complications, Tracy’s mom passed away.

In mid-2016, both Tracy and her brother were fortunate enough to receive liver transplants. Today, Tracy is feeling great and she has now become a champion of the CLF, working hard to warn others about the dangers of non-alcoholic fatty liver disease.

“This disease has been devastating to my family,” says Tracy. “No one would want to go through what we have.”



Tracy

My best advice is to try to maintain a healthy diet, exercise and see your doctor regularly to have liver tests.

Fighting back against NAFLD

While obesity and diabetes continue to reach epidemic levels, so too does non-alcoholic fatty liver disease (NAFLD)—Canada’s leading liver disease affecting over 7 million people across the country.

Due to a limited understanding of risk factors and treatment options, The Canadian Association for the Study of the Liver (CASL) and the Canadian Liver Foundation (CLF) established the **2017 International Meeting on NAFLD**; the first of its kind in Canada.

Family doctors, specialists, researchers, medical students, and nurses gathered in Winnipeg during September of 2017 with a common purpose; to combat the alarming increase of NAFLD in Canada. Attendees were able to share their perspectives on the disease, identify areas for future research, promote international research collaboration and connect the knowledge gap between researchers and leaders in the field.

The meeting’s sessions comprised of in-depth discussions surrounding testing, NAFLD specific in children, risk factors such as genetics and nutrition, and much more.

As a result of this three-day event, participants are now able to better understand the current status of NAFLD and are equipped with a clearer roadmap as to how they may prevent, diagnose, treat and aspire to one day cure NAFLD.

2017 International Meeting on Non-Alcoholic Fatty Liver Disease



Presented by: Canadian Association for the Study of the Liver CASL ACEF Association Canadienne pour l'étude du foie

Sponsored by: liver.ca Canadian Liver Foundation Fondation canadienne du foie Bringing liver research to life Donner vie à la recherche sur le foie

Stepping out to save lives

Going out for a stroll never felt as good as it did in the summer of 2017 when hundreds of people from 11 cities took part in our annual **STROLL for LIVER**. This opportunity to lead a healthy, active lifestyle consisted of families and friends, from babies to grandparents, who took to the streets to walk and stroll for all Canadians impacted by liver disease.

Our top team-fundraisers, including “Simran’s Squad” (\$12,699), “Team Transplant – Larry’s Girls” (\$9,097) and “Dylan’s Rockstars” (\$7,905) propelled us on our way to raising \$147,000, and funding lifesaving liver research, education and support programs. We’re thankful for all our participants and volunteers for putting the “step” in a *step forward* on our mission to *bring liver research to life*!



Meanwhile, our **Give’r for Liver** teams kept on trekking hundreds of kilometres in Canada and all over the world. This event got supporters out to run half/full marathons in Canada (Calgary and Montreal), and the USA (Honolulu and Seattle)—all in support of the fight against inactivity and liver disease! A big thank you to the 114 Give’r team members (past and present) for participating in this 9th annual event. You and your supporters have helped us raise over \$608,000 for liver research since the event first began!



Know your Liver

To combat the lack of knowledge surrounding the liver and its overall health, the “**Know your Liver**” campaign was rolled out in January of 2017. Paired during a time of New Year’s resolutions such as eating healthy and exercising frequently, “Know Your Liver” employed charming liver cartoons, quizzical facts, interesting newsletter articles and touching personal stories.

Over 130,000 people were engaged online by a variety of liver health topics surrounding nutrition, immunization, cleanses and tests.



Viral Hepatitis

Viral hepatitis is a form of liver disease caused by viruses that attack the liver.

From short-term illnesses to chronic infections, viral hepatitis strikes thousands of Canadians with potentially life-threatening consequences. In Canada, two of the most common forms of viral hepatitis are hepatitis B and C. Most often, newly-infected adults with hepatitis B or hepatitis C have no symptoms. Others get a brief, acute illness with symptoms ranging from fatigue, to loss of appetite, to jaundice (yellowing of the skin and eyes).

Both hepatitis B and C can cause chronic (long-lasting) illness leading to liver damage and liver cancer.

Both viruses are also blood-borne diseases, and can be spread through body beautification (tattoos or piercing), intravenous drug use, and unprotected sex. People who have lived in Asia, parts of Europe and Africa are also at a higher risk of carrying hepatitis B or C without even knowing.

Early detection is the key to fighting viral hepatitis. The CLF has built a quick questionnaire that can help determine if you should talk with a healthcare provider about getting vaccinated and/or tested for viral hepatitis. Complete the assessment today at liver.ca/HepatitisQuestionnaire

FACTS ABOUT HEPATITIS

350,000

Chronic hepatitis B affects up to 350,000 Canadians



250,000

An estimated 250,000 people in Canada are living with chronic hepatitis C

#2

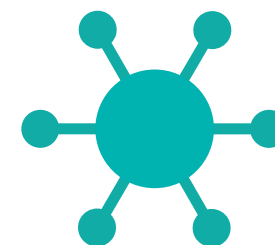


Hepatitis B is the second leading cause of cancer worldwide



44%

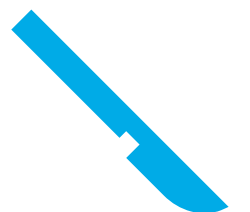
It is estimated that 44% of Canadians who have chronic hepatitis C do not know that they have it



100x

Hepatitis B is 100 times more infectious than HIV

#1



Chronic hepatitis C is the leading cause for liver transplantation in Canada



3/4

75% of Canadians with hepatitis C are thought to be born between 1945—1975

Elizabeth’s story

When Elizabeth learned from her doctor that she had hepatitis C antibodies (blood proteins that float through the body looking for viruses and bacteria), she was told 1 in 5 people kick the virus within a few months. Elizabeth left the doctor’s office confident she was one of the lucky 20 percent. She soon flew off to Mexico for a holiday.

“I felt healthy during the trip and didn’t think there was even a tiny chance I was infected with chronic hepatitis C,” says Elizabeth today.

When she returned home however, another test made it a reality; she did indeed have hepatitis C. Elizabeth soon learned that she had experienced symptoms of hepatitis C all along, but didn’t realize it. From her sudden weight loss, to her joint pain, Elizabeth felt the sobering reality that her situation was in fact quite serious.

A journalist by trade, Elizabeth dealt with her worries by researching and writing about them. She began learning much about hepatitis C treatments, past and current. She read study after study about the liver, and spoke with many doctors, researchers and hepatologists

whose work focused on liver disease. Her research on hepatitis C eventually became the book *Demon in My Blood*, published in 2017.

While writing her book, Elizabeth tried to figure out how she had initially come into contact with the virus. She thought it may have occurred when she suffered a hemorrhage after the birth of her daughter, and had to have a blood transfusion—a common route to hepatitis C infection decades ago.

Elizabeth felt uneasy about revealing her illness to others, but she opened up with close friends and immediate family.

“I’m grateful for the loving concern shown by my family and friends through my journey,” says Elizabeth. “While going through treatment, I was also able to form new and cherished friendships with others who had hepatitis C.”

Elizabeth was fortunate that her doctor had tested her for hepatitis C as a matter of routine. Due to its specialized nature, viral hepatitis screening is not always included in every patient’s routine bloodwork.



Elizabeth

You should definitely ask your doctor for a test, especially if you were born between 1945 and 1975 like me. I would also recommend staying connected with the Canadian Liver Foundation because of the great work they do to educate the public, fund lifesaving research and support those affected by liver disease.

