

Research today,
Hope for tomorrow.



2011

ANNUAL
REPORT

CANADIAN
LIVER
FOUNDATION



FONDATION
CANADIENNE
DU FOIE

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COVER STORY

Alessandria is four years old and has primary sclerosing cholangitis (PSC) which causes bile ducts outside and inside the liver to become inflamed and blocked eventually causing severe liver damage. There is currently no cure for PSC, so Alessandria must follow a special diet and take multiple medications every day. She may one day need a liver transplant.

CANADIAN
LIVER
FOUNDATION



FONDATION
CANADIENNE
DU FOIE

NATIONAL OFFICE

3100 Steeles Avenue East, Suite 801, Markham, Ontario L3R 8T3

Tel: (416) 491-3353 **Fax:** (905) 752-1540

Toll-free: 1 800 563-5483

Email: clf@liver.ca **www.liver.ca**



Liver research is a marathon, not a sprint.



Today's society is built upon instant gratification. If you have a question, the knowledge you seek is only a Google search away 24 hours a day, 7 days a week. When it comes to solving complex problems like liver disease however, answers do not come that easily. They require

patience and perseverance over years and even decades. Progress comes slowly – often in excruciatingly small steps – but each step takes us closer to the next big breakthrough.

We need only look at the history of hepatitis C as an example of how a commitment to research over the long-term can pay off. As early as the 1970s, doctors were confounded by a new form of hepatitis that could not be linked to the hepatitis A or B viruses. Finally identified in 1989, the hepatitis C virus soon became a major health issue in Canada and the CLF responded by funding its first hepatitis C research project in 1995. In the intervening years, we have maintained our support of both research and education initiatives in hepatitis C, up to and including several of our 2011 grant recipients.

In 22 years, hepatitis C has gone from an unidentified virus to a curable disease. Although it is still not 100 per cent curable in every case, the success rates are improving with each new generation of drug therapies. Researchers are also close to discovering a vaccine that could one day eliminate hepatitis C forever. This is a true success story but it did not happen overnight. This progress took commitment and investment and above all, patience. Our experience with hepatitis C has shown us that the answers are out there to be found if we can keep the search going.

In 2011, we renewed our commitment to liver research by awarding \$860,000 in funding to 14 investigators pursuing studies in hepatitis C, liver cancer, hepatic encephalopathy, cirrhotic cardiomyopathy and other promising areas of liver research. Our investment also included continued financial support for the National Canadian Research Training Program in Hepatitis C – a multi-disciplinary initiative to train the next generation of researchers in hepatitis C. Since research requires both financial and human resources, our support will help ensure that we are nurturing and retaining this country's best talent in the field.

It is said that it takes 10 years for research to reach those it is meant to benefit. As an organization dedicated to raising research funds, it can be difficult to tell donors that the money they give today may help save lives a decade from now. And yet, the basic science research we fund directly or indirectly contributes to our understanding of all forms of liver disease. Building this base of knowledge is a critical step toward treatments and cures. The exciting breakthroughs in today's headlines are the result of years of study – answers tirelessly sought after until they were finally found.

We are grateful to our loyal donors and corporate partners who have helped us maintain our legacy of support for the liver research community in Canada. With your continued support, we hope to be able to bring you new success stories showing, as it has with hepatitis C, that research offers the ultimate return on investment – lives saved.

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

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

Taking research from the lab to the patient.



Curing a disease begins in the research lab and ends with the patient. In between, there is a long and winding road fraught with potholes, blind curves and unexpected detours. These hazards may take the form of knowledge gaps, funding shortages or government red

tape but whatever the obstacle, the role of the CLF is to help clear the way.

Over the past year, there have been some exciting developments in the field of hepatitis C. Health Canada approved two new drug therapies that marked a major breakthrough in treatment for patients with the most common, and hardest to treat, form of the disease (genotype 1). In response, the CLF urged governments at the federal and provincial levels to ensure patients would be able to access these drug therapies no matter what their financial status or geographic location. To date, four provinces have approved one or both of the treatments for reimbursement while others are still in the midst of their reviews. While the CLF's place is not to recommend one drug over another, we want to ensure that doctors have access to the widest range of treatment options to meet the needs of their patients.

Another part of our efforts to clear the path to better care for hepatitis patients is our work with the Canadian Association for the Study of the Liver (CASL). In November 2011, we sponsored a Consensus Conference on Viral Hepatitis in which liver specialists from across Canada came together to determine best practice clinical guidelines for treating both hepatitis B and C. These guidelines,

due out in 2012, will provide treating doctors with scientific and experience-based treatment parameters to ensure the best possible outcomes for patients. Once the guidelines are ready, the CLF will play a critical role in distribution and in helping to translate this expert knowledge into practical directions for primary care physicians who are often the first line of defence in the fight against hepatitis.

The title of this report *Research today, hope for tomorrow*, captures our heartfelt belief that research is the key to eradicating all liver diseases – but it is only as good as its practical application. As a fundraising organization, CLF's goal is to support liver research. And yet, if the results of this research never reach the patients themselves, it will have no impact. Through our advocacy, education and patient support efforts, we share the knowledge gained through research and seek to knock down the barriers standing in the way of patients benefiting from the results.

