

SCALING NEW HEIGHTS



ANNUAL REPORT 2008–2009



Crohn's and Colitis
Foundation of Canada

Fondation canadienne des
maladies inflammatoires
de l'intestin

CROHN'S AND COLITIS FOUNDATION OF CANADA

CCFC is a charitable foundation dedicated to the support of research that will find the cure for inflammatory bowel disease (IBD). Known nationally and globally as a world leader in non-governmental funding of IBD research, CCFC is committed to stimulating and revolutionizing the research agenda. Together with you, we will "Find the Cure."



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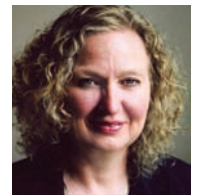
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CCFC Staff at 2008 Congress



Front row (L to R): Julie Carter, Lynn Baudart-Montag, Kevin Glasgow, John Branton, Lisa Mitchell, Julie Bowering

Second row (L to R): Anna Maria Trentadue, Amy Fournier, Tania Au Yeung, Julie Wilson, Laura-Lee Hogan, Sarah McGuire, Debbie Whitehead, Chelsey Manning, Kaylea Bove, Stephanie Prue

Back Row (L to R): Tracy Durkee-Jones, Kemayla Fleming, Sheila Debly, Marc Ralsky, Brian Walters, Robyn Neville-Kett, Shari Haydaman, Shona Brown

Missing from Photo: Cathy Allison, Stacey Amyotte, Carolle Anderson, Johanne Belanger, Simone Cameron, Susan Hartnett, Mary John, Janet Harrison, Courtney King, Lesley Lewis, Kristyna Dvorak, Mabel Rodricks, George Tolomiczenko, Carina Vincent



MESSAGE FROM THE NATIONAL PRESIDENT AND CHAIR, BOARD OF DIRECTORS
SCALING NEW HEIGHTS

How quickly two years fly by. It seems like just yesterday I was privileged to become President of the Crohn's and Colitis Foundation of Canada (CCFC). Now I find myself about to pass on the presidency to a successor at the October 2009 Congress and Annual General Meeting.

It has been an exciting and busy 12 months. The theme of this year's Annual Report, "Scaling New Heights," is particularly apt. Faced with stormy economic weather, the CCFC Board of Directors believed that it was absolutely essential to map out the organization's path for the next five years. With that in mind, we developed a strategic plan in conjunction with more than 1,500 stakeholders representing all of the Foundation's internal and external

constituencies. See page 10 of this Annual Report for more details on our plan.

As you will see, our strategic priorities as well as our original Mission, Vision and Values were strongly endorsed by our stakeholders. We believe that the path we have laid out will enable CCFC to reach greater heights than ever before. We are determined to find the cure, and during that climb, we will also enhance our fundraising model, strengthen and balance our research portfolio, nurture a robust volunteer base and increase national awareness of inflammatory bowel disease (IBD).

I wish to thank my fellow Board Directors for their counsel, support and contributions during my time as President as well during my previous years on the Board. I know that

Jan Martin, my successor, will continue to have that support and guidance. I also wish to thank CEO Kevin Glasgow and other staff for their energy and enthusiasm for our cause. Most of all, I wish to thank all of the CCFC donors, sponsors, volunteers, members and chapters – it is your ongoing support which has enabled CCFC to become a world leader in the funding of cure-oriented inflammatory bowel disease research. Together we will scale even greater heights as we seek to make IBD history; together, we will find the cure.

Victoria Prince,
*National President and Chair
 Board of Directors*



MESSAGE FROM THE CHIEF EXECUTIVE OFFICER
HELPING HANDS

The cover of this Annual Report – an illustration of a climber helping his companion achieve the last few steps to the peak – epitomizes the Crohn's and Colitis Foundation of Canada. With teamwork, dedication and strength of purpose we believe that together we can reach the summit and conquer inflammatory bowel disease.

Our strength of purpose is guided by the Strategic Plan. For that reason, CCFC has concentrated great effort in operationalizing the strategic priorities. While the list of activities is extensive and you will read about many of them in this year's report, I want to touch on some of the high-level highlights.

Because CCFC is a charitable research foundation, virtually all the funding we provide to scientists is derived from our donors and sponsors. Therefore we have actively worked to diversify our revenue sources, extending our reach to include more individual donors and achieving a broader corporate base.

To continually renew and strengthen the research portfolio, CCFC held "IBD 2009: Emerging Frontiers on the Path to a Cure," our periodic research conference which involved Canadian and international participants. Their input is helping inform future developments of CCFC's IBD Research Institute. In addition, the CCFC Board of Directors established a Research Committee to provide further governance oversight

and encourage an enhanced "return-on-investment" orientation to CCFC research agreements.

Our volunteers and chapter members are an essential part of the CCFC team. To that end, the "Get Gutsy" campaign has been actively recruiting new people to join existing chapters or even establish new ones. I am delighted to report that as a result of these activities, CCFC established two new chapters this past year: one in Saint John (NB) and the other in Corner Brook (NL). We extend a warm welcome to our newest members and offer big thanks to our current volunteers, who truly are the grassroots of this organization.

An important focus for CCFC is the need to raise awareness about IBD. This past year we dialogued with Ministry of Health officials from coast to coast in an effort to bring recognition of IBD onto federal, provincial and territorial chronic disease agendas. Our first nationally coordinated Crohn's and Colitis Awareness Month was launched in November 2008, which included the international award-winning "Gutsiest Canadians" contest. The Crohn's and Colitis Patient Declaration initiative followed in April 2009. In keeping with our vision to educate people about IBD, we expanded our educational symposia across Canada, where experts discussed clinical information, lifestyle strategies, coping mechanisms and a host of other useful topics.

Increasing overall impact of the CCFC was enhanced via international liaisons with other IBD organizations from the USA, Australia, the UK, Europe, and Brazil. The Foundation participated in several IBD-related conferences nationally and internationally, where we had the opportunity to network with other organizations and showcase the work that has been accomplished in Canada. This is part of an increasingly collaborative international effort that unites all of us in the journey leading to cures.

With more than 200,000 Canadians living with IBD, and more than 9,000 newly diagnosed persons every year, our country should be highly motivated to accelerate the IBD research agenda. Thanks to your ongoing support, CCFC is the world leader in per capita funding of IBD research in the national, non-governmental sector, as well as the #1 funder in Canada.

The current economic recession will not deter us from scaling new heights together. Helping hands will enable us to overcome the obstacles and achieve a world that is ultimately free of inflammatory bowel disease.

Kevin W. Glasgow, MD
Chief Executive Officer

REPORT FROM THE CHAIR OF THE SCIENTIFIC AND MEDICAL ADVISORY COUNCIL AND THE EXECUTIVE DIRECTOR OF THE IBD RESEARCH INSTITUTE AND SCIENTIFIC LIAISON 2008–2009 RESEARCH SUMMITS

In the ongoing pursuit to find the cure(s), 2008–2009 has been another dynamic year for the Crohn's and Colitis Foundation of Canada (CCFC). Our report touches on the research highlights of this fiscal year and outlines the activities supported by our generous donors, sponsors and volunteers.

