

EXECUTIVE SUMMARY

The second edition (2010) of the CCFC Research Report Card adds to last year's positive portrait by providing more snap-shots of individuals, institutions, regions and directions enabled by funding from CCFC. The same framework of seven dimensions of accountability is used and includes the following highlights:

1 ADMINISTRATIVE AND PROCESS INDICATORS

- From 2005 to 2009, there has been significant growth both in terms of dollars and numbers of research projects funded by the CCFC. A total of approximately \$25 million has funded 200 projects. Most project funding, 85% of it, is focused on cure-directed basic science/ biomedical research
- Regionally, the majority of project funding during the same five year period has been concentrated in Ontario (\$9.8m) and Alberta (\$7.8m). Quebec funding was \$3.9m.
- In 2009, CCFC established three new provincial partnerships (in British Columbia, Nova Scotia and New Brunswick) adding to existing partnerships so that that CCFC's contribution of \$469,785 is expanded to total approximately \$1.5 million this year for IBD-related projects and researchers.

2 ADVANCING KNOWLEDGE

- Canada continues to punch above its weight internationally in terms of number of publications and citations. The majority of this contribution is from CCFC-affiliated researchers.
- Eight (8) CCFC-affiliated researchers are in the top 100 of the world's most published authors in the area of inflammatory bowel disease and gastrointestinal inflammation.
- CCFC supports Canadian institutions that are top and budding international contributors in IBD publications. Among them, the University of Calgary had a 57% increase in average citations within two (2) years (2007-2009) surpassing international institutions like Harvard University in United States and the University of Regensburg in Germany.
- CCFC ranks 4th in the top 500 funding agencies and private sector organizations for the support of international IBD-related scientific publications in 2007-2009, surpassing Abbott Laboratories in United States and Deutsche Forschungsgemeinschaft (DFG) German Research Foundation in Germany.

3 CAPACITY BUILDING

- CCFC funds trainees who serve as hired project staff through GIA funding that represents more than 80 junior researchers. Some will eventually compete in national and provincial competitions where CCFC funding is often ready for IBD researchers through matching-dollar partnerships.
- In Canada, there are 14 universities offering residency programs and research training in adult and pediatric gastroenterology. There are nearly 30 IBD research institutes and hospitals units affiliated with these universities.
- In the history of CCFC, approximately 476 researchers from different specialties and backgrounds were funded; 46.4% of this group as students or postgraduate fellows.
- CCFC has awarded a total of approximately \$61 million to support IBD research since it was founded in 1974. In the last decade, CCFC contributed approximately \$40 million toward projects through the Grants-in-Aid of Research (GIA) program, innovation grants, and the GEM project.
- From 1999 to 2009, \$24.82 million (or 58%) of CCFC project funding attracted approximately \$49.2 million of additional funding for IBD-related research.

- In dollar terms, including only individual IBD-related research projects, CCFC spent roughly \$8.6 million more than CIHR from 2005 to 2009.
- As a percentage of gross revenue spent on research, CCFC comes in first (outperforms Heart & Stroke, Canadian Cancer Society, etc.) when compared with other Canadian national Voluntary Health Organizations (CVHOs).
- Internationally, CCFC is the largest national non-governmental funder of IBD-related research measured in terms of dollars per-capita.

4 HEALTH INDUSTRY

- CCFC-affiliated researchers participated in the invention of approximately 32% of the IBD-related international, U.S. and European patent applications registered by Canadian assignees.
- According to Industry Canada's Canadian Company Capabilities and BioPharma Companies and Products in the Pipeline databases, there are roughly 22 IBD-related companies in Canada. The geographical proximity of IBD-related industries to academic and research institutes reflects the effectiveness of innovation and knowledge transfer in the field.

5 INFORMED DECISION MAKING

- The "Burden of IBD in Canada" (BIBDC) report (2008) continued to attract requests for information used to inform policy decisions.
- The PR campaign launched during Crohn's and Colitis awareness month generated a significant number – over 43 million – of media "impressions", surpassing the 30 million in 2008.
- According to the Dow Jones Factiva database, CCFC-related media coverage experienced a constant annual growth of roughly 20% during 2000-2009.

6 HEALTH IMPACTS

- According to Statistics Canada's CANSIM database (2000-2005), deaths from ulcerative colitis and Crohn's disease have varied between 110 and 130 Canadians per year during this period while death rates for gastrointestinal diseases overall increased from 8100 Canadians in 2000 to over 8900 in 2005.
- The BIBDC report included updated prevalence and incidence rates for IBD in Canada which re-confirm that these are among the highest in the world.
- The total wait time (median) for the clinical features of significant active IBD is 106 days in 2009 (slight decrease from 120 days in 2008). Two thirds of surveyed patients waited longer than a standard of 18-weeks.

7 ECONOMIC & SOCIAL IMPACT

- In a recent study, adolescents afflicted with inflammatory bowel disease scored significantly lower than healthy controls in self-assessments of their over-all health.
- The BIBDC report included estimates of direct and indirect costs of IBD which totaled \$1.8 billion in 2008.