I would like to take this opportunity to thank our donors, partners, volunteers and staff that have helped us provide both answers and hope. We still have a great deal of work ahead of us to achieve the same milestones with hepatitis B, liver cancer, fatty liver disease and pediatric and autoimmune liver diseases as we have with hepatitis C. I am confident however that with even greater support, we can clear the way to a brighter future for Canadians of all ages living with liver disease.

Gary Fagan
President



Research meets real life

Research finds the answers.
Education and advocacy
put them into action.

Tackling barriers to care for hepatitis C patients

In 2011, hepatitis C treatment took a huge step forward. Health Canada approved two new drug therapies – boceprevir and telaprevir – that when added to the existing pegylated interferon + ribavirin combo promised to dramatically increase treatment response for patients with genotype 1. Although this was exciting news for doctors and their patients who had been waiting for treatment alternatives, there were still many hurdles to overcome before they would be accessible to all who needed them.

As part of Health Canada's review of the two drug therapies, the CLF solicited feedback from patients, caregivers and health care professionals to articulate the hardships of living with hepatitis C. These heartfelt testimonials were incorporated into submissions to the Canadian Drug Expert Council (CDEC) whose task was to make recommendations regarding reimbursement. The CLF's position was that both drugs should be made available without restrictions giving treating doctors the widest range of options to meet the needs of their patients. In the end, we scored a partial victory as CDEC's recommendations were that patients with more advanced disease who had been treated unsuccessfully or never been treated should qualify for reimbursement.

Because provinces make the final decision on what drugs to add to their benefit plans, the CLF continued its advocacy efforts at the provincial level with the help of patients and health care providers across the country. As of April 2012, four provinces have approved one or both of the drugs for reimbursement while others are still undergoing the review process.

Taking practical liver health advice to the community

Whether you or a loved one is coping with a liver disease or if you are looking for ways to safeguard your liver health, you need accurate and accessible information. The CLF is a reliable research-based information source for patients, families and friends, health care professionals, community agencies and the general public. Throughout 2011, CLF volunteers and staff provided answers and support to more than 6,500 people via telephone, mail, email, our Living with Liver Disease program and Facebook. We reached an additional 130,218 individuals via our print materials and our revamped website.

Health education and outreach often involves going where the people are. Over the past year, health fairs, public forums, workplace presentations and other speaking engagements made it possible for us to reach an estimated 17,700 people with both liver health and liver disease information. In 2011, one of our most successful educational events was a Chinese liver health forum “Demystify Hepatitis ABC” held in Toronto in conjunction with World Hepatitis Day. The forum, featuring presentations in both Cantonese and Mandarin, attracted approximately 800 attendees and 50 volunteers. Five speakers – both liver specialists and family physicians – provided positive, preventative and practical advice and tools to help participants recognize hepatitis symptoms, risk factors and ways they could safeguard their liver health in daily life. The doctors also took the opportunity to call upon the provincial and federal governments to pay closer attention to liver health education and to implement universal neonatal hepatitis B vaccination across the country. As part of this initiative, the CLF also worked with 30 Chinese-language media outlets to provoke more public dialogue about liver health within the Chinese community.



Giving doctors the tools to treat

Best practice guidelines interpret the latest research findings into practical decision-making tools for treating physicians. In 2011, the CLF funded a consensus conference for liver specialists across the country to facilitate the development of updated clinical guidelines for treating hepatitis B and C. Members of the Canadian Association for the Study of the Liver (CASL) gathered for two days in Toronto to debate the best recommendations for testing, referral, treatment and follow-up for patients with viral hepatitis. The conference highlighted both the positive and negative sides to the current status of care for hepatitis patients. For hepatitis B, many things have not changed since the guidelines were last issued in 2007. More effective treatment options exist but are not universally accessible to all who need them. For hepatitis C patients, the news is more positive thanks to the new treatment breakthroughs now available in Canada.