CCFC RESEARCH AWARDS

Multiple routes to accomplishing CCFC's mission are exemplified in the Grant in Aid (GIA) Awards. As you will see on pages 6 and 7 of this report, there is a wide variety of approaches and investigative routes that researchers are taking, as they expand what's known about the many facets of IBD. In this fiscal year, eight new research proposals were funded out of the 11 recommended by the Grants Review Committee, with one of the remaining three having received Canadian Institutes for Health Research (CIHR) funding. Cumulatively, the CCFC is supporting 35 active GIA projects for a total of more than \$4.2 million in funding.

The generosity of our donors and sponsors goes well beyond the GIAs. In addition to these, CCFC funds many other awards that you will also see listed in the following pages. They include the CCFC Research Scientist awards and other personnel awards, such as student awards, post-doctoral fellowship awards and junior faculty awards. CCFC also provides funding support for mission-relevant scientific symposia.

HEALTH RESEARCH PARTNERSHIPS

Increasingly, CCFC is also partnering with other organizations to leverage funding and enhance opportunities for researchers. Thus, CCFC has teamed up with the Canadian Association of Gastroenterologists (CAG) and CIHR to fund Career Transition Awards, Fellowship Awards and Summer Student Studentships.

CCFC's partnership ventures also extend to provincial health research organizations. In 2008–2009, we signed a memorandum of agreement with the Fonds de la Recherche en Santé du Québec (FRSQ). This agreement will co-fund top applications in the area of IBD research, for Doctoral and Postdoctoral training through regular competitions administered by the FRSQ.

CCFC has also developed partnerships with other provincial health research organizations in Alberta (Alberta Heritage Foundation for Medical Research) and British Columbia.

In Nova Scotia, we have established a "matching dollars" arrangement with the CIHR Regional Partnership Program. At the national level, we are awaiting competition results for the co-funding of multi-year Emerging Team Initiatives, developed in conjunction with the Institute of Genetics and the Institute of Infection and Immunity.

In total, CCFC provided more than \$5.3 million in funds for IBD research in 2008–2009 and leveraged more than \$368,000 in matching funds from our partners.

We are very excited about these collaborative ventures and look forward to expanding the opportunities they present.

GENETICS, ENVIRONMENTAL, MICROBIAL (GEM) PROJECT

The GEM Project is featured in more detail later in this Annual Report. However, we do want to emphasize the continuing support of the Foundation, which provided an additional \$400,000 for the GEM Project this fiscal year. This CCFC-funded study investigates the complex relationships between the inherent genetic characteristics of individuals, their environmental exposures and the effect of bacteria in the development of IBD. GEM is a landmark study that will shed new light on factors that predispose people to Crohn's disease and the triggers that precipitate the onset of symptoms. For more information on GEM, go to www.gemproject.ca.

RESEARCH REPORT CARD

The 2008–2009 fiscal year marked the initial development of a Research Report Card. The Research Report Card serves many purposes, not the least of which is to establish a benchmarking process that sets the standards against which future performance can be judged. It will also assist in determining the "return on investment" of funding to research outcomes and establishes accountability for the use of funds in scientific activity. The Research Report Card will also assist CCFC in communicating research outcomes to policy makers and members of the public, who seek to understand the relevance, value and advances in research. The first iteration of the Research Report Card paints a very positive picture of the contribution CCFC is making to enable the growth of IBD-related research in Canada.



Dr. Hillary Steinhart

Dr. George Tolomiczenko

THE BURDEN OF INFLAMMATORY BOWEL DISEASE IN CANADA REPORT

During IBD Awareness month in November 2008, CCFC released a report titled “*The Burden of Inflammatory Bowel Disease in Canada*.” This important document reviewed and analyzed the individual and socioeconomic impacts of IBD. The combined direct and indirect costs of IBD to Canadians approximates an astounding \$1.8 billion annually and on an individual basis, these chronic diseases cost someone afflicted with Crohn’s disease (CD) or ulcerative colitis (UC) an average of more than \$9,000 per year.

Perhaps one of the most important functions of this report was to heighten public awareness of IBD. Previously regarded by many as a “closet” disease affecting only a small number of Canadians, this report brings IBD “out of the closet” and urges the reduction of the social stigma associated with bowel dysfunction. More than 200,000 Canadians suffer from CD and UC; it is time we brought the discussion about IBD out into the open and realized that this is a burden that can be lifted. Please go to our website at www.ccfc.ca to download a copy of this report.

IBD 2009

In April 2009, CCFC held “*IBD 2009: Emerging Frontiers on the Path to a Cure*.” Canadian and international experts met in Toronto to share information, discuss promising areas of investigation and review the current status of knowledge in specific research fields. IBD 2009 also served as an opportunity for researchers to identify key areas of research that hold significant promise in the search for a cure. In essence, it plotted the most likely routes to success in the challenging climb to finding a cure for IBD. As a result of these discussions, CCFC will work with members of the research community, particularly the Scientific and Medical Advisory Council of the IBD Research Institute, to develop recommendations that will shape its future research agenda.

LEADERSHIP OF THE SCIENTIFIC AND MEDICAL ADVISORY COUNCIL

The Scientific and Medical Advisory Council (SMAC) would like to thank outgoing Chair, Dr. Ken Croitoru and Vice-Chair, Dr. Lloyd Sutherland, for their tireless efforts on behalf of the IBD Research Institute. Their dedication and energy have been greatly appreciated over the years.

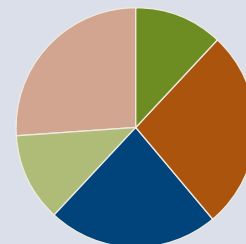
The SMAC would also like to take this opportunity to welcome Dr. Hillary Steinhart as the new Chair and Dr. John Wallace as Vice-Chair; both assumed their new roles effective October 1, 2008. The SMAC representation spans Canada and now includes an international member, Dr. Stephen James who, as National Director of the USA’s National Institutes of Health (NIH) Division of Digestive Diseases and Nutrition, has helped to keep the Canadian IBD community attuned to what’s going on south of the border.

Discovering the cure(s) for IBD is the goal that guides our efforts. As we embark on our next fiscal year, we would like to thank you for your support and encouragement. Together with you, we will continue to scale new heights in research and over time, discover the answers that will eliminate the suffering caused by IBD.

