

TOGETHER, WE **WILL** FIND THE CURE



CROHN'S AND COLITIS FOUNDATION OF CANADA
2004-2005 REPORT

Inflammatory bowel disease (IBD) describes two similar yet distinct conditions: Crohn's disease and ulcerative colitis. These chronic diseases of the digestive system affect 170,000 Canadian men, women and children.

There is no known cause or cure.

OUR MISSION: FIND THE CURE

The Crohn's and Colitis Foundation of Canada (CCFC) is a not-for-profit voluntary medical research foundation. A leading sponsor of Canadian IBD research since 1974, the CCFC has invested over \$40 million to find the cure for inflammatory bowel disease.

Education is also part of our mandate. The Foundation provides information on IBD to patients, their families, health professionals and the general public.

The key to the CCFC's success is the dedication of its thousands of volunteers who raise funds for research in communities across Canada.



National Board of Directors, 2004–2005

The Foundation is governed by a volunteer National Board of Directors elected by its members. The Board oversees our operations, sets national policies and establishes goals for the Foundation.

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Her Excellency the Right Honourable
Adrienne Clarkson, Governor General
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WHAT WE'VE LEARNED GRANTS IN AID OF RESEARCH 2002–2005

In over 30 years, the CCFC has sponsored almost 200 Grants in Aid of Research. Successful proposals must demonstrate scientific excellence and relevance to our mission to find the cure for IBD. As of 2004, Grants in Aid of Research are awarded to a maximum of \$150,000 per year, for one to three years.

Canada is home to some of the world's top research scientists dedicated to investigating the cause, development and treatment of IBD. The CCFC is proud to work closely with these professionals, and reports these key findings from studies funded to 2005.



MESSAGE FROM THE NATIONAL EXECUTIVE DIRECTOR AND THE NATIONAL PRESIDENT

The theme of our 2004–2005 Report, “Together, we will find the cure,” is appropriate for a number of reasons.

Those of you familiar with the Crohn’s and Colitis Foundation of Canada will notice that we’ve combined our Annual Report and Research Report in this single, comprehensive document. One reason we’ve done this is to emphasize the fact that to “find the cure,” the Foundation is focused on building partnerships.

As research is the CCFC’s priority, one of our most important partnerships is with top IBD scientists. They’ve made tremendous progress over the past three decades, but none of it would be possible without several other important partners – our volunteers, sponsors, donors and members.

It is their fundraising efforts in communities across Canada that allow us to invest in some of the most progressive, innovative IBD research in the world. Research is very expensive and sources of funding can be difficult to find. As many of the scientists we support attest in this Report, without CCFC funding, their work would not be possible.

Once again, our small but efficient Foundation has made tremendous progress. We continue to raise increasing funds for groundbreaking IBD research. We continue to expand our volunteer and sponsor networks in communities across the country. We continue to implement new programs that help educate and create awareness about the debilitating disease that 170,000 Canadian men, women and children struggle to overcome every day.

On behalf of the Crohn’s and Colitis Foundation of Canada, we offer our sincere thanks to all our partners and hope you enjoy reading about the progress we’ve achieved together.

Together, there is nothing we can’t accomplish.
Together, we will find the cure.

Michael J. Howorth
National Executive Director

Nathalie Fradet
National President



DR. AMRE

DR. DEVENDRA AMRE AND DR. DANIEL SINNETT, UNIVERSITY OF MONTREAL

The research of Dr. Devendra Amre and Dr. Daniel Sinnett focused on the roles of diet and genetics in the development of IBD in children.

Dr. Amre’s team gathered detailed information about the eating habits – during the year prior to disease diagnosis – of 190 newly diagnosed Canadian children with IBD, and children without IBD. An important finding is that low fruit and vegetable consumption may be as detrimental as high fat consumption. A combined high fruit and vegetable, low fat diet may help reduce risks for pediatric IBD.

DNA samples were collected from IBD patients and their parents in four hospitals across Canada for the genetics studies. Preliminary analyses suggest that children with an altered form of a gene belonging to the Cytochrome P450

enzyme family may be at higher risk of developing IBD. This gene is involved in the metabolism of fatty acids, steroids and numerous toxic substances acquired from the diet.