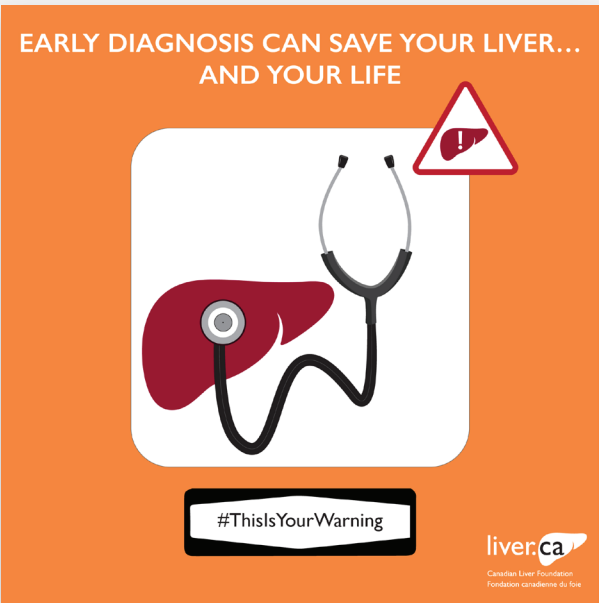
#ThisIsYourWarning Education Campaign

Alarms and alerts like smoke detectors were created to save human lives. Unfortunately, the same alarms and alerts don’t yet exist for “silent” diseases such as hepatitis C.

The 2017 #ThisIsYourWarning campaign aimed to present the public with recognizable “alerts” (both visually and audibly) that warn of imminent danger, as a way of contrasting that no such alert exists for the hepatitis C virus.

Launched leading up to World Hepatitis Day in July, the campaign objectives were multifaceted; aiming to raise the awareness of little-known hepatitis C risk factors such as age or country of origin, and to urge those who represent those demographics to get tested for hepatitis C. The CLF utilized numerous tools during this campaign including a Public Service Announcement (PSA) in English, French and Chinese, an online risk assessment questionnaire that motivated the audience to get tested, and a survey that collected new data about the average Canadian’s knowledge of hepatitis C.

Targeted outreach focused on adults born between 1945 and 1975, (a group that is statistically at higher risk of having hepatitis C), was disseminated in three languages (English, French, and Chinese). The CLF used numerous media channels (traditional, online, and social) to reach approximately 8.2 million Canadians.



Hep Beware

It is not known exactly how many Canadians are hepatitis B carriers. There are an estimated 350,000 Canadians living with chronic hepatitis B, many of whom are from the Asian-Canadian community.

Hepatitis B is a common and often deadly, but silent liver disease. People can have chronic hepatitis B for 20–40 years without experiencing any symptoms, and 20–30% of people with this liver disease will develop advanced liver conditions like cirrhosis, liver cancer or liver failure.

In order to estimate the magnitude and improve early diagnosis and treatment of hepatitis B in the Greater Vancouver Area’s Asian-Canadian community, the Canadian Liver Foundation (CLF) is proud to be a partner in launching the **Hep Beware** screening project. The initiative was made possible by the generous support of Vancouver-area philanthropists, Mr. and Mrs. Sonny and Florence Leong, and corporate donor, the Vancouver Bullion and Currency Exchange.

Led by Dr. Francis Ho and Dr. Peter Kwan, The **Hep Beware** project is the first of its kind in Canada, and involves the cooperation of physicians, nurses, and volunteers who specifically focus on those living with chronic hepatitis B and may be unaware of their status. Advocacy for early diagnosis is a major component of this project. Earlier diagnoses of liver diseases can lead to earlier treatments and eventually, can save lives.

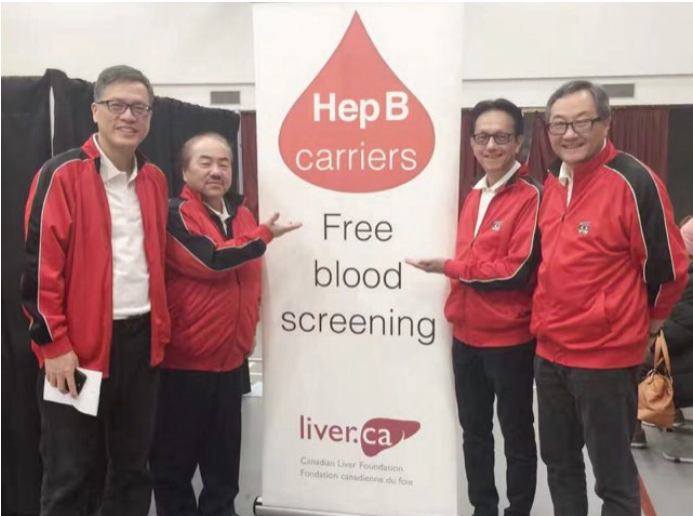
The hepatitis B tests are free of cost and are projected to take place in 20 public locations in 2018 (including community centres, churches, malls and schools) with plans for more locations to be added. Once tested, those found to be hepatitis B positive will be directed to their family doctors for follow up. This is done in order to streamline the treatment process and keep patients feeling informed and comfortable.

The CLF would like to once again thank Mr. and Mrs. Sonny and Florence Leong and the Vancouver Bullion and Currency Exchange for their commitment to liver health in Canada, as well as Dr. Francis Ho and Dr. Peter Kwan for spearheading this lifesaving initiative.



Dr. Francis Ho, MD

This project is a first step forward towards my dream, that one day there will be no hepatitis B in the world.



Advocating for reformed hepatitis C screening

An estimated 44% of Canadian’s living with chronic hepatitis C remain undiagnosed and therefore, untreated.

This sets them on a path of progressive liver disease which may lead to cirrhosis, liver failure, need for transplant and death. It is also a clear indication that Canada’s existing risk-based screening practice has not been effective. Since 2012, the CLF has strongly advocated for adding age-based screening of adults born from 1945–1975 to the existing practice of screening based solely on identifiable risk factors.

In 2015, the Canadian Task Force on Preventative Health Care (CTFPHC) was assigned the responsibility by the Public Health Agency of Canada to review the evidence regarding the existing hepatitis C screening practice and ultimately make recommendations. Unfortunately in 2017, against the advice of the CLF and many liver specialists across the country, the CTFPHC issued its guidelines to continue screening for hepatitis C based only on risk factors.

In response to this decision, the CLF took action, collaborating with three other liver health and medical associations on a letter to the Honourable Jane Philpott, Minister of Health. This letter identified several areas of concern with the CTFPHC’s screening recommendations and asked that Minister Philpott instruct the CTFPHC to reconsider their decision.

To reinforce the importance of early diagnosis of hepatitis C, the CLF sent educational brochures on hepatitis C screening to 18,000 primary healthcare providers across Canada and conducted a national public education campaign encouraging Canadians to complete an online hepatitis risk assessment, and to talk to their doctors about getting tested.

The CTFPHC’s decision has presented a challenge for Canadian liver health organizations that are working diligently to support Canada’s goal of eliminating hepatitis C by 2030. The CLF believes this milestone is within our reach, and will continue to take part in coordinated efforts to prevent, screen, diagnose and treat Canadians living with hepatitis C.