Dr. Hillary Steinhart
Chair, Scientific and Medical
Advisory Council

Dr. George Tolomiczenko
Executive Director, IBDRI and
Scientific Liaison

Categorization of CCFC Funded Research Projects 2004 – 2008



■ Gut Nervous System	12%
■ Microbiology	27%
■ Immunology	23%
■ Genetics	12%
■ Gut Biology	26%

THE JOURNEY TO THE PEAK

BOOK AWARDS (\$750 TOTAL)

Cornish, Marion	Memorial University of Newfoundland
Jalbert, Raphaëlle	University of Montreal
Sha, Wei	University of British Columbia

CCFC/CIHR/CAG CAREER TRANSITION AWARDS (\$112,500 FROM CCFC MATCHED BY THE SAME AMOUNT FROM CIHR)

Muise, Aleixo Hospital for Sick Children	Understanding the functional role of inflammatory bowel disease genes
Sly, Laura BC Children's Hospital	L-arginine metabolism in inflammation and fibrosis in inflammatory bowel disease

CCFC/CIHR/CAG FELLOWSHIP AWARDS (\$210,000 FROM CCFC MATCHED BY THE SAME AMOUNT FROM CIHR)

Bishop, Jennifer University of British Columbia	Regulatory mechanisms of gut inflammation: Characterizing the roles of LYN and SHIP in the immunopathology of Salmonella infections and IBD
Gulbransen, Brian University of Calgary	Enteric glial P2X7 receptors in inflammatory bowel disease
Huang, Ju Hospital for Sick Children	Mechanisms controlling autophagy of bacterial infection
Hussey, Seamus Hospital for Sick Children	Role of ATG16L1 in bacterial-induced autophagy: Links with Crohn's disease pathogenesis
Montero, Marinieve BC Children's Hospital	Bacterial activation of toll-like receptors and maladaptive tissue repair
Smyth, David University of Calgary	Mechanisms of interferon gamma regulation of intestinal epithelial barrier permeability

CCFC/CIHR/CAG SUMMER STUDENTSHIPS (\$36,000 TOTAL FROM CCFC MATCHED BY THE SAME AMOUNT FROM CIHR)

Bennitz, Joshua Hospital for Sick Children	Understanding the functional role of recently discovered IBD genes
Burrows, Kyle University of British Columbia	The role of retinoic acid in intestinal immunity and inflammation
Chea, Evelyn University of Toronto	Role of Nod proteins in epithelial cell signaling: Influence on dendritic cells
Fomenko, Anton McMaster University	Characterization of Irritable Bowel Syndrome-like symptoms in patients with and without features of colonic mucosal inflammation
Jack, Andrew University of Saskatchewan	Detection of dietary microparticles as adjuvants in the induction of Crohn's disease using hard and soft X-ray beamlines at the Canadian Light Source (CLS): A novel approach
Li, Hui University of Calgary	Assessing epithelial barrier function: Regulation of mucin production during metabolic stress

Ling, Arthur University of Toronto	Investigating the expression of Nod2fs, the most common Nod2 variant associated with Crohn's disease onset, in primary macrophages
Stern, Emily Queen's University	Effects of CD39 on vascular regulation and inflammation in the DSS model of IBD
Traboulsi, Danya University of Calgary	Nitric oxide stabilizes HIF-1 and acts to protect intestinal barrier function during Clostridium difficile-induced colitis
Trivedi, Shivangi University of Toronto	Role of the intestinal epithelial insulin-like growth factor-1 receptor in the intestinal growth effects of glucagon-like peptide-2
Upadhyay, Chandani University of Toronto	Role of glucagon-like peptide-2 in the regulation of insulin-like growth factor-1 production by intestinal sub-epithelial myofibroblasts
Yu, Dennis University of Toronto	An analysis of CCL2-secreting cells in the small intestine of lymphotoxin-deficient mice

CCFC CDDW STUDENT RESEARCH PRIZES (\$1,500 TOTAL)

Darsigny, Mathieu University of Sherbrooke	Loss of HNF4ALPHA reduces CLAUDIN-15 expression, impairs colonic epithelial permeability and leads to spontaneous chronic inflammation and crypt hyperplasia resembling inflammatory bowel disease
Kabakchiev, Boyko Mount Sinai Hospital	Gene expression profiles associated with lack of response to intravenous corticosteroids in children with severe ulcerative colitis

GRANTS IN AID OF RESEARCH AWARDS (\$4,225,416 TOTAL)

Ahmad, Ali St. Justine Hospital Research Centre	Role of NK Receptors and their ligands in the immunopathogenesis of Crohn's disease
Allen-Vercoe, Emma University of Guelph	Interactions of Fusobacterium nucleatum with intestinal epithelial cells: Implication for disease exacerbation in IBD
Asselin, Claude University of Sherbrooke	Role of C/EBP transcription factors and deacetylation in intestinal inflammation
Bercik, Premysl McMaster University	Intestinal microbiota and the increased sensitivity to colitis in depression
Blennerhassett, Michael Queen's University	Neuronal survival and axon regeneration in intestinal inflammation
Boudreau, François University of Sherbrooke	Role of transcriptional effectors of the TGFB superfamily during intestinal inflammatory response
Buret, André University of Calgary	Disruptions of epithelial integrity in the pathogenesis of IBD: The effects of C. jejuni
Chadee, Kris University of Calgary	Role of prostaglandin E(2) in modulating epithelial barrier function
Croitoru, Ken University of Toronto	Studies of the induction and regulation of colitis in a mouse model

Fedorak, Richard University of Alberta	The IBD Metabolome Project: IBD and the microbe-genotype relationship
Finlay, Brett University of British Columbia	The role of the microbiota in infectious colitis and fibrosis
Gendron, Fernand-Pierre University of Sherbrooke	Role of epithelial cells 2PY receptors in the dysfunction of the intestinal mucosa during inflammation
Girardin, Stephen University of Toronto	New insights into the detection of peptidoglycan by Nod2/CARD15: implications for Crohn's disease
Gray-Owen, Scott University of Toronto	AIEC engagement of CEACAM6: Defining the link to Crohn's disease
Jacobson, Kevan University of British Columbia	Intestinal barrier responses, neuropeptides and IBD
Jones, Nicola Hospital for Sick Children Research Institute	The role of ATG16L1 in Crohn's disease
Khan, Waliul McMaster University	Endocrinological regulation of gut inflammation by serotonin
Krause, Denis University of Manitoba	Role of Bacteroides spp. and E. coli in inflammatory bowel disease
Lomax, Alan Queen's University	Sympathetic neuropathy in IBD: Causes and consequences
MacNaughton, Wallace University of Calgary	Inflammation-induced changes in intestinal epithelial aquaporin expression
Macpherson, Andrew James McMaster University	Mechanisms of normal intestinal lamina propria CD4 responses that ensure mutualism with commensal intestinal bacteria
Madsen, Karen University of Alberta	Bacterial DNA and gut homeostasis
McKay, Derek University of Calgary	Helminth infection, alternatively activated macrophages and the inhibition of colitis
McLeod, Robin Samuel Lunenfeld Research Institute	Post-operative recurrence in paediatric Crohn's disease: Influence of molecular factors
Petrof, Elaine Queen's University	Effect of probiotic conditioned media on a mouse model of inflammatory colitis
Ropeleski, Mark Queen's University	Intestinal epithelial anti-apoptotic signaling and healing: Novel roles for IL-11 in inflammation
Sherman, Philip Martin Hospital for Sick Children Research Institute	Role of probiotics in the management of experimental inflammatory bowel diseases
Sigalet, David Alberta Children's Hospital	Immune signaling pathways of glucagon-like Peptide 2 in the inflamed intestine
Silverberg, Mark Samuel Lunenfeld Research Institute	Genetic, serological and microbial factors related to patterns of ileal inflammation
Siminovitch, Katherine Samuel Lunenfeld Research Institute	Characterization of susceptibility genes/molecules for inflammatory bowel disease