A second gene, which belongs to the Glutathione S-transferase enzyme family, may also be an important piece of the susceptibility puzzle. The absence of the gene has been noted in the pathology of other diseases, including colon cancer. Initial findings from the study suggest that this gene could protect against the development of IBD.

Future studies will investigate the joint impact of dietary and genetic factors to see if they further contribute to the risk of developing IBD.

“This work is part of a comprehensive research program focused on the genetic epidemiology of IBD in children. CCFC funding has enabled the use of study designs that can thoroughly investigate the complex role of diet and genetic defects in relation to risks for IBD in children.” **DR. DEVENDRA AMRE**, ASSISTANT PROFESSOR, UNIVERSITY OF MONTREAL

RESEARCH IS OUR PRIORITY

“The importance of CCFC funding on IBD research has never been more apparent. We’re seeing breakthroughs on every front, from understanding basic mechanisms, epidemiology and genetics to developing new treatments. The pieces are coming together, and Canadian researchers are among the world leaders in these accomplishments, thanks largely to research funded by the Foundation.” **DR. KENNETH CROITORU**, CHAIR, CCFC IBD RESEARCH INSTITUTE

It’s now over 30 years since the Crohn’s and Colitis Foundation of Canada started raising funds for inflammatory bowel disease research, and we’re showing no signs of slowing down. In fact, the CCFC continues to hit new heights – in terms of the funds we raise and the research we conduct.

This year, CCFC funding has led to a ground-breaking report on the incidence and prevalence of IBD in Canada. We now have solid evidence of the human toll: IBD affects over 170,000 Canadians and their families. The findings from this study reinforce the urgent need to increase research funding aimed at finding the cure.

The CCFC invested over \$3.7 million last year in new and ongoing research, for a total of over \$40 million since our inception. Here is how we are using those funds to lead the way in IBD research.

2004–2005 RESEARCH HIGHLIGHTS

CCFC IBD RESEARCH INSTITUTE

Launched in 2003, this virtual Institute assists with the development of innovative research studies related to IBD. Dedicated health professionals volunteer their time to the Institute, providing invaluable scientific advice that helps guide the CCFC’s research and education programs. Projects and accomplishments include:

CCFC Research Investments: 1997–2005



(Numbers in thousands)

* includes \$775,000 CCFC IBD Network start-up grant from AstraZeneca



DR. CLAUDE ASSELIN, UNIVERSITY OF SHERBROOKE

The research of Dr. Claude Asselin focused on butyrate, a fatty acid produced in the colon that may play a protective role in the inflammatory process. Butyrate affects the complex interaction amongst genes, cells and the proteins they produce – but exactly how it works is not clear.

In this phase of his study, Dr. Asselin confirmed that the effect of butyrate is gene specific. In certain genes, butyrate helps promote the production of anti-

inflammatory proteins; in other genes, butyrate helps reduce the production of inflammatory proteins.

Dr. Asselin will continue his studies of butyrate with another Grant in Aid of Research for 2005–2008. His work could help identify new therapies to regulate the inflammatory response.

“I greatly appreciate the openness of the CCFC to fundamental research. My studies could not have been conducted without the Foundation’s support.” **DR. CLAUDE ASSELIN**, PROFESSOR, DEPARTMENT OF ANATOMY AND CELL BIOLOGY, UNIVERSITY OF SHERBROOKE

INCREASED FUNDING

- 15 new Grants in Aid of Research, reflecting an investment of over \$5 million.
- International IBD Science Development Program. A new program that promotes the exchange of ideas and information by sending Canadian scientists abroad and bringing international scientists to Canada.
- Personnel Awards. The CCFC continues to expand its student scholarship partnerships to attract the best and brightest medical students to the field of IBD research. The Foundation also provides funding at different levels of the career path to attract and retain new and established research professionals.

GEM PROJECT

The Genetic, Environmental and Microbial Program (GEM), is a major, multi-disciplinary study of the causes of IBD. This design of this exciting project is well underway.

THE CANADIAN IBD NETWORK TISSUE BANK

Established in 2000, the Canadian IBD Network Tissue Bank collects and stores tissue from volunteering patients newly diagnosed with Crohn's disease. Future plans include expanding its scope to include tissue from patients with established Crohn's disease. The first of its kind in Canada, the Tissue Bank continues to be an invaluable resource for researchers.