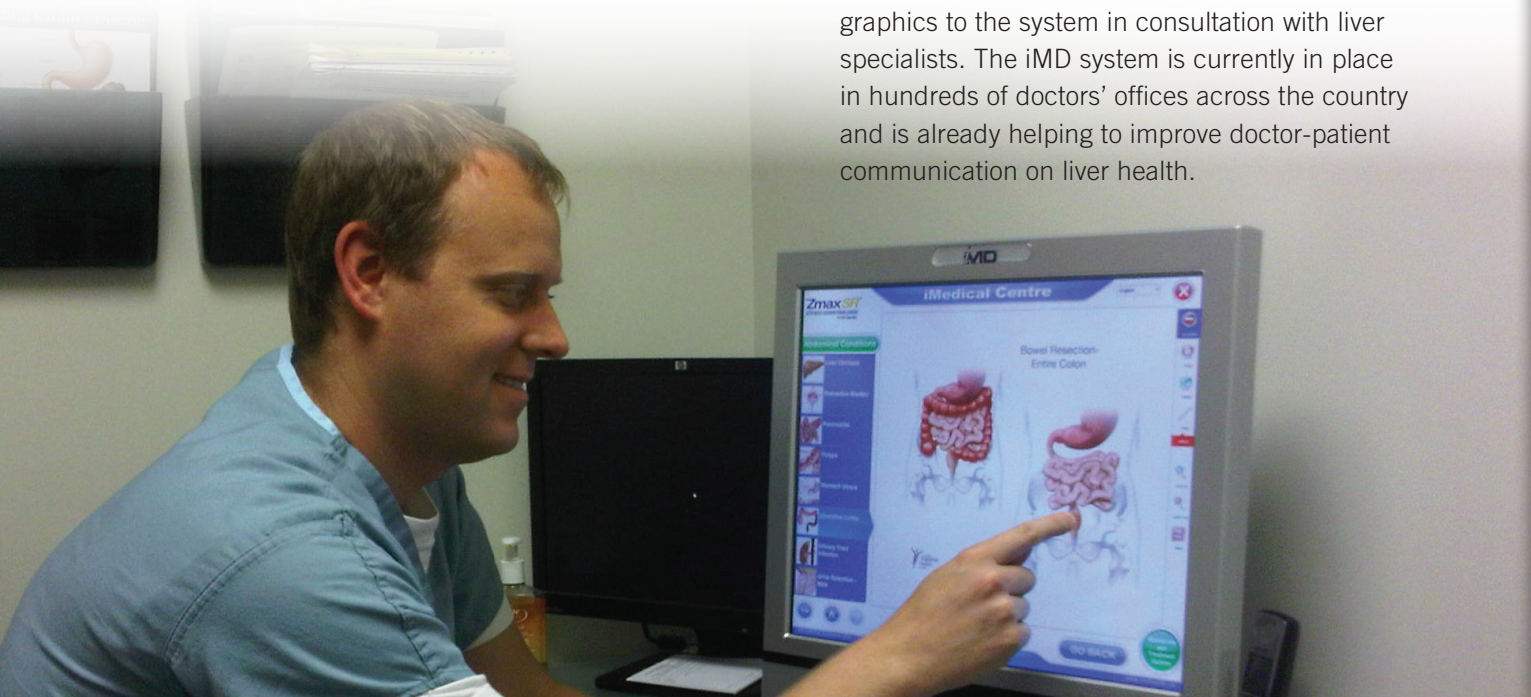
With the support of donors and funding partners, the CLF was proud to be able to support CASL for this initiative. On behalf of patients across Canada with hepatitis B and C and their physicians who are eager to provide treatment for these liver diseases, we look forward to CASL's updated clinical guidelines expected to be published in 2012.

Making sure answers are only a touch and tap away

Doctors' appointments can be a frustrating experience for both doctors and patients. Doctors facing jam-packed appointment schedules rarely have enough time to cover everything they would like to with their patients and may also face language and comprehension challenges in explaining conditions, tests or treatments. Patients on the other hand may feel rushed, intimidated and confused and may find themselves leaving without having asked all their questions or fully understanding their illness or treatment.

To help doctors in explaining the liver, liver health issues and various forms of liver disease, the CLF partnered with iMD Health Canada to provide liver-related information via a touchscreen computer terminal in doctors' offices. The terminals are linked to a Canada-wide network of anatomical, disease, treatment and prevention information that doctors can use to educate themselves and in turn to provide education, support and advice to their patients. The system combines illustrations and text regarding a number of different body systems, organs and conditions to help overcome the communication barriers between doctors and patients.

With the liver being the largest and most metabolically complex internal organ and being vulnerable to over 100 different diseases, it makes sense that doctors could use a reliable source of information at the point of care. The CLF will be continuing to add additional information and graphics to the system in consultation with liver specialists. The iMD system is currently in place in hundreds of doctors' offices across the country and is already helping to improve doctor-patient communication on liver health.



Passion in Action

They run, walk, paddle, golf, dance, bowl, eat, shop and party all in the name of liver research.

Every year thousands of passionate individuals, groups and companies show their support for the Canadian Liver Foundation by taking to the streets, golf courses, water, ballrooms and trails to help raise funds for research. Together our supporters help raise hundreds of thousands of dollars while challenging themselves, helping others and having a lot of fun at the same time.

What a Girl Wants...

What a Girl Wants

Music, fashion shows, silent auctions, signature cocktails, live entertainment and even a few friendly firefighters – you can find it all at the CLF's What a Girl Wants fundraisers!

This not-to-be-missed night out began as a designer handbag auction in a single city and has grown into a national event held in several sites across the country. In 2011, each location added its own local flair including ballroom dancers, diamond 'mocktails' and one-of-a-kind auction items like lunch with Justin Trudeau. Held in Vancouver, London, Toronto and Ottawa in 2011, What a Girl Wants will add four additional sites in 2012.





Stroll for Liver

Celebrating its 5th year, the CLF's family-oriented Stroll for Liver brought teams and individuals of all ages out to help raise funds for research. Despite some cool and rainy conditions in certain locales, participants enthusiastically took on 'Amazing Race' style challenges and enjoyed live music, barbecues, draws and other activities before, during and after completing the 2-5k routes.