Sly, Laura University of British Columbia	Macrophage phenotype in inflammatory bowel disease
Storr, Martin University of Calgary	Cannabinoids in colitis
Vallance, Bruce University of British Columbia	Goblet cell mediators and their impact on mucosal protection and susceptibility to colitis
Vanner, Stephen Queen's University	Novel pain mechanisms in IBD
Wallace, John University of Calgary	Resolution of colitis: A translational study

RESEARCH SCIENTIST AWARDS (\$300,000 TOTAL)

Bernstein, Charles	University of Manitoba
MacNaughton, Wallace	University of Calgary
Madsen, Karen	University of Alberta
Vanner, Stephen	Queen's University

MICHAEL J. HOWORTH GEM PROJECT (\$400,000)

GEM Project Leader:	Croitoru, Ken Samuel Lunenfeld Research Institute
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FONDS DE LA RECHERCHE EN SANTÉ DU QUÉBEC (\$10,000 TOTAL FROM CCFC MATCHED BY THE SAME AMOUNT FROM FRSQ)

This partnership aims to increase the number of students working in the area of inflammatory bowel disease in Québec through the co-funding of top applications in Doctoral and Postdoctoral Training awards through the regular competitions of the FRSQ.

SYMPOSIA SUPPORT (\$20,000 TOTAL)

APPLICANT AND INSTITUTION	CONFERENCE	DATE
Croitoru, Ken University of Toronto	<i>International Congress on Mucosal Immunology</i>	July 2009
MacNaughton, Wallace University of Calgary	<i>Banff Inflammation Workshop</i>	January 2009
McKay, Derek University of Calgary	<i>Neuroimmunophysiology in the Gastrointestinal Tract Congress</i>	September 2009
Rioux, Kevin University of Calgary	<i>National MAP Meeting</i>	September 2009



LIFTING THE BURDEN OF INFLAMMATORY BOWEL DISEASE

In November 2008, the Crohn's and Colitis Foundation of Canada released a report called, *"The Burden of Inflammatory Bowel Disease in Canada."* Commissioned by CCFC, this important document reviews and summarizes the overwhelming individual and socioeconomic impacts associated with IBD. Never before have the consequences of Crohn's disease and ulcerative colitis been presented in such a comprehensive report in the Canadian context; it is a "must read" for anyone who has IBD, or has a loved one dealing with problems associated with these chronic diseases.

"The Burden of IBD" report states that there are over 200,000 Canadians suffering from either CD or UC, with more than 9,000 new cases diagnosed every year. In fact, IBD in Canada is approximately three times more common than multiple sclerosis and HIV, and as common as Type 1 diabetes.

These are startling statistics. In fact, Canada has among the highest reported incidence rates of CD and UC *in the world*. This presents a mystery that beckons researchers much like a mountain peak calls out to climbers – the challenge is there and must be conquered.

Those who suffer from IBD experience multi-faceted consequences. Not only is their quality of life significantly reduced, their economic situation is also negatively impacted.

"The Burden of IBD" report estimates that anyone suffering from one of these diseases is out of pocket more than \$9,000 annually for items related to medication, expenses associated with receiving treatment and loss of income.

In terms of the socioeconomic impacts on our country, it is conservatively estimated that \$1.8 billion was spent in 2008 on costs related to IBD. Direct medical costs (hospitalization, medication and physician visits) totaled over \$700 million and indirect costs (to society and the patient) are greater than \$1 billion.

"The Burden of IBD" report highlights the massive impact that IBD has on all Canadians. It pinpoints areas that should receive greater attention to elevate the national consciousness about CD and UC. The urgency to continue research into the causes, care and cures has never been greater, particularly in light of new evidence from Dr. Eric Benchimol et al, that shows a significant rise in the incidence and prevalence of IBD in children in Ontario under the age of 10.

CCFC is committed to lifting the burden of illness that weighs down so many Canadians and prevents them from reaching their personal heights in life. Please join us by stretching out your hands and your hearts to help others reach the peak.

GEM: PEAK PERFORMANCE WITH WORLD-CLASS RESEARCHERS

The Michael J. Howarth Genetics, Environmental and Microbial (GEM) project was launched in March 2007. Funded by the Crohn's and Colitis Foundation of Canada, this \$5.5 million research project spans six years and 5,000 subjects in the pursuit of understanding the complex relationships between peoples' genetic makeup, the environment in which they live and the bacteria to which they are exposed.

Current knowledge about the intricacies of inflammatory bowel disease points to the hypothesis that it is not a single factor which causes IBD, but a combination of predisposing characteristics and subsequent events that trigger the onset of symptoms.

With this in mind, GEM centres across Canada are recruiting subjects who are healthy siblings or offspring of people who have Crohn's disease. Individuals eligible to participate in this study are currently between the ages of six and 35, have a sibling or parent who has been diagnosed with CD, and are healthy with no previous diagnosis of CD or diabetes.

Biological samples are taken from all study participants and these individuals will be followed by researchers for the duration of the project. Considered to be at "higher risk" because of their familial connection, it is anticipated that some

of the subjects will develop IBD over the course of the study. At that point, their biological samples will again be analyzed and compared to their original submissions.

Researchers expect that this type of detailed "before and after" work will reveal new insights into the causes of IBD. Now entering its third year, GEM has more than 20 recruitment centres across Canada from coast to coast and a project office located at Mount Sinai Hospital in Toronto, Ontario.

Discoveries made during the GEM project will advance scientific knowledge about IBD and add to the momentum supporting a multi-faceted approach to treatment and prevention of this chronic disease. With the generous assistance of many individuals, sponsors and donors, GEM will elevate IBD research activity to higher levels and bring the possibility of a cure within reach.



Tim Brunt

GUTSIEST CANADIANS ARE PEAK PERFORMERS

Summiting the peak is measured in incremental gains as climbers scale rocky faces, inch by inch. Along the way, they must pause, take stock of how far they have come, and celebrate the successes they have achieved.

The Crohn's and Colitis Foundation of Canada did just that last November 2008 when we held our first national awareness month for inflammatory bowel disease. Throughout the month, activities across Canada raised awareness about Crohn's disease and ulcerative colitis through education events, media spotlights and government proclamations.

The centerpiece of the activities was the first annual "*Gutsiest Canadians*" contest, which highlighted the achievement of individuals from across the country. Winners were selected based upon their contributions to their communities and the lives of others in spite of living with IBD, or were chosen because of their unwavering support of someone who has IBD.

The 2008 Grand Prize Winner – *Canada's Gutsiest Canadian* – was **Tim Brunt of Ontario**. While coping with Crohn's disease himself, Tim was instrumental in establishing his local CCFC chapter, participating as a Top Pledge Earner through his involvement in Heel 'n' Wheel-a-Thons, volunteering as chapter Treasurer and organizing many fundraisers including a golf tournament that raised over \$47,000 last year. Guts and determination are the characteristics that earned Tim Brunt the honour of being named the 2008 Gutsiest Canadian.