CLINICAL TRIALS CONSORTIUM

The CCFC has developed a network of the best clinical trial specialists in Canada. This dynamic exchange is encouraging innovative approaches to finding the causes of and treatments for IBD.

IBD 2005: ADVANCING ON THE PATH TO A CURE; INNOVATIONS IN IBD RESEARCH

Leading IBD researchers from around the world will gather for this CCFC-funded conference. A forum to discuss cutting-edge IBD research, the conference is also a planning session to set the course for the CCFC's IBD Research Institute for the next three to five years.

Executive Council, CCFC IBD Research Institute, 2003–2005

Chair, **Dr. Kenneth Croitoru**,
McMaster University

Past Chair, **Dr. Lloyd Sutherland**,
University of Calgary

Vice-Chair, **Dr. A. Hillary Steinhart**,
University of Toronto

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Dr. Ernest Seidman, McGill University

Chair, Programs for Personnel
Development, **Dr. Karen Madsen**,
University of Alberta

Chair, Clinical Consortia,
Dr. Brian Feagan,
University of Western Ontario

Chair, Scientific Symposia,
Dr. Andrew Stadnyk, Dalhousie University

Chair, Communications,
Dr. Charles Bernstein,
University of Manitoba

Chair, Liaison Activities,
Dr. Stephen Collins, McMaster University



DR. STEPHEN COLLINS, MCMASTER UNIVERSITY

The research of Dr. Stephen Collins focused on female reproductive hormones – estrogen and progesterone – and how they might influence intestinal inflammation.

Dr. Collins looked at how these hormones affected two different models of experimental colitis. He found that a derivative of estrogen (17 β -estradiol) affected each model differently. In the model more applicable to Crohn's disease, the hormone suppressed the inflammatory tendency. In the model more applicable to ulcerative colitis, it increased the inflammatory tendency.

These studies confirm that female reproductive hormones do influence the inflammatory process. The effects are complex, act at different sites and depend on the type of inflammation involved.

The next step is to test 17 β -estradiol on a model that more closely represents human IBD to determine its potential use as a supplement, or as a substance that needs to be blocked to prevent harm.

"CCFC funding has enabled me to extend my basic research – on how systems work – and apply it to increasing the understanding of inflammatory bowel disease." **DR. STEPHEN COLLINS, PROFESSOR, DEPARTMENT**

OF MEDICINE; HEAD, DIVISION OF GASTROENTEROLOGY, MCMASTER UNIVERSITY

2005 RESEARCH BREAKTHROUGH: IBD rates in Canada among the world's highest

“The most surprising finding is the significantly lower rates of Crohn's in British Columbia. The next question is why... is it linked to ethnicity, something in the environment, or a combination of factors?”

DR. CHARLES BERNSTEIN, PROFESSOR, INTERNAL MEDICINE, UNIVERSITY OF MANITOBA

How important is it to find the cure for inflammatory bowel disease?

If you live in Canada, it may be more important than you think.

In 2003, the CCFC initiated a groundbreaking epidemiological study – “The Burden of IBD in Canada,” led by Dr. Charles Bernstein, University of Manitoba. Results presented this year show that Canada has the highest rate of Crohn's disease in the world and that the incidence and prevalence of ulcerative colitis are also among the highest.

Dr. Bernstein estimates that in 2005, about 170,000 Canadians have IBD: 95,000 with Crohn's and 75,000 with ulcerative colitis. His research team in Manitoba, and collaborators from British Columbia, Alberta, Saskatchewan and Nova Scotia, extracted information from their provincial databases to create the largest population-based database on IBD in the world.

Understanding the burden of a disease on a national and regional basis allows for comparisons that may lead to new theories about the causes of IBD. Future phases of this study will examine how IBD affects healthcare resources in Canada.



THE BURDEN OF IBD IN CANADA

Study results show:

British Columbia has the lowest rates of IBD – 331 people per 100,000. This may be due to its large immigrant population, who are less likely to contract the disease.

Nova Scotia has the highest rate of IBD – 580 people per 100,000.

In 2005, about 30% more females than males have Crohn's disease. However, new cases are more likely to be male.

People living in urban areas have higher rates of IBD than those living in rural areas.