Scotiabank Marathons

In Vancouver, Calgary and Toronto, runners and walkers tackled 5k, 21k and 42k courses as part of Scotiabank Charity Challenge events. Each ran or walked for a different reason: some to remember a loved one who lost a battle with liver disease, others to support a family member or friend with liver disease and still others to achieve their own fitness goals. What united them was a desire to change the future – and they weren't alone. The CLF teams were among more than 38,000 participants that helped raise an estimated \$4.7 million for charity as part of the Scotiabank sponsored events in 2011.

Give'r for Liver

Our intrepid Give'r for Liver teams once again travelled the globe to raise funds and awareness for liver disease in 2011. They journeyed to Maui, Hawaii and Athens, Greece, to walk and run half and full marathon courses on behalf of the CLF. Since its launch in 2006, the Give'r for Liver program has raised more than \$500,000 for liver research.





Research

Liver disease comes in over 100 different forms and strikes people of all ages, often with little to no warning.

The CLF invests in both basic science and clinical research that helps investigators gain a better understanding of the physiology of the liver, the causes and progression of different liver diseases and the areas to target in treatment and prevention.

The following provides an overview of the five main categories of liver disease research that the CLF is currently funding.

Liver Cancer

What it is:

Cancer that starts in the liver is called 'primary liver cancer' or 'hepatocellular carcinoma' (HCC). Primary liver cancer may begin as a single tumour that grows and spreads to other parts of the liver or it may begin in more than one site and grow into multiple tumours.

What we know:

Liver cancer is the fifth most common cancer in Canada and is one of the few forms of cancer that is increasing in prevalence. Primary liver cancer can develop as a result of hepatitis B or C infection, fatty liver disease and cirrhosis caused by alcohol use or obesity, use of anabolic steroids or from inherited liver diseases such as hemochromatosis. Many forms of liver cancer can be prevented by treating the diseases that cause it. In many cases, liver cancer can also be successfully treated if it is identified early enough.

What the CLF is doing:

- Liver cancer treatment is complex because it hinges upon the specific characteristics of the cancer in a given patient. One determining factor in patient survival is whether or not the cancer spreads into the small blood vessels near the tumour. Currently it is difficult to determine the existence or scale of this spread prior to treatment. Thanks to a CLF research grant, Dr. Kartik Jhaveri (*University Health Network, Ontario*) and his colleagues are studying the capability of magnetic resonance imaging (MRI) to predict this tumour spread before treatment.
- To make it easier to test potential liver cancer treatments, Dr. Marc Bilodeau (*University of Montreal, Quebec*) and his team are using tissue from liver cancer patients to grow copies of their tumours in the lab. Once they have a good model of the tumour, they can test different treatment options to determine which would be the best choice for the patient.
- While alcohol and nicotine are recognized cancer-causing agents, how they lead to cancer in the liver is still not clear. Charmaine Ferguson is studying whether alcohol and nicotine increase the levels of specific proteins that promote the growth of tumours.

Autoimmune Liver disease

What it is:

Autoimmune liver diseases are the result of the immune system attacking the liver and bile ducts. In time scarring builds up and blocks bile flow and interferes with the proper functioning of the liver.

What we know:

Autoimmune liver diseases such as primary sclerosing cholangitis (PSC), primary biliary cirrhosis (PBC) and autoimmune hepatitis (AIH) appear to be caused by a combination of genetics and as-yet-unknown environmental triggers such as bacteria, toxins or viruses. Autoimmune liver diseases tend to affect more women than men.

What the CLF is doing:

- The standard treatment for AIH is corticosteroids (most often prednisone) and azathioprine (Imuran). Therapy with a combination of these drugs is effective in 85-90 per cent of patients with liver tests returning to normal after a year. Unfortunately, prednisone has many side effects including body changes (such as weight gain) that can be difficult for patients – especially adolescents – to deal with. With a CLF research grant, Dr. Alvarez (*University of Montreal, Quebec*) used a laboratory model of AIH to study new immunotherapies with minimal side effects.
- PBC is far more prevalent within First Nations communities than the general population. Studies in BC have shown that it is the leading cause of liver transplant referrals among First Nations. Although research has suggested the PBC has both genetic and environmental triggers, the specific genetic factors are still unknown. Dr. Laura Arbour and her colleagues (*University of British Columbia, British Columbia*) pursued genetic studies with First Nations to try and determine the key factors contributing to PBC. At the same time, Dr. Andrew Mason, (*University of Alberta, Alberta*) another CLF funded researcher, used a newly discovered viral model to test the possible role of a virus in triggering PBC.

Pediatric liver disease

What it is:

Liver diseases that affect primarily children are often diagnosed shortly after birth. Some are linked to defective genes, such as alpha-1 antitrypsin deficiency and tyrosinemia, while others like biliary atresia have unknown causes. What they all have in common however, is that they impair the functions of the liver, interfere with a child's growth and development and in some cases can be fatal.