The Crohn's and Colitis Foundation of Canada was very pleased to be the co-recipient of a 2009 Platinum Hermes Award, presented by the Association of Marketing & Communications Professionals, for their "*Gutsiest Canadians*" campaign.

The other peak performers in the "*Gutsiest Canadians*" contest included:

- 1 Vince Dimanno, British Columbia:** for his unswerving love and dedication in the support of his wife Nina, who lives with UC.
- 2 Kaella Carr, Alberta:** who is Chair of the CCFC Youth Advisory Committee, media coordinator for her local chapter, and camp counselor for kids with IBD in spite of living with CD herself.
- 3 Brittany Brooks, Manitoba/Saskatchewan:** who was diagnosed with CD at age seven and yet is an active volunteer in her local Heel 'n' Wheel-a-Thon, M&M Meat Shops Charity BBQ Days and IBD educational events in her community.
- 4 Isabelle Chartrand, Quebec:** for creating an on-line French support network called "Cafécolite" to help others like her, who suffer from UC. When Isabelle was diagnosed she could not find a support group, so she created one, thereby helping herself and others around the world.
- 5 Cathy Robichaud, Maritimes:** who was nominated by her sons, Pierre and Matthew, for her dedication as a wellness consultant in helping others with IBD, in spite of struggling with CD herself.
- 6 Gloria Morgan, Newfoundland:** whose 18-year-old son Lloyd died in a car crash. Because Lloyd had IBD, Gloria set out to honour his memory by raising money for CCFC medical research and to date has raised more than \$20,000.

The Crohn's and Colitis Foundation of Canada salutes these 2008 peak performers and is proud to name them, "*Gutsy Canadians!*"

CCFC PATIENT DECLARATION – PLANTING THE FLAG

When climbers reach the summit of a particularly difficult climb, they celebrate their success by planting a flag to declare to the world that they have achieved a remarkable feat.

But a successful climb is never the result of one person's efforts; it is the culmination of support by a team of people dedicated to achieving a goal that may seem impossible for a lone individual.

In the fiscal year 2008–2009, the Crohn's and Colitis Foundation of Canada asked Canadians to lend their support to the cause of inflammatory bowel disease (IBD) by signing the Patient Declaration. The Patient Declaration is a document that joins people together with a common voice to speak out about IBD, the challenges of living with this chronic disease, the need for timely and equitable access to care and the creation of an inclusive society that supports access to bathroom facilities.

It is an on-line statement that says, "We are a strong and united voice and we are speaking out about IBD."

So far, more than 5,000 Canadians have gone to www.isupportIBD.ca and signed the Patient Declaration. It has been signed by those with Crohn's disease and ulcerative colitis, as well as their friends, family and co-workers. By signing the Declaration, people are standing together and showing their support for those who carry the burden of IBD. For those who are currently scaling the rocky faces of a chronic disease, that burden at times seems insurmountable.

If you have already signed the Patient Declaration, we thank you. If you haven't done so yet, please go to www.isupportIBD.ca and add your name to those who have already lent their voice to the cause. Sign up, stand up, and join CCFC as we climb to the top and one day, plant the flag of success.

STRATEGIC PLANNING – THE KEY TO REACHING THE SUMMIT



Scaling a cliff takes planning, strength, courage and determination. Organizations require the same characteristics and skill to achieve their goals; strategic planning is the first step in that process.

Particularly important when there are obstacles that block the path, strategic planning guides the actions of volunteers and staff and helps focus their efforts on valuable long-term objectives. Without a strategic plan, it is easy to be distracted by short-term issues which have little to do with the long-range vision of the organization. Strategic planning enables us to build on, and expand, our strengths in order to reach the summit.

Recognizing the critical importance of planning, the National Board of the Crohn's and Colitis Foundation of Canada developed a five-year Strategic Plan that was approved for implementation in July 2009. The plan clearly defines the future direction and focus of CCFC from 2009 until 2014, building on current strengths and positioning the organization to fully execute its vital role within the medical research foundation and charitable sectors.

CCFC did not do this alone. Good planning requires the expertise of many people. Involving more than 1,500 people, the strategic planning process reached out and sought the advice of CCFC members, volunteers, donors, corporate sponsors, researchers, staff and external sector experts through interviews, focus groups and surveys.

The overwhelming support for the current Mission, Vision and Values of CCFC was a powerful endorsement of the ultimate goals of the CCFC. Clearly, stakeholders believe that the *raison d'être* of the organization is worthy, achievable and relevant.

The following Strategic Planning Priority Areas were also endorsed in this process:

PRIORITY AREA A **OPTIMIZING THE CCFC FUNDRAISING MODEL**

Over the next five years, CCFC will focus on growing the revenue received from individual donors and diversifying the revenue sources from corporate sponsors. The overarching objective of this strategic focus is increasing the overall pool of funding to allow the CCFC to increase capacity to fund the best research while achieving both its Mission and Vision.

PRIORITY AREA B **STRENGTHENING THE RESEARCH PORTFOLIO**

The focus on funding IBD research remains the core competency of CCFC as a medical research foundation. Investments in this area over the next five years will be made to ensure that the research portfolio is well balanced, that the best relevant research receives funding, that the research

outcomes are communicated and shared appropriately to benefit persons and families who are affected by IBD, and that the number of scientists/clinicians working on cure-directed research is increased.

PRIORITY AREA C **RECRUITING AND RETAINING A ROBUST VOLUNTEER BASE**

Over the next five years CCFC will focus on ensuring that its volunteer base is well supported to carry out its very important role within the Foundation. Volunteers have played, and continue to play, a vital role in the success and the long term sustainability of CCFC. The CCFC has evolved as a grassroots foundation, where individuals in volunteer roles drove the Foundation's growth and success. To ensure that the volunteer base is well positioned to support future growth, CCFC is making a commitment to develop a robust Volunteer Program.

PRIORITY AREA D **EMBRACING THE FULL VISION OF THE FOUNDATION**

Over the next five years, CCFC is committed to increasing awareness of the Foundation and enhancing its IBD education activities. The Vision states that 'The CCFC believes it is important to make all individuals with inflammatory bowel disease aware of the Foundation, and educate these individuals, their families, health professionals and the general public about these diseases.' By enhancing activities that contribute to the advancement of its Vision, CCFC will increase the Foundation's broader value proposition for all stakeholders and increase the overall impact of the Foundation. CCFC's main objectives are to increase the quality, relevance, and frequency of education activities/materials provided and to increase the level of CCFC and IBD awareness within targeted stakeholder groups.

It takes a team of people to successfully reach the summit. With your support, the Crohn's and Colitis Foundation of Canada will continue to scale new heights and one day, we will stand together at the peak knowing that inflammatory bowel disease has been conquered.