HEALTH

July 28, 2017 11:52 am

Updated: August 3, 2017 12:56 pm

Liver foundation urging Canadians to get tested for hepatitis C



By Annabelle Olivier

Web producer Global News

Comments

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Global News Morning

World Hepatitis Day





Liver Transplantation

A liver transplant can be a major life-saving operation that replaces a diseased or poorly functioning liver with a healthy donated liver.

A liver transplant recipient can receive either an entire liver or a portion of a healthy liver, from a living or deceased donor. Liver transplants are widely regarded as a treatment option for people with liver failure; meaning it is often the last resort for patients with progressive liver disease.

While we are grateful for the skillful work of liver transplant specialists, we hope to continue to improve liver disease prevention and treatment, so that one day, we will no longer have a need for liver transplantation. From humble beginnings, Canada saw its first living liver transplant take place in 1993. Today, the average success rate in Canada for both adult and pediatric liver transplantation is over 80%.

FACTS ABOUT LIVER TRANSPLANTATION

5,340



5,340 patients in Canada are living with a transplanted liver



500+

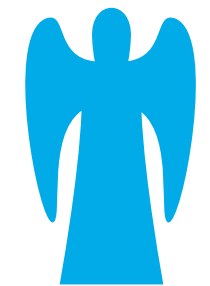
Over 500 liver transplants took place in Canada during 2016*



400+

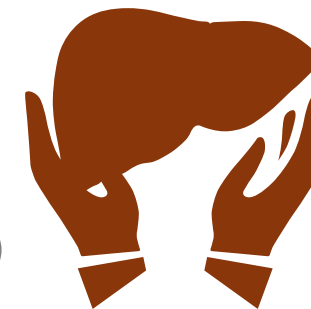
Over 400 people are waiting for a liver transplant in Canada

90



90 children and adults died waiting for a liver transplant in 2016*

2006



In 2006, the first anonymous living liver donation was performed in Canada

80%



80% is the average success rate of transplantation for adults and children in Canada



90%

A donor's liver can regenerate to 90% its original size in a few months

* Most recent stats from the Canadian Organ Replacement Register (CORR).

Amy's story

Amy was born into a life with liver disease. Having biliary atresia (the leading cause of liver failure in newborns) since infancy, she was regularly confronted by some terrifying thoughts; ‘What if my liver fails suddenly?’ ‘Will I die waiting for a liver?’ ‘What will happen to my six-year-old son?’

Most times, Amy’s tremendous support system of family and friends were able to help her subdue her concerns. But in the summer of 2017, Amy’s worst fears became a reality. After years of managing her condition, her liver began to fail.

Just one night before attending the Canadian Liver Foundation’s Calgary LIVERight Gala for her third time, Amy was put on the transplant list.

“Attending the Gala that night, and being amongst my liver community, I felt like I had their undeniable support,” says Amy. “I also knew that no matter what happened, I had a team of hepatologists and support staff who I could trust, and I needed them now more than ever.”

Amy left the Gala that night feeling confident in the transplant process. She was surrounded



by support from the CLF community and from the team of doctors and specialists in attendance who gave her hope that she would receive her gift of life. Unbeknownst to her, Amy would receive a phone call the next night informing her that she would receive a liver transplant. In November 2017, Amy successfully received her liver and is slowly regaining the life she missed out on due to her illness.

“I am grateful I have the CLF as an integral part in the next chapter of my life,” says Amy.



Amy

The advancements in liver transplant research, the reduction of wait times—these are all things that can be pointed back to organizations like the CLF

Liver disease is #TooClose4Comfort

The need for a liver transplant can be concerning on its own.

Adding to the fact that liver disease is often an ‘invisible’ illness that portrays little to no warning signs until it’s too late only increases how terrifying liver transplantation becomes to patients.

The 2017 Liver Health Month awareness campaign dubbed “#TooClose4Comfort” further reinforced the 2016 CLF-updated statistic that *1 in 4 Canadians may be affected by liver disease*. The premise of #TooClose4Comfort was that not being able to see any physical signs of liver disease does not necessarily mean it is not present. Often times, symptoms do not appear until the disease has progressed towards the development of cirrhosis, cancer and/or the need of transplantation.

The #TooClose4Comfort campaign reached over 700,000 Canadians online through the use of creative imagery, an informative website landing page and persuasive written content. The CLF utilized various communication channels like social media, email newsletters, and web advertisements in English, French and Chinese to reach an even wider demographic.



Expanding access to transplants

An estimated 20 percent of donor livers are being turned away due to seemingly unavoidable damages like sitting on ice too long, being deprived of oxygen, being infected with viruses (such as hepatitis B or C), or being too fatty.

These “high-risk” livers make a complicated situation more complex for the over 400 Canadians waiting on the liver transplant list. Having no option but to wait even a few days more can be a life or death situation for some of these patients.

The Canadian Liver Foundation (CLF) is proud to be a partner with the Canadian National Transplant Research Program (CNTRP) who is investigating numerous methods to use these “high-risk” livers safely, thereby ensuring little to no donor-livers go to waste. Through the use of a machine called the OrganOx metra®, donor-livers are stored in an environment mimicking that of the human body. They receive blood, are maintained at body temperature and are closely monitored by doctors—keeping the liver in great shape before a transplant.

Currently, there are only two OrganOx metra® machines in Canada, but one day this technology may be a staple in every transplant centre across the country.

We are pleased to report that through these groundbreaking 2017 CNTRP clinical trials, the teams of Dr. James Shapiro (Edmonton) and Dr. Markus Selzner (Toronto) **transplanted 14 livers** that would not have been transplantable if using conventional storage techniques. Additionally, this trial included some livers that had been turned down by all US transplant programs before being rescued on the metra® and being transplanted safely in Canada.





Liver Cancer

Liver cancer may be the end result of many liver diseases.

Its most common form called hepatocellular carcinoma (HCC) may develop into multiple tumours, a pattern common in people with liver cirrhosis (scarring of the liver). Another common liver cancer is called cholangiocarcinoma, which originates in the bile ducts of the liver. To make matters worse, many cancer cells from around the body can travel through the blood and lodge themselves into the liver. These secondary cancers that spread from other parts of the body to the liver are 30 times more prevalent than primary cancers (cancer that starts in the liver).

In Canada, the overall survival rate for liver cancer patients five years after receiving their diagnosis is a mere 20%. The current belief is that nearly half of liver cancers today could have been prevented if people reduced their fatty food, alcohol, and sugar intake and were tested for liver diseases like hepatitis earlier.

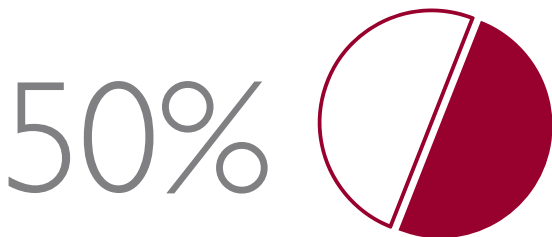
FACTS ABOUT LIVER CANCER



Since 1970, liver cancer cases have tripled for men and doubled for women



Liver cancer is the third leading cause of cancer death worldwide



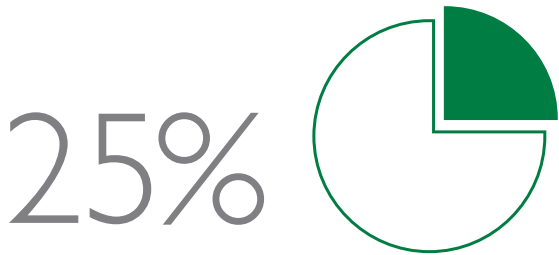
Up to 50% of cancers worldwide may be due to hepatocellular carcinoma



20% of liver cancer patients survive within five years of being diagnosed



More than half of liver cancer patients cannot be treated with current therapies



25% of adults worldwide who have chronic hepatitis B later die from liver cancer

Brock's story

Brock was quite an active 10-year-old. With triple-A hockey in the winter and triple-A baseball in the summer, it is safe to say that Brock's family was consumed by the hectic lifestyle of raising three active boys.