What we know:

Biliary atresia leads to blockages in the bile ducts leading out of the liver. It is currently the leading cause of liver disease-related death in infants in Canada. Many of these deaths could be prevented if children were diagnosed early within a critical window for performing the Kasai procedure – a surgical treatment that involves attaching a piece of the intestine directly to the liver (thereby bypassing the defective bile ducts) to re-establish bile flow. Fifty per cent of babies who have the Kasai in the first 30 days will not need a liver transplant. After 90 days, the percentage drops to 20 per cent.

What the CLF is doing:

- When something is wrong with a baby's liver, the first indication may be the colour of her stool. In partnership with the CLF, Dr. Rick Schreiber (*BC Children's Hospital, British Columbia*) is testing a stool colour card that will allow new parents to track and record information about their baby's stool in the first month of life. The hope is that the cards will become the basis of a national home-based, cost-effective screening program that will ensure biliary atresia is identified and treated at the earliest possible stage.
- Thanks to a CLF research grant, Dr. Diana Mager (*University of Alberta, Alberta*) is studying how to help babies with digestive related liver diseases like biliary atresia whose bodies cannot process the nutrients – protein, fat, minerals and vitamins – from the food they eat. These infants suffer a form of malnutrition (called 'protein energy malnutrition' or PEM) that can be devastating to their developing brains. Dr. Mager hopes that supplying them with extra amino acids prior to liver transplants will help ensure they do not experience serious delays in physical and mental development post-transplant.

Fatty liver disease

What it is:

Fatty liver disease begins as a simple build-up of fat in the liver. In some cases this fat may not cause any problems, in others it can cause the liver to become inflamed (swollen) eventually leading to the development of scar tissue (cirrhosis). In its most severe form, fatty liver disease can result in liver cancer or liver failure.

What we know:

The two main contributors to fatty liver disease are poor nutrition (linked to obesity) and alcohol consumption. An estimated 75 per cent of obese individuals are at risk of developing a simple fatty liver and up to 23 per cent are at risk of developing fatty liver with inflammation.

What the CLF is doing:

- It is not clear why some people with fat in their liver progress to liver cancer and why some do not. Funded by a CLF graduate studentship grant, Michael Ryczko and his colleagues (*Mount Sinai Hospital, Ontario*) are trying to determine what roles genetics and metabolism (or nature vs. nurture) play in the development of liver cancer. The project is focusing on the impact of a high-fat diet and the effect of a particular gene called *Mgat5*, which is often found to be more active in cancerous tumours (including those in the liver) and correlates to disease progression. Better understanding of what happens at the molecular level in obesity-related liver cancer, may lead to the identification of a biomarker that could help pinpoint who may develop liver cancer.





Viral Hepatitis

What it is:

Viral hepatitis is caused by viruses that infect the liver. The most common in Canada are hepatitis A, B and C. Hepatitis B and C can become chronic and lead to cirrhosis and liver cancer.

What we know:

The hepatitis B virus is spread through infected blood or body fluids and is significantly more infectious than the HIV virus. It is the leading cause of liver cancer worldwide. The hepatitis C virus is transmitted through contact with infected blood. Although recent treatment breakthroughs have improved the prognosis for patients, hepatitis C is still the leading cause of liver transplants in Canada.

What the CLF is doing:

- When the body becomes infected by a virus, it responds by producing interferon to fight it. Interferon activates hundreds of genes in liver cells and in many cases these genes are able to clear the virus. For this reason, all current hepatitis C treatments use interferon despite the fact that interferon can cause significant side effects for patients. Dr. Jordan Feld (*University Health Network, Ontario*) is tackling this issue in two ways. First he is researching exactly which genes are required to clear the hepatitis C virus which will make it easier to develop treatments that target these genes without activating the ones that trigger side effects. Second, he and his colleagues are working to identify new genetic markers that can predict whether or not a patient will respond to treatment. The goal is to create a simple panel of blood tests that can help doctors to determine which treatment options would be best for their patients.
- While a large proportion of people infected with hepatitis B or C are able to clear these viruses on their own, why this happens is still a mystery. When the liver first comes under attack, it rallies cells called Natural Killer T (NKT) cells to fight off the hepatitis virus. Dr. Mark Swain (*University of Calgary, Alberta*) is using a CLF research grant to study how this early immune response works and how it determines whether a person can clear hepatitis or whether it will become a chronic condition.