REACHING THE PEAK WITH YOU

Successful climbers are able to summit because they have a strong, dedicated team working with them. They may not be as visible as the person planting the flag on the peak, but they have been every bit as vital to the mission. So it is with all of the volunteers, donors and sponsors who have pitched in and lent their support to IBD fundraising activities across Canada. Steady progress is being made on the journey to find the cures to inflammatory bowel disease. That progress is only possible because of all the willing hands and generous hearts that believe in the cause. In 2008–2009, \$10.7 million gross was raised for medical research into IBD. In spite of a turbulent economic climate, people continued to give wholeheartedly.

We would like to thank M&M Meat Shops and Mac Voisin, Chairman and Founder, for their unwavering support to “Finding the Cure.” M&M Meat Shops has held a Charity BBQ Day each year for the past 21 years to raise money for IBD research. To date, this event has raised more than \$18.3 million, and the good news just keeps on getting better. In spite of unsettled weather across Canada this year, the Charity BBQ event cooked up more than \$1.9 million in burgers and hot dogs. Big smiles and warm hearts rounded off the menu, feeding both the body and the soul.

SuperGala, co-sponsored for the past 12 years by the Grocery Foundation and the Crohn’s and Colitis Foundation of Canada, generated over \$700,000 for IBD research and education this year. Hosted by Jeff Hutcheson of CTV news and rocked by Bryan Adams, this year’s SuperGala was once again a spectacular event. Our sincere thanks to co-chairs Don Crombie and Simon Zucker, and their organizing committee for their support for this event, which totals more than \$17 million over the past 25 years.

CCFC Galas in Calgary, Halifax, Kamloops, Montreal, St. John’s, Toronto and Winnipeg were once again organized by dedicated volunteers and supported by sponsors, donors and guests. These elegant, spectacular evenings raised close to \$1 million thanks to everyone who participated, and are proving to be the highlight of many social calendars.

CCFC Heel ’n’ Wheel-a-Thon continued its path of success, raising \$1.77 million this year even though the summer weather was rainy and cool. And across the country, thanks to a multitude of other fundraising events, both large and small, an additional \$1.3 million was raised for research.

CCFC’s first endowment fund was created in March 2009, in memory of Ross McMaster. Thanks to Thomas Weisel Partners and the McMaster-Hewitt families, the Ross McMaster Memorial Fund is already worth almost \$380,000. CCFC thanks all the donors who have made this gift of the heart such a lasting tribute to the memory of a man who always wanted to make a difference to the lives of others.



CLIMB EVERY MOUNTAIN



ROSS MCMASTER

Some people drift through life. Others make the most of every day, embracing life with energy and enthusiasm. Ross McMaster was such a man. Heather Hewitt, his wife, remembers Ross as a beloved husband, father, brother, son, friend, colleague – a man who dedicated his short life to making a difference in the lives of other people.

Diagnosed with Crohn's disease at 16 years of age, Ross faced many challenges related to his illness. Instead of allowing the disease to slow him down, Ross developed a hunger to attack life and live it to the fullest. He became a gifted athlete, excelling in hockey, tennis, football and golf.

A devoted family man, Ross and Heather have three children, 12-year-old Liam and 10-year-old twins Hope and Susan. Ross enjoyed life; his exuberance inspired others to be their best even while CD continually hovered in the background. At times his disease was in remission, at other times it was in an acute stage. But never did it stop Ross from helping others and he frequently donated his time and energy to organizations like the Foodbank, the YMCA and the Canadian Breast Cancer Foundation.

Tragically, due to complications related to CD, Ross succumbed to pancreatitis on February 24, 2009 at the age of 48. He will always be remembered with great esteem at Thomas Weisel Partners where he led a highly successful sales team. He was renowned for his dedication and business skill, and in his memory, Ross' friends and colleagues donated all commissions made on March 4, 2009 to a CCFC endowment fund. As a result, and with the additional support of family and other friends, the **Ross McMaster Memorial Fund** has nearly reached \$380,000.

Heather is determined to honour Ross' memory and carry on with his desire to make a difference. He never allowed inflammatory bowel disease to define who he was; he embraced life with the whole-hearted abandon of a man who knew he had no limits. His spirit continues to inspire others to assist those who need help and urges them on to achieve greater heights in their efforts to be of service. In death as in life, Ross McMaster continues to climb every mountain.

THE SKY IS NOT THE LIMIT



OWEN SCHELL

Owen Schell is 14 years old. He may only be 4' 10" tall and 85 lbs, but his enthusiasm for life is large beyond his tiny stature. He already knows what is important in his life and what he wants to do with it.

Diagnosed with Crohn's disease when he was only nine years old, Owen had been having abdominal pain and diarrhea for many years. In spite of repeated physician visits, his condition was thought to be the result of stress or the flu and his mother Kelly was assured that his symptoms would go away. But they didn't.

One day when Owen was suffering from another bout of illness, a nurse and family friend observed his dehydrated state and urged Kelly to take him to the local emergency department. There, a paediatrician diagnosed Owen with CD. Shortly before being diagnosed, Owen had decided that he wanted to raise money for children with cancer. Because of the surprise diagnosis of CD, Owen decided that any money he raised would be donated to help people with inflammatory bowel disease. With the support of his grandmother, Gloria Doherty, Owen embarked on an ambitious plan to make and sell flowerpots.

He and his family approached their local M&M Meat Shops in Kitchener, Ontario and a new partnership was born. Selling his flowerpots during the 2004 M&M Charity BBQ Day, Owen sold 100 of his handcrafted creations within 30 minutes. The following year, he sold 250, the next two years – 350, and in 2009 he sold 400, raising an accumulated total of \$10,000 over five years!

Next year Owen heads off to high school, where a whole new world of friends and activities will absorb his time and energy. Undaunted by the prospects of an unfamiliar environment, Owen knows that even the sky is not the limit when you have the right attitude about life. He knows that he must keep looking up and moving forward, climbing the heights one step at a time as he reaches for the stars.

FINANCIAL REPORT FOR 2008–2009

Crohn's and Colitis Foundation of Canada – Summary Financial Statements

The Crohn's and Colitis Foundation of Canada, like many charities, was adversely impacted by the economic recession and financial market instability over the past year. Notwithstanding this, gross revenue for the 2009 fiscal year was \$10.7 million, which is a decrease of \$392,000 (3.5 per cent) from the previous fiscal year. The decrease in investment returns was partly offset by an increase in revenues generated from fundraising events, including M&M Meat Shops, the Grocery Foundation/ CCFC SuperGala and other ongoing regional galas.


Total expenditures for the 2009 fiscal year were \$11.9 million compared with \$12.7 million for the previous fiscal year, which is an overall decrease of 6.1 per cent. Research funding declined by \$2.0 million as a result of: a reduction in the current funding requirements for the GEM project, the completion of an exceptionally high level of pre-existing multi-year funding commitments, as well as a change in the timing of current commitments from once a year to twice a year. Nevertheless, \$5.7 million was allocated to CCFC research programs in fiscal 2009, representing one of the Foundation's highest ever amounts of research funding on the heels of last year's record level.