That is why when Brock visited his family doctor just two days after hockey tryouts; the family was stunned to hear of his diagnosis; hepatoblastoma, a type of liver cancer.

Life slowed to a standstill—Brock could no longer participate in sports, and he missed school due to long and strenuous chemotherapy sessions. Despite it all, Brock's biggest fans (his family) refused to give up, remaining positive that a cure would be found before it was too late.

At the instruction of their liver cancer specialist, Brock was put on the transplant list and soon after, received a new liver. A month later, in September 2017, Brock wrapped up his last round of chemotherapy and is now considered cancer-free.



Brock and his family went on to attend our 2017 Toronto LIVERight Gala as honoured guests, where he and his mom Julie recounted their family's story of living through liver cancer to a crowd of over 300 guests.



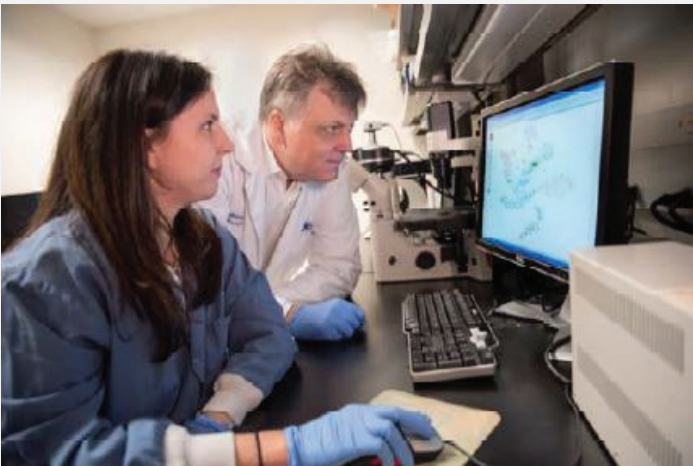
Julie,
Brock's mom

We will be forever grateful to the organ donor and his or her family for offering this incredible gift of life to Brock. Of course, we are so thankful to the Canadian Liver Foundation knowing that their focus on liver research is so strong and successful.

A good offence for liver cancer's defence

In 2016 the Canadian Liver Foundation (CLF), in partnership with the Toronto General & Western Hospital Foundation (TG&WHF) awarded a \$1.2 million grant to be paid over three years to a team of doctors and researchers. This group of specialists are exploring how to break down liver cancer's defences and make a tumour vulnerable to chemotherapy and other treatments.

In 2017, Dr. Ian McGilvray (University Health Network) and his team worked diligently to fight liver cancer by harnessing the power of the body's immune system. Dr. McGilvray's team has established techniques using nanoparticles to target tumour-associated macrophage (TAM) cells, which are cells that create a defensive layer around cancerous cells, thereby making the cancer practically invisible to the body's own immune system. If the body could break down these TAMs however, the immune system could then locate and destroy cancer cells with or without the assistance of chemotherapy and other treatments.



“Liver cancer is increasing in frequency dramatically in Canada, and treatments are often unsatisfactory,” says Dr. Morris Sherman, CLF Chairperson. “Thanks to Dr. McGilvray's team, our partnership with the TG&WHF and our tremendously generous donors, this project is taking *a step forward* towards clinical trials that can provide more effective treatments against liver cancer.”



Canadian Liver Foundation
Fondation canadienne du foie

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

A personal (and global) perspective on HCC

The most common form of primary liver cancer (cancer that starts in the liver) called hepatocellular carcinoma (HCC) may account for up to 50% of cancers worldwide.

That is why in 2017, thirteen countries around the world unified to create the first ever global HCC patient survey. The survey’s goal was to better understand the HCC patient’s experience and to compare the effects of later-stage treatment on their quality of life. Understanding the patient’s quality of life is a critical step toward improving treatment in any disease.

The CLF collaborated with our international partners and invited the Canadian liver cancer patient community to contribute to this global initiative. The CLF promoted this opportunity via our social media and email newsletter channels, reaching close to 40,000 Canadians. In addition, we circulated 400 flyers to Canadian liver specialists across the country to share with their patients. We also distributed press releases to Canadian news networks in English, French and Chinese. The results of this global survey were presented at the 2017 World Congress of Gastrointestinal Cancer in Spain.

Thank you to those who chose to share their personal experiences through this survey. Your voice from Canada will contribute to a better understanding of liver cancer globally, and may one day lead to improved treatments and quality of life for those impacted by liver cancer.



Liver Disease in Children and Youth

Liver disease in children and youth is an umbrella term incorporating many diseases that may affect all kids from infancy to adolescence.

The cause of most liver diseases affecting children still remains unknown with no cure. These conditions (some of which occur in children and adults) include Alagille syndrome, alpha-1 antitrypsin deficiency, biliary atresia, hepatitis, liver cancer, non-alcoholic fatty liver disease, and Wilson disease. For children with liver disease, life consists of frequent hospital trips and uncomfortable symptoms like nausea, pain, itchiness and extreme fatigue.

The Canadian Liver Foundation funds much-needed research to uncover the answers to how these diseases can be prevented, diagnosed earlier, treated and cured. Without these critical steps, children remain at risk of developing cirrhosis, liver cancer and the need for a liver transplant.

FACTS ABOUT LIVER DISEASE IN CHILDREN AND YOUTH

#1



Biliary atresia is the leading cause of liver failure in children

1/5

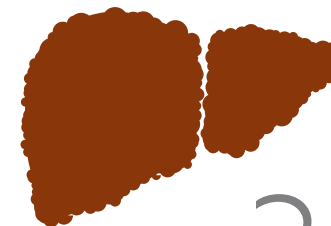


1 in 5 obese children also have non-alcoholic fatty liver disease

90%



90% of infants and children with hepatitis B usually remain infected for life



30—50%

30—50% of children with Alagille syndrome may develop scarring leading to cirrhosis

Taya’s story



Taya was diagnosed as a newborn with biliary atresia, a liver disease that is the leading cause of liver failure in newborns and children, her parents were in absolute shock. At just 11 weeks-old, Taya underwent a five-hour surgery called the “Kasai procedure” required to prevent further damage and save her liver. The surgery was a success, but one thing was certain; Taya would need a liver transplant in her future.

Despite some ups and downs with liver infections, Taya seemed to endure the first decade of her life quite well. However, due to her aggressive liver disease, Taya soon developed hepatopulmonary syndrome, a condition where blood vessels in the lungs become enlarged, causing a shortness of breath and low oxygen levels. Seeing her condition worsen, Taya’s doctors put her on the liver transplant list in August of 2017.

After numerous tests, it was discovered that Taya’s mother Jennifer was a suitable match and could serve as Taya’s living donor. Taya successfully received a portion of her mom’s liver on December 12, 2017. Though mom and daughter are both doing well, Taya’s journey is not over yet. She will continue to be carefully monitored, learning to adapt to a new life; transitioning from a baby with liver disease, to a young recipient of a liver transplant, where she will likely have to take anti-rejection drugs for the rest of her life.