The man who unmasked hepatitis C

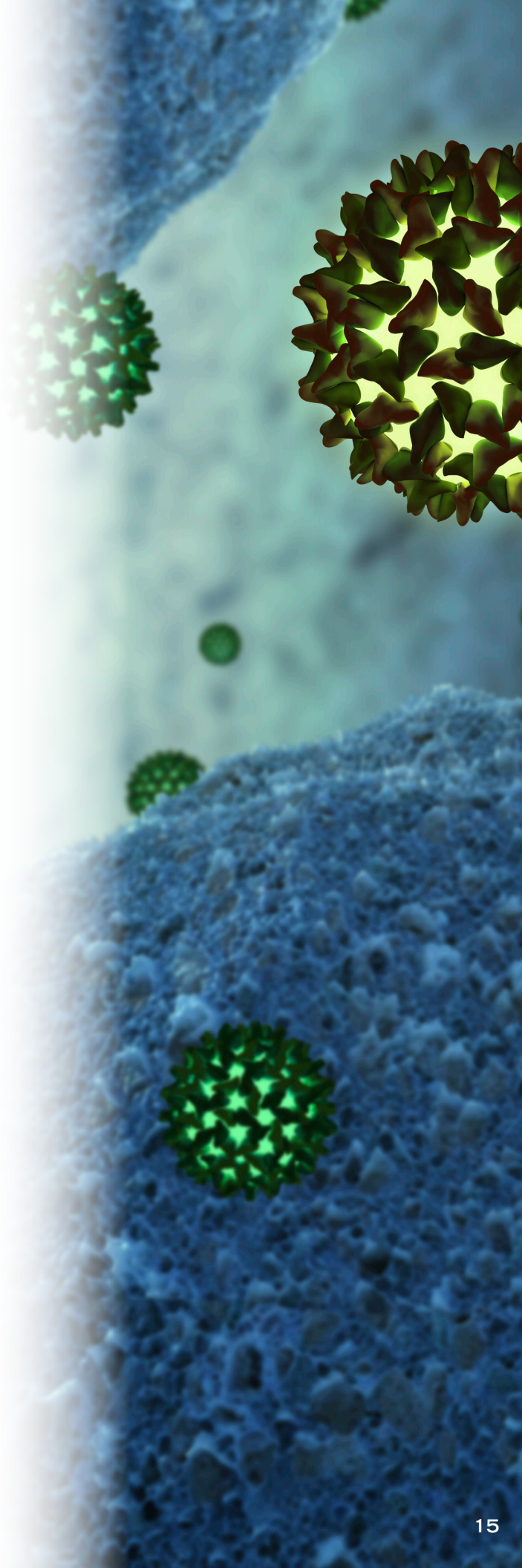


In the 1980s, the medical community was struggling with a mystery virus that attacked the liver but did not belong to any of the known forms of hepatitis.

Finally in 1989, Dr. Michael Houghton and his team identified and cloned the first hepatitis C virus. From this breakthrough he was able to develop blood-screening tests to detect the virus. These tests are used to diagnose individuals as well as to ensure the safety of blood supplies world-wide.

In recognition of his groundbreaking hepatitis C research, Dr. Houghton was chosen as the 2011 recipient of the Gold Medal Award – a joint honour from the Canadian Liver Foundation and the Canadian Association for the Study of the Liver. First established in 1983, the Gold Medal recognizes individuals, both in Canada and around the world, who have made significant contributions to the advancement of hepatology.

Less than a year after receiving his award, Dr. Houghton – now the Canada Excellence Research Chair in Virology, Medical Microbiology and Immunology at the University of Alberta – announced that he and his team had made a major breakthrough in the search for a hepatitis C vaccine. In early tests, their prototype vaccine developed from a specific strain of the hepatitis C virus triggered an immune response against all variations of the hepatitis C virus. These exciting findings offer hope that one day there will be a safe and effective vaccine to prevent hepatitis C.



2011 Research Grant Recipients

Operating Grants

Dr. Olivier Barbier

Laval University, Quebec, Quebec

Research focus: Patients with cholestasis or impaired bile flow suffer severe symptoms such as jaundice, severe itching, and fluid retention in the abdomen and legs. This project will look at a way to alleviate these symptoms by eliminating bile acids through urine.

Dr. Jordan Feld

University Health Network, Toronto, Ontario

Co-investigators: Drs. Ian McGilvray, Conrad Liles

Research focus: Since the body reacts to hepatitis C infection by producing interferon, current hepatitis C drug therapies are all interferon-based despite the fact that it causes significant side effects for patients. This study will seek to discover the specific genes needed to clear the hepatitis C virus so in the future there could be medications developed that target these genes without activating those that cause side effects.

Dr. Kartik Jhaveri

University Health Network, Toronto, Ontario

Co-investigators: Drs. Sean Cleary, Sandra Fisher, Masoom Haider, Steven Gallinger

Research focus: Treatment decisions and patient prognosis in liver cancer depend upon how a tumour spreads into the surrounding blood vessels. This research project will study the ability of magnetic resonance imaging (MRI) to predict the spread of tumours in the liver.

Dr. Samuel Lee

University of Calgary, Calgary, Alberta

Research focus: Patients with cirrhosis suffer from heart abnormalities that make it difficult for them to withstand liver transplants. This research will study the role of specific proteins in the development of these heart problems.

Dr. Andrea Richter

Centre de recherche Hôpital Sainte-Justine, Montreal, Quebec

Co-investigator: Dr. Grant Mitchell

Research focus: In First Nations children from Northwestern Quebec, a liver disease called North American Indian Childhood Cirrhosis (NAIC) is very prevalent and the only treatment available is liver transplantation. This study will seek to understand the function of a mutation in a specific protein and how it causes NAIC. This research may lead to finding treatments that will eliminate the need for liver transplantation.