Assisted by new sources of corporate sponsorships and individual donations, expenditures increased on education and volunteer programs. Investments were also made in fundraising and administrative infrastructures reflecting the need to support the strategic direction and growth strategy of the Foundation over the next five years.

Assets of the Foundation declined by \$792,000 principally due to a net decline in the investment base resulting from the funding of ongoing research commitments as well as the decline in the overall investment rate of return due to the adverse financial market conditions. This decline was offset in part by a newly endowed contribution of \$377,000, which established the Ross McMaster Memorial Fund, the first endowment fund for the Foundation.

After accounting for the cost to raise funds, over 80 per cent of expenditures were invested in research, education and volunteer/chapter services, as illustrated in the chart below. Our stewardship of funds donated to finding a cure is a responsibility that the Foundation takes very seriously.

For audited financial statements and information regarding tax receipted fundraising and donation revenue, please contact the CCFC National Office.



Ashraf Matta, CA
CCFC Treasurer and Chair of the Finance,
Audit and Risk Committee



Susan Hartnett, CA
Interim Director of Finance
and Administration

Balance Sheet As at June 30

Assets	2009	2008
Cash (Restricted – \$130,926 2008 – \$94,236)	\$1,079,736	\$1,225,574
Accounts Receivable	564,008	554,678
Prepaid Expenses	97,532	98,593
Inventory	–	5,500
Investments (Restricted – \$378,672, 2008 – N/A)	10,123,199	10,821,457
Capital Assets	79,649	30,446
Total Assets	\$11,944,124	\$12,736,248
Liabilities		
Accounts Payable and Accrued Liabilities	\$703,922	\$705,958
Deferred Revenue	170,994	129,985
Total Liabilities	\$874,916	\$835,943
Fund Balances		
Endowment Funds	\$378,672	–
Internally Restricted Research Reserve	8,041,613	9,289,693
Unrestricted	2,648,923	2,610,612
Total Fund Balances	\$11,069,208	\$11,900,305
Total Liabilities and Fund Balances	\$11,944,124	\$12,736,248

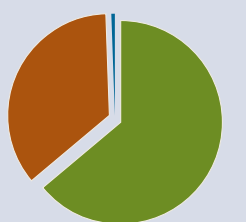
Statement of Revenue and Expenses

For the Year Ended June 30

Revenue	2009	2008
Fundraising Proceeds	\$6,838,835	\$6,678,234
Gifts	3,788,993	3,748,806
Investment Income	132	561,254
Other Income	50,461	81,690
	\$10,678,421	\$11,069,984
Expenses		
<i>Programs:</i>		
Research	\$5,657,577	\$7,739,738
Education/Awareness	722,287	482,350
Volunteer/Chapter Services	1,192,895	820,302
	\$7,572,759	\$9,042,390
<i>Supporting Costs:</i>		
Fundraising	\$3,088,443	\$2,650,250
General and Administrative	1,226,058	968,841
	\$4,314,501	\$3,619,091
Total Expenses	\$11,887,260	\$12,661,481
Deficiency of revenue over expenses	\$(1,208,839)	\$(1,591,497)

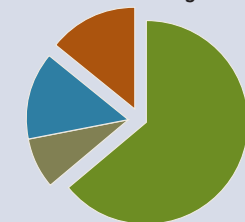
Note: Audited financial statements including notes are available from CCFC's National Office.

Sources of Revenue



Fundraising events	64%
Gifts	35.5%
Investment/other income	0.5%

Uses of Net Fundraising Revenues



Research	64%
Education	8%
Volunteer/Chapter services	14%
Administrative support	14%

THANKS TO ALL OF OUR 2008–2009 SUPPORTERS

NATIONAL CORPORATE SPONSORS

PLATINUM:



GOLD:



SILVER:

AXCAN PHARMA™



THE GROCERY FOUNDATION / CCFC SUPERGALA



We thank *The Grocery Foundation* and its partners for their generous support over the past 25 years.

NATIONAL HEEL 'N' WHEEL-A-THON SPONSORS

Abbott Laboratories
Axcan Pharma Inc.
Bio-K+ Pharma
M&M Meat Shops
MIJO Corporation
P&G Pharmaceuticals
UCB Pharma Canada Inc.

DEDICATED RESEARCH DONORS

Over 1,000 research donors participate in our monthly giving program. Their generous commitments are crucial in helping the Foundation to provide stable funding for many research initiatives.

PLANNED GIVING

We gratefully acknowledge the generosity of those who include CCFC in their estate planning process. Including CCFC in your will, or declaring CCFC as a beneficiary in your insurance policy, are two great ways to make a lasting impact in the search for a cure for IBD.

CCFC PATRONS

We extend our sincere appreciation for all donations. Contributions of \$5,000 or more are listed below (unless the donor has requested anonymity).

\$100,000 PLUS

Fairmount Books Inc.
Healthpartners/Partenaire Santé – GCWCC
Ross McMaster Memorial Fund

\$50,000 TO \$99,999

Alberta Ministry of Culture and Community Spirit
Federated Health Charities
The Grandey Family Foundation
Partenaire Santé Québec

\$20,000 TO \$49,999

Canadian Pension and Benefits Institute
Desjardins Financial Security
Employee Benefits Golf Tournament
EnCana Cares
Great West Life Assurance Company
IBM Employee Charitable Fund
Sears Employee Charitable Fund
Sun Life Financial
Vancouver Foundation
The Woodbridge Company Limited

\$10,000 TO \$19,999

Beta Sigma Phi
Fireball Equipment Ltd.
FirstService Corporation
Fusion Beauty
Gentec International
The Great Little Box Company
Husky Charitable Fund
Imagewear-Mark's Work Wearhouse
Knightsbridge Human Capital Solutions
M.A.P. Group of Companies
Maple Leaf Consumer Foods
Melrose Café & Bar
The Mercedes-Benz Toronto Area Retail Group
Scotiabank Group of Companies
Slight Edge Holdings
Jack Stephenson
The Kerry and Simone Vickar Family Foundation
World Financial Group Charitable Trust
ATCO Gas Employees
The Atlantic Philanthropies

\$5,000 TO \$9,999

B&M Land
Bell Canada
Borden Ladner Gervais LLP
The Brettler/Mintz Foundation
The Brown Group of Companies
Capitol Drugs PharmaChoice
Conestoga Cold Storage
The Co-operators/Truman Insurance Agency
Dr. Zane Cohen Digestive Diseases Clinical Research Centre
CVS Controls Ltd.
The David & Stacey Cynamon Family Foundation
The Daviau Family
DRI Capital Inc.
Brad Dunkley
Eddi's Wholesale Garden Supplies Ltd.
The Edmonton Oilers Alumni Association
Debbie Eisenberg & Gary Levene
Mr. & Mrs. Lawrence Fein
Filbitron
Global Total Office/Teknion Corporation
Goodmans LLP
The Great Gulf Homes Charitable Foundation
HD Supply Canada – Litemor
HSBC
Irwin Wortsman Insurance Ltd.
Java U Traiteur/ Ron Monford
Javlee Construction Ltd.
The Kaptor Group
Kimberley Homes
KPMG
Lash Developments Corp. & The Goldman Group
Manulife Financial
Allan Markin
McKesson Canada
Mercer
Anita Nador