Through it all, Taya has been an inspiration. She has remained strong and positive, with hopes and dreams for a bigger, brighter future.



Taya

My ultimate goal: living in a world where no child will suffer each day with liver disease.

A Night to Beat the Odds

Excitement rang out across the country in November 2017 as The Canadian Liver Foundation (CLF) hosted our **LIVERight Galas**, a celebration of liver health in five cities—Calgary, Montreal, Ottawa, Toronto and Vancouver.

Across the country, we honoured six unique children and youth who shared their harrowing battles with different liver diseases from biliary atresia to liver cancer. The Galas also paid tribute to a number of dedicated researchers, liver specialists, volunteers, donors and sponsors.



The fundraising events were a smash hit, delivering breathtaking nights filled with top notch entertainment including, Canadian rock legend Randy Bachman headlining the Toronto Gala, Take Five in Ottawa and the Matt Blais Band in Calgary getting audiences up on their feet and dancing the night away. The CLF introduced its first-ever LIVERight Gala in Montreal in 2017. The Montreal Gala attendees were joined by the circus art performance group Cirque Éloize. Guests at all Galas were also treated to a three-course gourmet meal and live/silent auctions.

Thanks to the generous support from our volunteers, attendees, special guests, sponsors, and donors, the 2017 LIVERight Galas set a fundraising milestone for the CLF, raising \$1.1 million dollars and sending us *a step forward* towards our mission of *bringing liver research to life!*





A Step Forward...

Your support is what drives the Canadian Liver Foundation (CLF) to *step forward*, but the need to take longer strides is necessary to reduce the impact of liver disease as soon as possible.

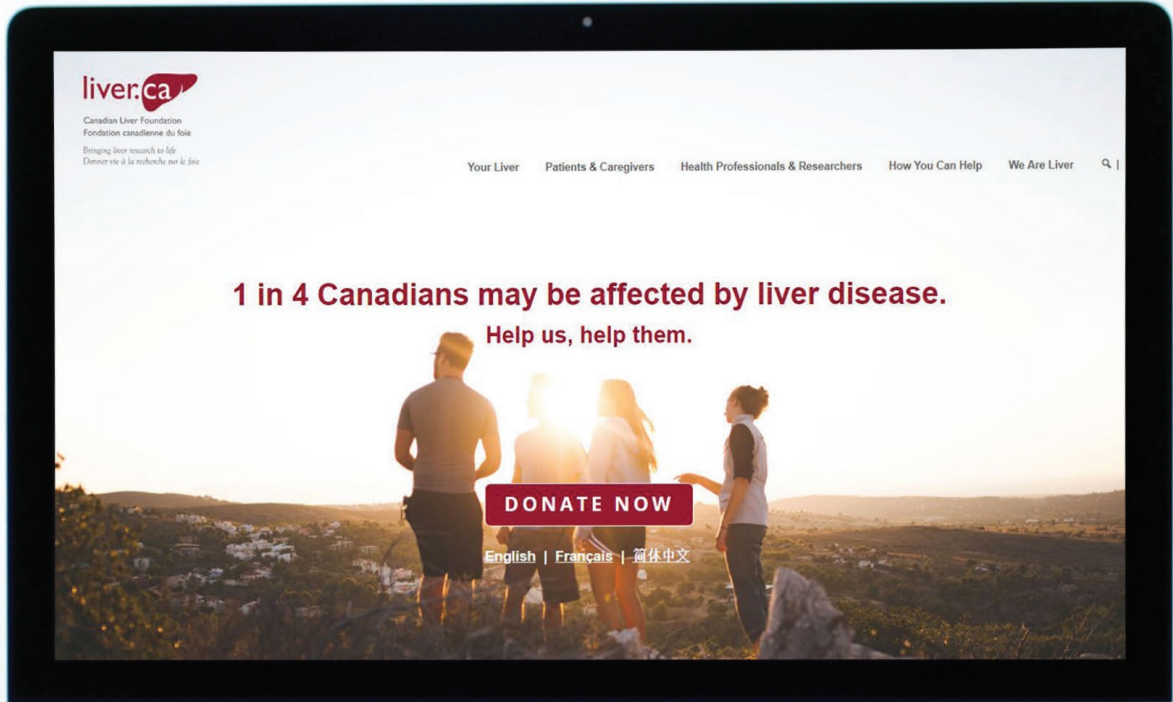
Taking a *step forward* includes the additional funding for research that inches us closer to the prevention, early diagnosis, treatment and cure of liver disease. It is knowledge which shapes the public mindset to think of liver health as a top priority. It is ensuring that those who are somehow personally affected by liver disease never feel alone or hopeless through their battle. It is advocating for equal access to treatment despite any circumstances.

In this section, we would like to highlight some of the more positive aspects of liver health and disease; the progression, the optimism and the successes that fuel our quest of *bringing liver research to life* for all Canadians.

An online makeover

To compliment an online world full of constant changes, the CLF underwent a remodelling of our website. Our revamped site now offers our audiences of patients, caregivers, healthcare professionals, and the general public a user-friendly layout to easily discover credible and helpful information. By researching and gathering our web visitors' needs, we ensured that practical information remained at the forefront of the site. Some examples include information on liver disease risk and prevention, and CLF support programs and services, for patients and caregivers.

Additionally, our new site provides the medical community evidence-based information, practical tools and resources to help them improve liver health in their community. Equipped with comprehensive information and resources that will be updated frequently, our site makes it easier than ever for Canadians to be informed on and persuaded to lead a liver-healthy life.



Fostering knowledge in the community

“You can’t fix what you do not know is broken”.

While this may sound like an ancient proverb, it is actually an apt description of liver disease prevention—we simply cannot expect our community to enjoy a liver-healthy life without providing education on liver disease prevention and important risk factors.

Fortunately, the LIVERight Health Forum is an incredible face-to-face opportunity that does just that. The Forums offer in-depth presentations and Q&A sessions with some of Canada’s leading liver specialists, family doctors, and dieticians—all completely free to the public.

In 2017, five cities (Calgary, Edmonton, Toronto, Vancouver and Winnipeg) welcomed 1,412 attendees interested in learning about hepatitis B and C, non-alcoholic fatty liver disease, liver cancer, children’s

and youth’s liver diseases, liver transplants and nutrition to improve their liver health. In Vancouver, simultaneous translation was offered in Mandarin and Cantonese to increase the breadth of attendees and allow different communities to feel included.

The forums also welcomed a number of attendees currently living with liver disease. Experiences were shared and support was provided at the forums to community members who saw that no single age, gender, ethnicity or lifestyle was exempt from being affected by liver disease.

With the positive reviews provided by participants, it is clear to us that the LIVERight Health Forums continue to be an essential asset to liver health education in Canada.



Dr. Kelly Burak,
2017 Calgary LIVERight Speaker and
Associate Dean of Continuing Medical
Education & Professional Development
at the University of Calgary

The LIVERight Health Forum exposes the general public to recent breakthroughs in the management of common liver diseases. What the general public may not know is that the signs and symptoms of liver disease are often very subtle until the advanced stages, which is why early detection is key.

The LIVERight Health Forum addresses obstacles in liver health like hepatitis C for example, a treatment that now has a cure, but very few patients have received because of the cost of medication or because they simply don’t even know they are infected. At the Health Forums, we are also highlighting how to empower patients and primary care providers to manage common problems like non-alcoholic fatty liver disease.