Dr. Mark Swain

University of Calgary, Calgary, Alberta

Research focus: The liver's first attack on invading hepatitis viruses is lead by a Natural Killer T cell (NKT). By studying this early immune response, it may be possible to develop new treatments for viral hepatitis.

Graduate Studentships

Yirui Gui

Université de Sherbrooke, Quebec

Supervisor: Subburaj Ilangumaran

Research focus: Potential for gene-based therapies for liver cancer

Sally Yu Shi

University of Toronto, Ontario

Supervisor: Dr. Minna Woo

Research focus: Role of specific molecular signaling pathways in the development and progression of liver cancer

Kinola J. N. Williams

University of Alberta, Alberta

Supervisor: Dr. Deborah Burshtyn

Research focus: Role of Natural Killer cells (NK) in clearing acute hepatitis C infection

Summer Studentships

Meghan R. Chow

University of Calgary, Alberta

Supervisor: Dr. Mark Swain

Research focus: Potential of using probiotics to treat liver disease-related symptoms

Michael Doré Nguyen

CHU Sainte-Justine, Montreal, Quebec

Supervisor: Dr. Fernando Alvarez

Research focus: Impact of viral infections (hepatitis E and Torque Teno Virus) on pediatric liver transplant recipients

Alana Rose Sherker

University of Toronto, Ontario

Supervisor: Dr. Jordan Feld

Research focus: Potential of small proteins produced by the immune system (alpha-defensins) to treat hepatitis C

Alissa Visram

University of Toronto, Ontario

Supervisor: Dr. Jordan Feld

Research focus: Methods to increase hepatitis B testing in cancer patients undergoing chemotherapy

The Doug Cassidy Summer Studentship Grant

Christian Parent-Robitaille

University of Montreal, Quebec

Supervisor: Dr. Christopher Rose

Research focus: Prevention of neurological complications in liver transplant recipients who suffer from hepatic encephalopathy



Financial Highlights

Financial Position Summary as at December 31, 2011 and 2010

	GENERAL FUND		RESEARCH TRUST FUNDS		MEDICAL RESEARCH FUND		TOTAL	
	2011	2010	2011	2010	2011	2010	2011	2010
ASSETS								
Current	\$897,199	\$552,958	\$647,885	\$816,771	\$834,220	\$743,347	\$2,379,304	\$2,113,076
Investments	\$158,787	\$40,978	\$1,193,724	\$1,223,651	\$885,780	\$284,652	\$2,238,291	\$1,549,281
Capital Assets	\$176,573	\$37,377					\$176,573	\$37,377
	\$1,232,559	\$631,313	\$1,841,609	\$2,040,422	\$1,720,000	\$1,027,999	\$4,794,168	\$3,699,734
LIABILITIES	\$578,088	\$217,862					\$578,088	\$217,862
FUND BALANCE	\$654,471	\$413,451	\$1,841,609	\$2,040,422	\$1,720,000	\$1,027,999	\$4,216,080	\$3,481,872
	\$1,232,559	\$631,313	\$1,841,609	\$2,040,422	\$1,720,000	\$1,027,999	\$4,794,168	\$3,699,734

Operations Summary for the Year Ended December 31, 2011 and 2010

	GENERAL FUND		RESEARCH TRUST FUNDS		MEDICAL RESEARCH FUND		TOTAL	
	2011	2010	2011	2010	2011	2010	2011	2010
REVENUE								
Donations and Chapter Revenue	\$5,183,566	\$5,781,522	\$1,227,233	\$802,168			\$6,410,799	\$6,583,690
Interest and Other Income	\$7,814	(\$1,003)	\$67,960	\$119,372	\$9,157	\$6,279	\$84,931	\$124,648
	\$5,191,380	\$5,780,519	\$1,295,193	\$921,540	\$9,157	\$6,279	\$6,495,730	\$6,708,338
EXPENDITURE								
Programs	\$1,283,950	\$1,804,861	\$613,467	\$352,216	\$3,910	\$2,125	\$1,901,327	\$2,159,202
Operating	\$3,458,900	\$3,302,554					\$3,458,900	\$3,302,554
	\$4,742,850	\$5,107,415	\$613,467	\$352,216	\$3,910	\$2,125	\$5,360,227	\$5,461,756
Excess of revenue over expenditure for the General Fund	\$448,530	\$673,104					\$448,530	\$673,104
Excess of revenue over expenditure for the Research Trust Fund			\$681,726	\$569,324			\$681,726	\$569,324
Excess of revenue over expenditure for the Medical Research Fund					\$5,247	\$4,154	\$5,247	\$4,154
Research Grant Disbursements					(\$401,295)	(\$300,676)	(\$401,295)	(\$300,676)
Interfund transfers to support activities of the Medical and Research Trust Funds	(\$207,510)	(\$668,578)	(\$880,539)	(\$105,470)	\$1,088,049	\$774,048	\$0	\$0
Fund Balance - Beginning of Year	\$413,451	\$408,925	\$2,040,422	\$1,576,568	\$1,027,999	\$550,473	\$3,481,872	\$2,535,966
Fund Balance - End of Year	\$654,471	\$413,451	\$1,841,609	\$2,040,422	\$1,720,000	\$1,027,999	\$4,216,080	\$3,481,872

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

Treasurer's Report

In 2011, the Canadian Liver Foundation continued to deliver on our mandate of funding liver disease research and education by combining the efforts of our dedicated volunteers, our regional presence, our strong partnerships and our established education and patient support programs. Some highlights from the past year include receiving a substantial bequest from Alberta and continuing to operate in a sound and fiscally prudent manner. These combined have increased our research funding capacity to support new liver research in Canada.