DR. KENNETH CROITORU, MCMASTER UNIVERSITY

The research of Dr. Kenneth Croitoru focused on T cells, an important part of our immune system. These cells recognize foreign substances or antigens through a receptor and become activated. In people with IBD, it appears that there is an inappropriate response by these cells, signaling the release of damaging proteins.

Dr. Croitoru's recent studies identified several pathways by which activated T cells cause intestinal damage. He has also shown that a molecule called Interleukin 10 (IL-10), actually helps suppress this damage.

Understanding at the cellular and molecular level how T cells cause damage is an important step to eventually developing new drug therapies. By inhibiting or enhancing the various elements involved, these therapies would help prevent the damaging effect of inappropriate T cell activation.

“CCFC funding helped us develop a model to study how activating T cells cause intestinal damage. This model is now being used by research groups around the world. It is hoped that studying such models will bring all of us closer to the ultimate goal of finding the cure for IBD.”

DR. KENNETH CROITORU, PROFESSOR OF MEDICINE, MCMASTER UNIVERSITY

VOLUNTEERS: OUR "HEART AND SOUL"

Without a doubt, the Crohn's and Colitis Foundation of Canada is blessed with the most dedicated, determined and creative volunteers.

Whether they work alone, or in groups that number in the thousands, the fundraising successes of CCFC volunteers are what drive our search for the cure.

M&M MEAT SHOPS CHARITY BBQ DAY

How do you raise \$1.55 million for IBD research in a single day?

Start with over 395 M&M Meat Shops across Canada. Add thousands of mouth-watering burgers and hotdogs... and just as many volunteer grill "masters," servers and cashiers. A hungry, willing public completes the equation.

Thanks to M&M Meat Shops franchisees and staff for another record-setting day.

GIFT/CCFC SUPERGALA

Every year, the Grocery Industry Foundation... Together (GIFT), partners with the CCFC to stage one of the most successful – not to mention glamorous – fundraising galas in the country. In February 2005, the GIFT/CCFC SuperGala raised almost \$3 million. Half of the proceeds go directly to the CCFC.

Our thanks to the dedicated volunteers who make this dinner and silent auction such a success, especially the 2005 organizing committee: Co-chairs Simon Zucker (Simon Zucker & Associates), Don Crombie (Crombie Kennedy Nasmark Inc.); Committee members Michael Burrows (E.D. Smith & Sons Ltd.); Domenic Calce and Paul Del Duca (The Great Atlantic and Pacific Co.); Ken Keelor and Duncan Reith (Sobeys); David Houlden, Dan Shapiro, John Tavolieri (Loblaw Companies); Don Lebovitz (Promotivate International); Anthony Longo (Longo Brothers Fruit Markets); James Petrozzi (M&M Meat Shops).



DR. GORDON R. GREENBERG, UNIVERSITY OF TORONTO

The research of Dr. Gordon R. Greenberg focused on identifying genes that may contribute to the loss of bone density, a complication of inflammatory bowel disease. Why bone density loss occurs is unclear, but there is growing evidence that genetic factors and types of drug treatments play crucial roles.

Dr. Greenberg found that while disease activity is important to IBD-related bone density loss, genetic factors are key, and their influences differ between Crohn's disease and ulcerative colitis. His findings further suggest that long-term use of the biological

drug infliximab may increase bone mass density, which could help reduce risk of fracture in Crohn's patients.

His most recent studies focused on the osteoprotegerin gene – which produces a protein beneficial to bone density. One form of this gene contributed to profound IBD-related bone density loss, but only in patients exposed to corticosteroids.

Dr. Greenberg continues to investigate genes implicated in bone density loss and preservation. To date, he has acquired data on over 30 genes and 430 patients.

"Successful research relies on teamwork. Our insights into IBD-related bone density loss would not be possible without the support of the CCFC, the volunteers who raise funds for our work, and the patients who participate in our studies." **DR. GORDON R. GREENBERG**, PROFESSOR OF MEDICINE, UNIVERSITY OF TORONTO

HEEL 'N' WHEEL-A-THON

They cycled and strolled. They ran and “rolled.”

Throughout June, over 3000 Heel 'n' Wheel-a-Thon participants from coast to coast raised over \$1.375 million for IBD research. Events were held in 78 locations, and despite lots of stormy weather, the efforts of our volunteer organizers produced another shining success.