LIVERightTM
Health Forum

Supporting the advancement of liver disease treatments

The Canadian Liver Foundation believes that physicians and their patients should have access to as many therapy options as possible in order to make suitable treatment decisions based on the individual patient’s healthcare needs.

Throughout the year, the CLF invites those living with or caring for someone with liver disease to share their personal perspectives on how they have been impacted; this includes patients, caregivers and healthcare professionals. These groups use the power of their personal experiences to help improve access to treatments for liver diseases. Their voices provide a firsthand account of what it’s like to live with a particular liver disease and, equally important, what benefit new treatment options may have on the lives of numerous Canadians.



Recognizing innovators in liver health

The Canadian Liver Foundation (CLF) established the **Gold Medal Award** in 1983 to recognize Canadian and international doctors and scientists who have made a significant contribution to the advancement of liver health and disease. Today, it is awarded jointly with the Canadian Association for the Study of the Liver (CASL). The CLF-CASL Gold Medal recipients make up an impressive list of internationally-recognized liver specialists.

In 2017, the CLF-CASL Gold Medal was awarded to **Dr. Anna Lok**, a world-renowned hepatologist whose quest for knowledge in uncovering the complexities of viral hepatitis has shaped her distinguished career. As a leading clinician, researcher and educator, Dr. Lok has effectively impacted how chronic hepatitis is studied and treated in three continents, thanks in part to the countless specialists she has mentored who practice around the world.

Becoming one of the first to describe the different phases of the chronic hepatitis B infection, Dr. Lok has gone on to publish more than 350 articles, reviews, editorials and book chapters, including the *Guidelines on Hepatitis B* for the American Association for the Study of Liver Diseases (AASLD).

The knowledge gained from the collective research of Dr. Lok and all other past Gold Medal recipients has provided the CLF with the information we need to help improve the lives of Canadians living with, or at risk of liver disease.



Better together

The impact of liver disease is not only experienced by patients, but by caregivers and family members as well.

A key pillar of what makes the CLF comprehensive is the ability to support and console those Canadian's who walk among us with liver disease. In 2017, the **Living with Liver Disease** program continued to do just that; providing support for patients, caregivers, family members and individuals interested in liver health from around the Greater Toronto Area. With seven sessions in English, four in Cantonese, and two in Mandarin, attendees came together to hear presentations on liver health and liver disease, support each other as peers, and share their personal experiences.

These sessions included presentations on the importance of proper nutrition, updates on viral hepatitis treatment, information on the Ontario Public Drug Program as well as a panel discussion with liver transplant recipients and living donors.

As always, we're thankful to the peer support volunteers who helped facilitate these sessions, as well as the doctors, researchers and nutritionists who shared their valuable insight with attendees.

Thank you to all who attended our sessions and demonstrated your personal commitment to liver health.



Reaching the Asian community

With liver diseases like chronic hepatitis affecting diverse ethno cultural communities, the CLF continued its efforts to promote liver disease and liver health awareness in Asian communities. In 2017, the CLF saw 159 articles published in Chinese-Canadian newspapers, totalling a reach of approximately 190,000 people.

A new liver health column was also created and 10 articles were published in Evergreen News (a community monthly magazine in Vancouver). The CLF's original public service announcements were broadcasted on Chinese television programs throughout the year to educate those on subjects like the risk factors of hepatitis C, and our warning that *1 in 4 Canadians may be affected by liver disease*.

64 頁健康Emma 2017年04月21日

健康 Health 地產週刊

liver.ca

加拿大肝臟基金會
Canadian Liver Foundation

你被藥物傷過肝嗎？

加拿大藥劑公司的消費專家調查指出(CBC's Marketplace)一項節目中指出，那些造成飲用的含酒精提神的減肥藥品可能對肝臟有害。然而由此類產品引發的肝臟損害非常罕見，但確有發生。因為肝臟是大多數藥物、草藥、維生素和補充品的化學加工中心，因此超量、藥物組合或者長期服用，都可能會產生副作用而傷害肝臟。

那麼，服用西方藥、非西方藥、草藥或其他藥物，都有損肝臟風險？以下一些建議有助於降低風險，並確保服用的藥物安全有效。

為避免潛在的不良反應，告知醫生所有你在服用或計劃服用的藥物或保健品，包括西藥和中藥。

中西藥產生副作用與服用方式有關，而在服用第一時間後，應先服用一次低劑量，以判斷肝臟對藥物的耐受程度。服用藥物時應注意及時換藥時間。
必須定期檢驗藥物副作用，並定期隨病而服用，不可隨意停藥。需要注射的藥，同時服用的不藥房可能有含類似成分。

*服用可分解藥物則酒、咖啡等增加肝臟損傷的風險。他爾斯(Herapain)含有他爾斯成分，應避免使用。

服用多種(Tylenol)與其他含有解熱鎮痛成分的藥品必須特別小心。當服用解熱

一種以上的止痛藥或感冒藥時，超量的總劑量可能會造成嚴重副作用。如果有肝病問題，請向醫生諮詢有關避免服用此種藥物的用法。

一小瓶服用中或大瓶成藥元素含有，因為某些補充劑在大時可能損傷肝臟。例如：高劑量的維生素A、D和E。
一些藥用植物如聖約翰草(Saint John's Wort)或西柚油(葡萄柚)的保健產品，西柚精油和它的化學成分會影響到許多分解酶的作用。它可能引起一些副作用，降低及抑制酶及廣泛性，已證明西柚油產品可能加重嚴重副作用，引起不良反應甚至危及生命。

一般如是有慢性肝病或其他肝臟疾病，在服用處方藥、非處方藥或草本前，應諮詢醫師。肝膽功能正常者通常，服用任何補品或藥物前應先諮詢。

導管能造成急慢性乙型肝炎內型肝病的發達，並逐漸發展成肝硬化。這一定是嚴重的，即服用「肝」藥一，也可造成肝肝病。服用後，應停止服用所有的藥具（如阿司匹靈、安眠藥、止咳藥、哮喘吸入器），斷絕一切煙、酒、大麻、毒品。

想購買如何選擇對肝臟有益的食品，請瀏覽 www.liver.ca 下【肝臟健康資源指南】。你想瞭解有關肝臟健康的資訊，可致電加拿大肝臟基金會熱線 1-800-565-5683。

2017 護肝生活系列講座開始了！

主講：李名堯營養師全職顧問 (粵語)
時間：4月22號晚上7:00 - 8:30
主辦：香港城市大學東區 (Eastman Chan)
地點：H101, 21-55 West Avenue, Markham
報名及查詢：(416) 491-3332 / 9294, China@liver.ca