\$5,000 TO \$9,999 (continued)

Northern Capital Group Inc.
Novator Systems Ltd.
Correen Pacht
Nancy Pencer & Michael Benjamin
PricewaterhouseCoopers LLP
Rexall
Royal Bank/RBC Private Counsel
Sherman Foundation
Silvert's Stores Ltd.
Six Points Plaza Ltd.
Sokolowski Holding
Spergel
StageVentures
Dr. David Finkelstein & Dr. Jerry Naiberg-Sweet Dreams Snoring & Laser Clinic
SWI
Richard Taylor
Ronda & Michael Taylor and Family
TD Canada Trust
Terracon Development Ltd.
Alan G. Thompson
Torkin Manes Cohen Arbus LLP
Werger Holdings Inc.
Dr. Jeffrey Werger-Markham Hearing Centre
The Wolfond Family

LEGACY GRANTS

Crohn's and Colitis Foundation of Canada gratefully acknowledges the generosity of the following, in their support of inflammatory bowel research.

Fay Shapiro Cutler
Grant in Aid of Research
Electronics Industry Hockey Tournament
Grant in Aid of Research
Federated Health Charities
Grant in Aid of Research
The Grandey Family Foundation
Grant in Aid of Research

LEGACY GRANTS (continued)

The Grocery Foundation/CCFC Supergala
Grant in Aid of Research
Healthpartners/ Partenaire Santé – GCWCC
Grant in Aid of Research
M&M Meat Shops
Grant in Aid of Research
Toronto Gala
Grant in Aid of Research
The Kerry and Simone Vickar Family Foundation
Grant in Aid of Research
Winnipeg Gala
Grant in Aid of Research
Fellowship Award in Memory of Linda Susanne Fox
Fellowship Award in Memory of Joyce Simon
2008 Finkelstein Award Winner – Erin Battat
Summer Student Scholarship
George and Mary Turnbull Family Foundation
Summer Student Scholarship
Donna Lee Zampieron (nee Stahls)
Summer Student Scholarship

LASTING TRIBUTES

Famille Gosselin
Estate of George Francis Littlewood
Estate of Hazel McLean
Estate of Esther Moscoe
Estate of Dr. Jay Newman
Estate of Mary Jane Reid
Estate of Marilyn Reid
Estate of Betty Lou Whitter

SUMMITTING HIGHLIGHTS IN 2008-2009

CALGARY HERALD – APRIL 2009

Breaking news at calgaryherald.com ENTERTAINMENT

Doctors don black ties for Crohn's, colitis research

THERESA TAYLOR
BRIGHT LIGHTS

devastating Crohn's and colitis is to those who are living with the diseases. Stats show that four Albertans are diagnosed with inflammatory bowel disease a day — the Crohn's and Colitis Foundation of Canada's Calgary chapter aims to fight back. On March 28, the CCFC held the first Black and Gold Gala in support of IBD research and to honour the Calgary-based doctors who aim to find a cure.

was Glamorous Formal or Black Tie Cowboy. Guests dined as they listened to the sounds of Woodhouse, a big band made up entirely of doctors.

The event raised money through ticket sales as well as a silent auction that boasted one-of-a-kind donated items such as a hand-crocheted Niwasa glass paperweight, dinner packages at trendy Calgary restaurants, and a golf package that included airfare for two and two rounds of golf at the Scotia's Fox Harb.

PHOTO: THERESA TAYLOR @GMAIL.COM



GLOBAL NATIONAL – NOVEMBER 29, 2008

ST. JOHN'S, NFLD COMPASS – NOVEMBER 2008

the COMPASS

One gutsy Canadian

Part de Grande women wins CCFC award
By LILLIAN SHANNON

Dr. Kevin Glasgow, executive director of the Crohn's and Colitis Foundation of Canada, presented the award to Kaella Carr, a 28-year-old woman from St. John's, Newfoundland, who has lived with Crohn's disease for over 10 years.

Dr. Glasgow said Carr is a "gutsy" Canadian who has shown incredible courage and resilience in the face of a chronic illness. Carr has been a vocal advocate for her condition and has inspired many others in the community.

Bowel disorders cost health system \$1.8B

SHARON LEM
Sun Media

Canadians suffering from Crohn's disease and colitis cost Canada a whopping \$1.8 billion a year, a new medical report says.

In the report, we highlight the direct and indirect medical costs to society of these diseases. If people don't sit up and listen, the problem will get worse and there'll be more unnecessary hospitalizations," said Dr. George Tolomiczenko, executive director of research at the Crohn's and Colitis Foundation.

While there is no cure of any known cause, medical experts emphasize the importance of early diagnosis so appropriate treatment can be determined.

The foundation's 99-page report says the \$1.8 billion cost for 2008 included direct expenses of \$345 million for hospitalizations and surgery; \$163 million for prescription drugs and \$334 million for doctor visits. Indirect costs were \$746 million for long-term work absences; \$338 million for short-term work absences and \$209 million for patient out-of-pocket expenses in a case study.

There are 112,249 Canadians living with Crohn's disease and 88,570 with ulcerative colitis and more than 3,200 new cases are diagnosed each year.

Inflammatory bowel diseases cause 60 per cent of the gastrointestinal tract to become inflamed and ulcerated with open sores. The two main forms of Crohn's disease and ulcerative colitis. Most are treated with medication and surgery.

Jim Martin, a software product manager, suffered from colitis during her university years from 1984 to '89. "I was in extreme pain due to the open sores in my intestine and I was bleeding and ... was exhausted all of the time. It was debilitating and I struggled through university and barely managed to graduate," said Martin, 44.

In 1989, Martin underwent surgery to remove her entire large intestine. Since then, she's no longer constantly sick. "I would not have had a normal life or career without surgery. I still have to be careful of what I eat ... but I'm not sick like before."



MARTIN
Surgery

TORONTO SUN – NOVEMBER 2008

“There are 112,249 Canadians living with Crohn's disease and 88,570 with ulcerative colitis and more than 9,200 new cases are diagnosed each year.”



CCFC: RECIPIENT OF 2009 HERMES CREATIVE AWARD FOR BEST COMMUNITY RELATIONS CAMPAIGN

LETHBRIDGE HERALD

Lethbridge, Alberta, Canada



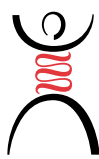
Kaella Carr, named Alberta's "Gutsiest" Citizen by the Crohn's and Colitis Foundation of Canada, was filming an awareness commercial recently for Crohn's disease.

Kaella's courage recognized with honour

LETHBRIDGE HERALD – NOVEMBER 2008

For more information, to become a member, or make a donation, you can also visit us at www.cffc.ca.
Our registered charity number is: 11883 1486 RR 0001

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Crohn's and Colitis Foundation of Canada



Crohn's and Colitis Foundation of Canada

Fondation canadienne des maladies inflammatoires de l'intestin