Thanks to Presenting Sponsor Shoppers Drug Mart and National Sponsors: M&M Meat Shops, McNeil Consumer Healthcare, P&G Pharmaceuticals, Campbell Company of Canada, ConAgra Foods, H.J. Heinz Company, Kellogg Canada.

ALL THAT GLITTERS GALA: TORONTO

“Dance... Dance... Dance!” was the rallying cry at the October 2004 All that Glitters Gala held in Toronto, and over 900 guests did just that. And once the dining, dancing and auction bidding was over, close to \$800,000 was raised for IBD research.

ALL THAT GLITTERS GALA: MONTREAL

Was it Montreal... Tuscany... or a little of both? The October 2004 All that Glitters Gala held in Montreal was a lot of both! This year's theme “Under the Tuscan Stars” was a hit with over 300 guests. This third annual dinner, dance and silent auction raised over \$170,000 for IBD research.

FALL FUNDRAISER

Fashion shows, book sales, galas, brunches, and even a bottle drive. These are some of the creative ways volunteers in close to 50 communities across Canada raised over \$150,000 in the first annual Fall Fundraiser program. This new program gives volunteers the flexibility to hold the type of fundraiser that will work best in their communities.



DR. WALLACE MACNAUGHTON, UNIVERSITY OF CALGARY

The research of Dr. Wallace MacNaughton focused on nitric oxide, a chemical messenger in the body with many beneficial functions. However, if too much is produced, which happens in the inflamed gut, nitric oxide has negative effects.

Dr. MacNaughton examined how nitric oxide disrupts the secretion of the intestinal lining, compromising its function as a barrier to bacteria. In some people, this may trigger an over-reaction by the gut's immune system and lead to the inflammation, pain and diarrhea associated with Crohn's disease.

This phase of Dr. MacNaughton's research identified a biochemical pathway where the protective intestinal barrier was disrupted. His data suggest that if the barrier function of the intestinal epithelium can be restored, inflammation could be alleviated or perhaps prevented from ever starting.

In future studies, the nitric oxide pathway and others could prove to be novel targets for new drug therapies.

“The CCFC has such a directed, focused approach; it makes a lot of IBD research happen that otherwise wouldn't. There's really no other viable funding source for a lot of this work.” DR. WALLACE MACNAUGHTON,

PROFESSOR, DEPARTMENT OF PHYSIOLOGY AND BIOLOGY, UNIVERSITY OF CALGARY

FOUNDATION HIGHLIGHTS

EDUCATION

YOUTH INITIATIVE

While IBD can strike at any age, it most commonly appears between the ages of 15–25. A new initiative by the Foundation will look for ways to target this age group to increase their awareness and their involvement with the CCFC.

DIVERSITY PROGRAM

Launched in 2004, the Diversity Program continues to ensure that the Foundation reaches out to all Canadians. “Diversity Chairs,” representing our many multi-cultural communities, are working with staff to broaden awareness of IBD and to encourage participation in our fundraising and education efforts.

PUBLICATIONS

The Journal is the CCFC’s flagship publication, providing our members with news about Foundation activities and research initiatives. Feature articles focus on personal stories about living with IBD and the latest news on medical treatments.

Gut Reaction keeps our Professional Members informed about the initiatives of the CCFC IBD Research Institute. It focuses on the Institute’s research and education programs, grant deadlines and the work of the Executive Council.

FOCUS is an electronic publication that inspires our hardworking volunteers and recognizes the valuable work they do raising proceeds for the Foundation.

CCFC Education Brochures cover a wide variety of topics related to IBD and are made available to healthcare professionals and the general public.



DR. JEAN MARSHALL, DALHOUSIE UNIVERSITY

The research of Dr. Jean Marshall focused on a family of proteins critical to the immune system’s ability to detect and respond correctly to intestinal bacteria. “Toll-like receptors” act as watchdogs of the immune system. Dr. Marshall studied what happens when two particular receptors (numbers 4 and 2) do not respond correctly.

This phase of her studies confirmed that Toll-like receptors not only play an important protective role, but

perhaps an even larger role in the repair process. In fact, in the absence of Toll-like receptor 2, the repair process did not take place.

In future studies, Dr. Marshall will examine why this occurs and eventually, how repair of intestinal damage might be enhanced by modulating Toll-like receptor 2.