春季養生宜養肝 謹記肝臟排毒需要注意這些

春季養生最良好的方法就是好好地保養你的肝臟。肝臟是人体内最重要的解毒器官，春季最宜養肝。一旦肝臟受損，即使你吃的排毒系統也會崩潰。因此如何保護好肝臟呢？

依據中醫學說，春季之中，春天屬木，而人體的肝臟五行中也屬木，因而春季

通肝，春季也易於犯肝。那麼，如何在春季裏養好肝臟呢？肝臟的主要功能排毒，春季容易上火傷肝，怎麼養才不至於犯肝呢？

1. 春食、肝臟忌食食物與食品
春季，肝氣旺盛，每個人都會在中醫中提到的肝，吃得那麼多，攝

入的卡路里才能夠消耗完呢？可是吃得太飽呢？

不規律的飲食方式，導致營養攝入過多，不僅是健康，而且增加了肝臟的負擔。所以想要維持好肝臟你就得控制了物量基礎。

2. 養肝、禁食辛辣燥熱食物
說到養肝，古人首先想到的是它剋勝的脾土，其實，它古丁還對肝臟造成損傷。

吸煙時大量吸入的一氧化碳會破壞血紅蛋白與氧結合，造成組織缺氧，會對肝臟造成傷害。

而且，吸煙還大大增加了患肝癌的危險，會使你患上各種癌症的可怕。

3. 戒煙、保持體態良好也是保肝良藥
肝中的脂肪堆積，「脂肪肝」計，所以如果果腹，首先要從戒煙開始開始。

因為顯而易見分很多因素影響到。

對於肝臟健康基本以上幾點都不平了的OK，要緊，眼睛總是散光受受受的部位之一。所以不要以為肝臟在電腦前。

4. 戒煙、戒煙也是保肝良藥
肝的毛病與每天吸食大量的水分，成人每天需要喝水 2000 ~ 2500 毫升的水。

水喝多了，就會給肝臟的排毒工作帶來困難，因為只有充足的水分供應，才能讓肝臟正確的工作，對各種有毒物質進行分解代謝。

5. 戒煙、紅色食物
心臟、肺也有自己喜歡的顏色，肝臟喜歡的是綠色。

戶外活動，郊遊都是肝臟愛好者的，多看些綠色可以間接地促進肝臟的機能，使肝臟能及時清除血液中的毒素，讓公路上這一小滴綠意也有同樣的作用。

肝臟是體內多處理的器官，因為中醫學說“青色入肝”，所以起到舒肝理氣的作用。

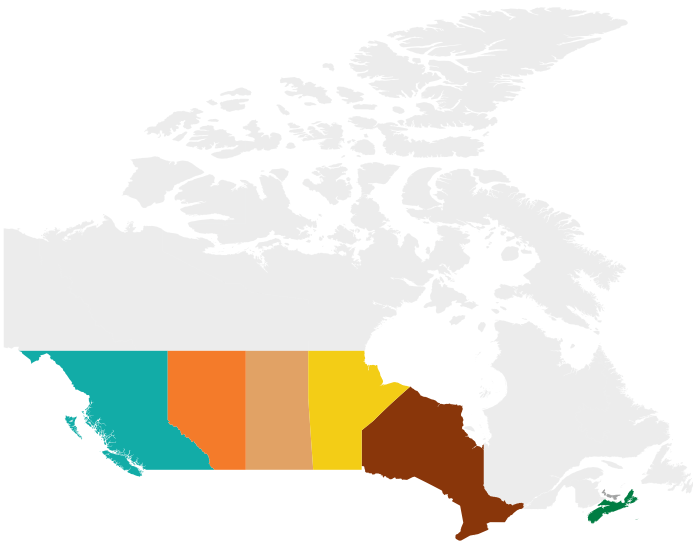
來源：三九養生堂

[illegible]

Raising the bar

Each year, hundreds of people band together for the sake of liver health.

Whether it's those who lace up their runners, pedal away on their bikes, or polish their dancing shoes, we are grateful for Canadians who "raise the bar" and accept the challenge of fundraising for liver disease and liver health. Thank you for driving the momentum of the Canadian Liver Foundation in any way you choose!



ALBERTA

Jim Kupczak Spartan Challenge

Nathan Nightwolf Karaoke
(in memory of Donnie Garland)

Ironside Fitness
(March is Liver Health Month)

UniverSoul Dance

Alberta Blue Cross Casual Friday

ONTARIO

Kyle's Run

SASKATCHEWAN

Cabaret In Memory of Stefan Jamont

BRITISH COLUMBIA

Sandra Lang & Two Mikes Concert

Shen Wu Music of Life Concert

Rouge et Blanc (Run for Lives)

Film Festival Gala

MANITOBA

Pinawa Birthday Celebration (Tim Hortons)

Fire & Water Music Festival (Tim Hortons)

NOVA SCOTIA

17th Annual Lower Deck Golf Tournament
(in memory of Barry Martin)

Matthew Meekins Memorial Stroll





Treasurer's Report

We are pleased to present the Canadian Liver Foundation's financial highlights for the year ended December 31, 2017.

Through the continued support and generosity of individual donors, corporate sponsors and the many partnerships formed, we continue to bring liver research to life for all Canadians.

The Canadian Liver Foundation's Donations and Chapter Revenue was \$6.9 million in 2017 compared to \$6.6 million in 2016. This reflects ongoing and expanding support from our key stakeholders.

Research Trust Funds revenue increased to approximately \$2.7 million compared to \$2.0 million in 2016. These funds have paid out \$2.0 million in research programs compared to \$1.5 million in 2016. In 2017, we had \$844,000 in research grant disbursements to fund projects in liver cancer, hepatitis B vaccination, fatty liver disease, human liver development and hepatic encephalopathy.

In total, we have paid out over \$2.9 million in 2017, in research programs and research grants compared to approximately \$2.1 million in 2016, which is a 35% increase over 2016.

Our support for current research and education and our commitments for future research continue to grow. At the end of 2017, we have committed over \$1.4 million for future research projects. As is our policy, we only pledge for research from resources available at the time of the commitment.

Expenditures on Programs in 2017 were approximately \$3.6 million compared to \$2.9 million in 2016, a 24% increase over 2016.

We have maintained operational efficiency at \$3.0 million; this includes fundraising and administration costs.

Our financial position remains sound. At the end of 2017, we had current assets of \$1.9 million and investments of \$4.9 million.

Our total fund balances have decreased in 2017 by \$73,000 (-1%), the General Fund has decreased by \$385,000 (-23%), which reflects the degree to which we have committed our surpluses from operations to fund our Research and Education missions.

Research Trust Funds have increased by \$561,000 (17%) and the Medical Research Trust have decreased by \$250,000 (-15%). All of the fund changes are reflected in either current assets or investments.