We have exhibited our commitment to research and paid over \$400,000 in research grants in 2011. In addition, we have ongoing research commitments totaling over \$1.7 million to be paid from 2012 to 2014. This includes over \$1 million approved for funding in 2012 for which the peer review process will commence in 2012.

The Foundation's Donations and Chapter Revenue was \$6.4 million in 2011. The research trust funds revenue increased to \$1.2 million in 2011 due to continued support of our existing partnership programs as well as from new partnerships and donor-designated research funding.

Our expenditures on Programs in 2011 decreased by nearly 12 per cent to \$1.9 million compared to \$2.16 million in 2010. The research trust funds have paid \$613,000 in research programs compared to \$352,000 in 2010, therefore we paid out over \$1 million in research in 2011. Operating costs were \$3.5 million in 2011 compared to \$3.3 million in 2010. During the year, the National office moved to Markham from Toronto which will provide a more cost-effective location.

Our financial position remains sound. At the end of 2011, we had current assets amounting to \$2.4 million an increase of \$266,000 over 2010. Our investments total \$2.2 million an increase of \$689,000 or over 40 per cent over 2010.

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 2012 and beyond.



Secretary/Treasurer

CLF Members Membros de la FCF

Thank you to all our members listed below for your commitment and support.

CLF Members are an important part of the Foundation's advocacy efforts and help make our research, education and awareness programs possible. If you want to join the CLF community, receive news on liver research and take an active role in improving liver health for all Canadians, join today! To find out how, visit www.liver.ca.

Merci à tous nos membres inscrits ci-dessous pour votre engagement et votre soutien.

Les membres de la FCF contribuent de façon importante aux efforts de la Fondation et aident à rendre possibles nos programmes de recherche, d'éducation et de sensibilisation. Si vous désirez vous joindre à la communauté de la FCF, recevoir des bulletins de nouvelles sur la recherche sur le foie et jouer un rôle actif pour améliorer la santé du foie de tous les Canadiens et Canadiennes, devenez membre aujourd'hui! Pour savoir comment, visitez www.liver.ca.

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The CLF's work would not be possible without the support of generous individuals, organizations and corporations. We want to thank everyone who invested in our research and education programs for benefit of all Canadians living with or at risk for liver disease. Donors listed are for the period January 1 – December 31, 2011. Every effort has been made to ensure the accuracy of our donors listed below. Should you find any errors or omissions, please contact Judy Thompson at **1-800-563-5483 ext.4945** or **clfdonation@liver.ca**. Our listing also includes event sponsors and families, individuals or organizations who have organized an event with proceeds being donated to support liver health education and research at the Canadian Liver Foundation.

Le travail de la FCF ne serait pas possible sans le soutien de personnes, d'organisations et de corporations généreuses. Nous remercions tous ceux qui ont investi dans notre recherche et nos programmes éducatifs pour le bénéfice de tous les Canadiens et Canadiennes vivant avec une maladie du foie ou qui sont à risque d'en contracter une. Les donateurs inscrits ont contribué durant la période du 1er janvier au 31 décembre 2011. Tous les efforts sont faits pour assurer l'exactitude des donateurs inscrits ci-après. Si vous trouvez des erreurs ou des omissions, veuillez communiquer avec Judy Thompson au **1 800 563-5483 poste 4945** ou **clfdonation@liver.ca**. Notre liste inclut aussi les commanditaires d'événements et leurs familles, les personnes ou les organisations qui ont organisé un événement dont les bénéfices ont été remis à la Fondation canadienne du foie pour soutenir l'éducation en santé sur le foie et la recherche.

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We would like to offer a special thank you to those who made us a 'cause for celebration' in 2011.

Nous désirons remercier plus particulièrement ceux qui ont fait de nous une « bonne raison de célébrer » en 2011.

13th Anniversary of Liver Transplant
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– *Frank Bialystok, Toronto, ON*

Brian Miller Memorial Golf Tournament
– *Tirecraft, Halifax, NS*

Canadian Liver Disease Concert
– *Christine Haris & Family, London, ON*

Keep On Livin'
– *Fanshawe College, London, ON*

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– *Whitby, ON*

Life Pass it On Hockey Game
– *Halifax, NS*

Liver Up Brunch
– *Hinton Family, London, ON*

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– *Kelowna, BC*

Meara Cleverdon's 7th Birthday Party
– *Coburg, ON*

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– *Ottawa, ON*

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– *Mississauga, ON*

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– *Vancouver, BC*

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