“This study was a new departure for my lab. We were entirely dependent on the CCFC to get this project started.”

DR. JEAN MARSHALL, HEAD, DEPARTMENT OF MICROBIOLOGY AND IMMUNOLOGY, DALHOUSIE UNIVERSITY



CD ROM VOLUNTEER TOOLKIT

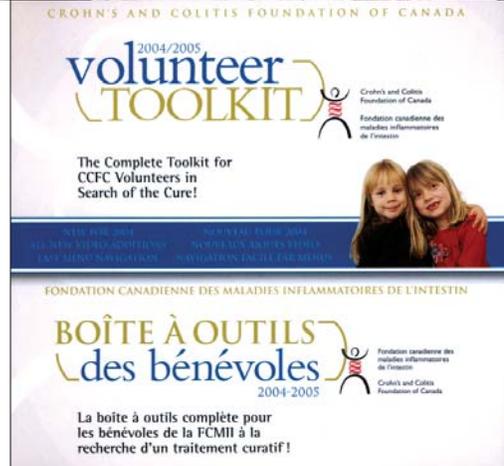
It's everything you ever wanted to know about volunteering for the CCFC, all on one CD. A new version of this invaluable resource, which helps volunteers be as effective as possible, was released in 2005.

WEBSITE

Our website, www.cffc.ca, is updated daily, providing the latest information on Foundation activities, IBD research and treatments, and personal stories of courage. Visit us to find out how the CCFC is working in your community, to become a member or to make a donation.

EDUCATION EVENTS

Through our Chapters across Canada, volunteers organize education events featuring physicians, nurses and other healthcare professionals.



DR. MARK SILVERBERG, UNIVERSITY OF TORONTO

The research of Dr. Mark Silverberg focused on isolating genes that may be linked to the development of Crohn's disease.

In 2004, the OCTN1 and OCTN2 genes, which are found in the IBD5 region of chromosome 5, were proposed as potential susceptibility genes for Crohn's disease. Dr. Silverberg's research focused on verifying the discovery in a pediatric IBD population, as the initial gene discovery was made in an early onset Crohn's disease population.

He evaluated more than 300 cases of IBD in children under 16 years old in collaboration with Dr. Anne Griffiths, Hospital for Sick Children. He also tested NOD2, another gene associated with Crohn's disease.

Dr. Silverberg's findings confirmed that there is strong evidence for an association between the OCTN1 and OCTN2 genes and Crohn's disease. However, more study is necessary to determine conclusively if these are the genes responsible for Crohn's disease susceptibility in the chromosome 5 region.

"In terms of IBD and genetics research, the CCFC has been a crucial source of Canadian research dollars. I wouldn't be able to do my work without its support." **DR. MARK SILVERBERG**, ASSISTANT PROFESSOR OF MEDICINE AND SURGERY, MOUNT SINAI HOSPITAL IBD CENTRE, UNIVERSITY OF TORONTO

FINANCIALS

“The CCFC is committed, first and foremost, to raise increasing funds for medical research.” FROM CCFC VISION STATEMENT

WE'RE SMALL, BUT EFFICIENT

The CCFC invests over 90% of its fundraising proceeds in research and education. A small staff of 26 supports the work of 65,000 members, volunteers and supporters across Canada.

The Foundation's financial statements are audited annually. Our financial practices are consistent with the standards of the Canadian Institute of Chartered Accountants. We comply with all government reporting requirements. In addition, our volunteer National Board of Directors monitors our management and programs.

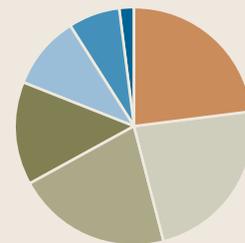
The CCFC is a proud member of the Canadian Marketing Association and subscribes to the Canadian Centre for Philanthropy's Ethical Fundraising and Financial Accountability Code.

HOW THE FOUNDATION RAISES PROCEEDS

CCFC volunteers plan and execute fundraising programs across Canada. They invest in gala dinners, sports tournaments and other special events. Their goal is to direct the largest possible proportion of fundraising profits (proceeds) toward medical research.