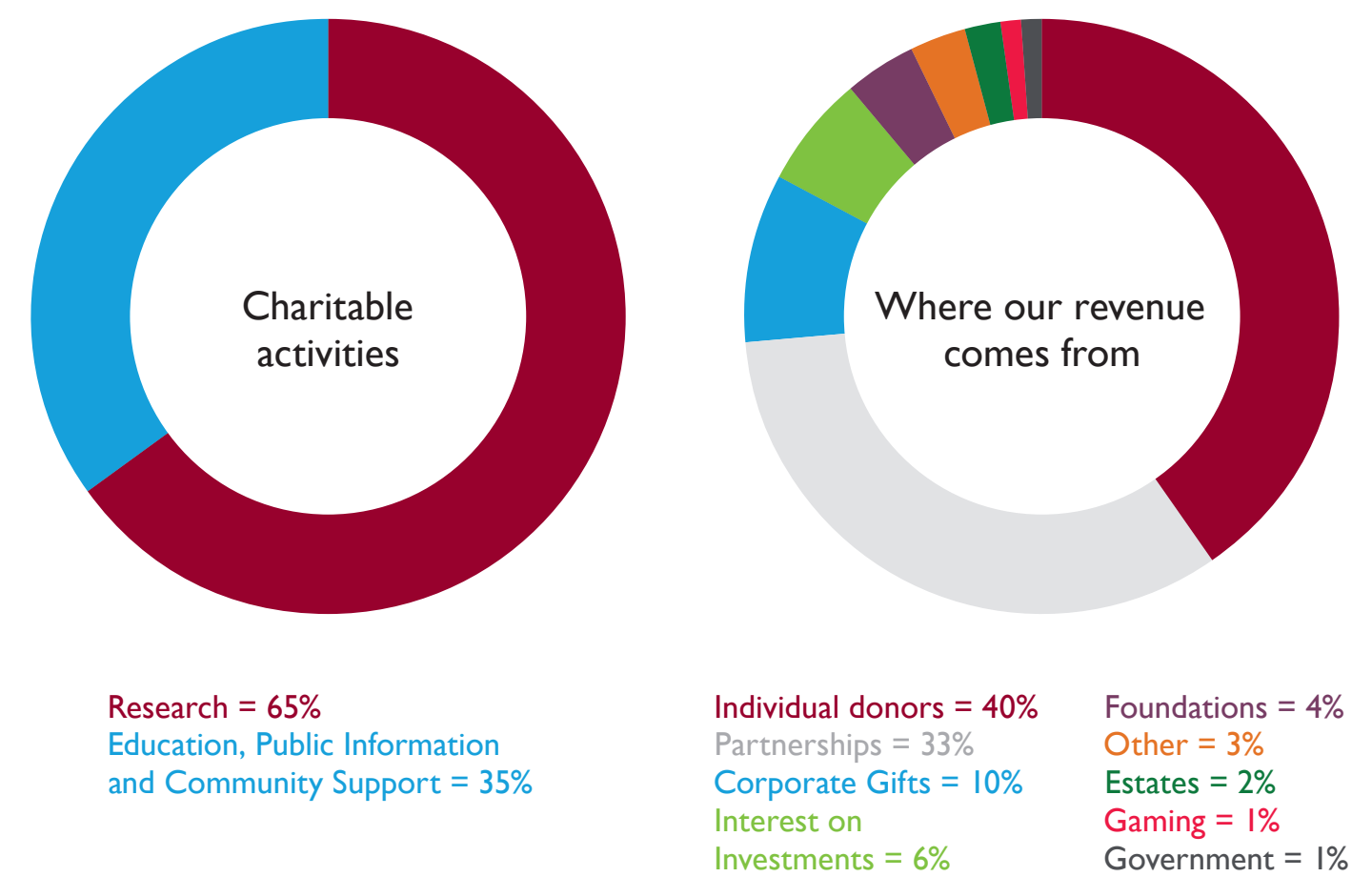
The annual investment return for 2017 was 9.0%. We earned over \$452,000 in interest, realized and unrealized gains and other income, compared to \$514,000 in 2016.

On behalf of the Canadian Liver 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 enables us to continue supporting medical research and education into the causes, diagnosis, prevention and treatment of liver disease for all Canadians in 2018 and beyond.

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

Financial position summary
as of December 31, 2017 and 2016

	General Fund		Research Trust Funds		Medical Research Fund		Total	
	2017	2016	2017	2016	2017	2016	2017	2016
ASSETS								
Current	\$391,041	\$634,081	\$876,624	\$218,427	\$639,200	\$699,315	\$1,906,865	\$1,551,823
Investments	\$1,097,116	\$1,234,950	\$3,042,181	\$3,138,866	\$763,766	\$953,651	\$4,903,063	\$5,327,467
Capital Assets	\$79,019	\$85,602					\$79,019	\$85,602
	\$1,567,176	\$1,954,633	\$3,918,805	\$3,357,293	\$1,402,966	\$1,652,966	\$6,888,947	\$6,964,892
LIABILITIES	\$287,404	\$289,495					\$287,404	\$289,495
FUND BALANCE	\$1,279,772	\$1,665,138	\$3,918,805	\$3,357,293	\$1,402,966	\$1,652,966	\$6,601,543	\$6,675,397
	\$1,567,176	\$1,954,633	\$3,918,805	\$3,357,293	\$1,402,966	\$1,652,966	\$6,888,947	\$6,964,892



Operations summary
for the year ended December 31, 2017 and 2016

	General Fund		Research Trust Funds		Medical Research Fund		Total	
	2017	2016	2017	2016	2017	2016	2017	2016
REVENUE								
Donations and Chapter Revenue	\$4,482,114	\$4,942,768	\$2,455,911	\$1,705,345			\$6,938,025	\$6,648,113
Interest and Other Income	\$138,325	\$149,637	\$285,629	\$300,248	\$28,765	\$64,153	\$452,719	\$514,038
	\$4,620,439	\$5,092,405	\$2,741,540	\$2,005,593	\$28,765	\$64,153	\$7,390,744	\$7,162,151
EXPENDITURE								
Programs	\$1,537,642	\$1,384,526	\$2,068,028	\$1,521,084	\$2,919	\$2,479	\$3,608,589	\$2,908,089
Operating	\$3,012,010	\$2,986,997					\$3,012,010	\$2,986,997
	\$4,549,652	\$4,371,523	\$2,068,028	\$1,521,084	\$2,919	\$2,479	\$6,620,599	\$5,895,086
Excess of revenue over expenditure for the General Fund	\$70,787	\$720,882					\$70,787	\$720,882
Excess of revenue over expenditure for the Research Trust Funds			\$673,512	\$484,509			\$673,512	\$484,509
Excess of revenue over expenditure for the Medical Research Fund					\$25,846	\$61,674	\$25,846	\$61,674
Research Grant Disbursements					(\$843,999)	(\$636,003)	(\$843,999)	(\$636,003)
Interfund transfers to support activities of the Medical Research Fund	(\$456,153)	(\$538,950)	(\$112,000)	(\$98,380)	\$568,153	\$637,330	\$0	\$0
Fund Balance — Beginning 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
Fund Balance — End of Year	\$1,279,772	\$1,665,138	\$3,918,805	\$3,357,293	\$1,402,966	\$1,652,966	\$6,601,543	\$6,675,397

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, 2017. 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.

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Linda Wever	Thomas Wu	Estate of Darlene Millar
Eleanor Valerie White	Irene Yared	Estate of Doris Elizabeth Montague
Jean Wierenga	Lorraine Yiu	Estate of Ruth Slater
Katherine Wilkinson	Paul R Young	Estate of Dorothy Alberta Sutton
Dave & Cathy Willey	Evelyn Youston	Estate of Mary Joy Svoboda
Ed Williams	Kevin Yuen	Estate of Robert Miles Webster
Ron Willms	Zehr Transport Ltd	
Stephanie Wilson	Helen Ziotek	
Wolski Design Group Ltd	E Zoebelein	
Becky Wong	Stelio Zupanach	
Robert Wong	Michelle Zuurig	
Aldous Wong		
David M F Wong		
Jennie Wong		



In 2017, the Wiltshire family lost their father, Larry, to complications of cirrhosis and non-alcoholic steatohepatitis (NASH). In memory of their late father, husband, and son, the Wiltshire's banded together to walk at the Canadian Liver Foundation's Toronto STROLL for LIVER fundraiser wearing commemorative t-shirts. Together with hundreds of others around the country, many of whom have similar stories of liver diseases impact, the Wiltshires helped raise thousands of dollars for liver research that will help change the future of families just like theirs.

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Donner vie à la recherche sur le foie