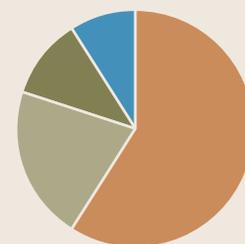
TOTAL FUNDRAISING PROCEEDS
RAISED IN 2004–2005: \$6,881,692

How the CCFC raises fundraising proceeds



Donations	23%
Galas and Dinners	23%
Corporate Support	21%
Heel 'n' Wheel-a-Thon	14%
Other	10%
Sports events	7%
Gaming	2%

How the CCFC spends fundraising proceeds



Research Program	59%
Planned Research Projects	21%
Chapter Services and Education	11%
Administration	9%

WHAT LIES AHEAD GRANTS IN AID OF RESEARCH 2005–2008

Dr. Claude Asselin, University of Sherbrooke *Molecular mechanisms involved in butyrate's action during intestinal inflammation*

Dr. Paul Beck, University of Calgary *Assessment of the role of Fas and Fas ligand in intestinal homeostasis and inflammation*

Dr. Marcel Behr, Dr. Alain Bitton, McGill University Health Centre Research Institute *Mycobacterium avium paratuberculosis infection in Crohn's disease*

Dr. Charles Bernstein, University of Manitoba *A population-based characterization of potential microbial*

etiologies of IBD using geographically defined high and low prevalence/incidence area in Manitoba

Dr. Michael Blennerhassett, Queen's University *NGF-sensitive neurons in IBD pathogenesis*

Dr. Stephen Collins, McMaster University *Modulation of intestinal inflammation by the nervous system*

Dr. Denis Franchimont, McGill University *Searching for new pharmaceutical targets in Crohn's disease through comparative pharmacogenomics: Study of the TSP-1/CD47 complex in Crohn's disease*

Dr. Emile Levy, Sainte-Justine Hospital *Paraoxonase: intestinal localization, genetic-environmental regulation and its role in Crohn's disease*

Dr. Andrew Macpherson, McMaster University *Immune consequences of breaking systemic ignorance to commensal intestinal bacteria*

Dr. John Marshall, McMaster University *Cohort study of inflammatory bowel disease after acute enteric infection in Walkerton, Ontario.*

Dr. Andrew Mason, University of Alberta *Retroviral infections in IBD*

Dr. Ernest Seidman, Research Institute, McGill University Health Center *Role of dendritic cells in the pathogenesis of IBD*

Dr. Keith Sharkey, Dr. Gary Mawe, University of Calgary *Neuronal and enteroendocrine cell plasticity in experimental IBD*

Dr. David Sigalet, University of Calgary *Enteric neuronal signaling and the anti-inflammatory properties of Glucagon-like peptide 2*

Dr. A. Hillary Steinhart, Mount Sinai Hospital *Antibiotics for Colonic Crohn's Disease*

Our most sincere thanks to all 2004–2005 CCFC supporters

Corporate Partners

Our corporate partners show an outstanding commitment to our Foundation. We extend our gratitude for their invaluable support.

Platinum:

M&M Meat Shops

Silver:

McNeil Consumer Healthcare

Bronze:

AstraZeneca Canada Inc.

Axcan Pharma Inc.

P&G Pharmaceuticals Canada Inc.

Schering Canada Inc.

CCFC Patrons

We extend our deepest appreciation for the generous donations over \$5,000 from these individuals and corporations. (Others have asked to remain anonymous)

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Beta Sigma Phi

CIBC

Caron Point Investments

Marty Cutler

David Lede Family Charitable Foundation

Catherine Earle

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W. Brett Wilson Legacy Fund

CCFC Event Supporters

Our thanks to the following supporters who contributed to the success of fundraising events across Canada.

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Goodman and Carr LLP

Great Gulf Homes

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Irving Tissue

Imagewear (a division of Mark's

Work Warehouse)

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J.M. Smuckers (Canada) Inc.

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Kraft Canada Inc.

Liberty Grand Entertainment Complex

MIJO Corporation

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MacLeod Dixon LLP

Manulife Financial

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Minden Gross LLP

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Montreal's One and Only Lite Rock

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Visit www.cffc.ca for more information about our individual and corporate giving programs.



Crohn's and Colitis Foundation of Canada

Fondation canadienne des maladies inflammatoires de l'intestin

Crohn's and Colitis Foundation of Canada

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