

Iron Filings

The Newsletter of the Canadian Hemochromatosis Society

Spring, 2004



The Disorder

Hemochromatosis is the most common genetic disorder afflicting Canadians. It is a crippling, potentially fatal condition caused by iron overload in the joints and organs. The complications caused by the disorder are preventable.

Our Purpose

The society is dedicated to the dissemination of information about the disorder, and its early diagnosis and treatment.

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Member in the Spotlight: Ruth Doll

Active, Busy and Healthy

I was born in rural Eastern Ontario, the only girl and youngest of three. Our ancestors were United Empire Loyalists who migrated to Ontario in the 1800s. If you weren't Irish you pretended to be, especially on St. Patrick's Day. Little did we know those 'green' genes held a secret.

After Grade 13, I became a registered nurse, did a two year stint as a stewardess, then took a public health nursing course. Denis and I married in 1963 and we had three lovely daughters. I worked part time in North Vancouver until 1997 but was often exhausted after a day's work. This was not unusual as I'd always been easily fatigued, requiring more rest than most. In my forties this was aggravated by osteoarthritis in my hip. My father had this, also my brother Ben, in his forties. Ben has had a grand total of five hip surgeries!

I declined surgery for 15 years, finally having a total hip replacement in 1995. I was in an analogous programme, extracting my blood to be returned during surgery, if necessary. Iron was ordered routinely with this and I'd taken a couple of pills when the hematologist left a message, "Hold the iron!" I was told I was borderline for hemochromatosis, as the ferritin would likely be higher if affected. Probably, he thought, I was just a very healthy woman. He suggested my family should be tested but no one took it seriously. A genetic test wasn't yet available.



Ruth Doll, at home

In 2001 the other hip required surgery. I met another hematologist through an experimental drug test in which I participated. I mentioned my high ferritin. She asked my ethnic origin and a couple of further questions, checked my hands, particularly knuckles, then she requested that I become her patient! One month later the diagnosis was hereditary hemochromatosis and the phlebotomies began. Oddly enough, the night before that doctor's visit, Ben phoned to say his ferritin was 1400 plus. An astute family physician had been seeking the reason for the high incidence of cardiovascular disease in my father's family. Unfortunately, Dad and his siblings are deceased, so we can only surmise he had the disease. Our families' children have been tested and are carriers.

Continued page 6

Changes Ahead for CHS

Great changes are taking place in the Society which should help us move forward with more efficiency and speed. The Strategic Planning Committee has completed a new mission statement which is much more comprehensive than our last one, listing our goals in such a way that there can be measurable results.

Skip Young, one of our new Board members along with Debra Finlay, our Board lawyer, are working on a new constitution and set of by-laws for the Society. They will be completed in time for our AGM in April. A copy of any of these documents are available by request, or you can view them on our website when they are posted after the AGM.

The Strategic Planning Committee also identified the need to hire an executive director at the top of that list. I am happy to report that our new Executive Director, Agnes Papke started to work for the Society in January and a new direction is already evident.

In December, I attended a meeting in Ottawa of the National Voluntary Health and Health Professional organizations. It was sponsored by Health Canada to report on how collaboration has been established between voluntary organizations and professional ones and how much more could be done. It is not always obvious how small organizations like ours can participate in these types of partnerships or what we might have to offer but there is always something to be gained from participating in these meetings. For example, I did meet Dr. John Maxted, Director of Health Policy and Communications with the College of Family Physicians of Canada. I talked briefly to him about the lack of knowledge about hemochromatosis among many physicians and if he could do something about it. He asked me to put my request in writing. He said that he would forward articles to their professional journal, *Canadian Family Physi-*



cian, but warned me that it is subject to editorial discretion. He suggested that one of our medical advisers should submit an article on the management of hemochromatosis to the journal. He also said that he would provide a link from their website to the *American Family Physician* who have an article on it titled "Recognition and Management of Hereditary Hemochromatosis."

We are looking for a new leader for the support group in the Richmond-Vancouver area as its leader had to resign due to health reasons. On a more positive note, the group in Ottawa continues to meet regularly and a new group in Toronto is hoping to get started in the spring. Our hope is to have support groups all across Canada eventually.

Another submission for financial assistance has been made to the BC Gaming Fund but we won't know the results of our application until April. In the meantime we remain aware that our very existence relies on the sale of our memberships and on the generosity of our donors and we wish to thank you for your continued support. We look forward to seeing as many of you as possible at the AGM on Saturday, April 24th.

— Charm Cottingham, President

Iron Filings

Board of Directors, 2003/4

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Canadian Hemochromatosis Society

#272 - 7000 Minoru Boulevard

Richmond, BC Canada V6Y 3Z5

604-279-7135

fax 604-279-7138

email office@cdnhemochromatosis.ca

Toll Free 1-877-BAD-IRON

Member of the International Association of Hemochromatosis Societies
Charitable Donation #11921 9160 RR 0001

Volunteer Contacts

We need contacts in outlying areas. We have no contacts in PE, NT, or NU, so call us if you want to help.

MEETINGS

Ottawa Support Group

2nd Thursday of the month, Riverside Hospital Boardroom, 1967 Riverside Dr., Ottawa. Parking is \$4.50. Call Marjorie 613-739-9277 or Elaine, 613-521-5897

Toronto Support Group (New)

Next meeting will be held at K. Eason's home in downtown Toronto on May 6 at 7:00 pm. Call 416-598-5248 for info.

Richmond Support Group

For information, call the Richmond office at 604-279-7135.

Newsletter produced by Chris Petty

Digest of Current Hemochromatosis Research

Hepcidin Shows Promise

THE THERAPEUTIC OUTLOOK for hepcidin in the preventive treatment of hemochromatosis has received a boost in the past few years.

In April 2001, a team of researchers from the Institute Cochin in France set forth the hypothesis that hepcidin, a peptidic molecule (a molecule composed of a series of amino acids) synthesized by the liver, was the main hormone involved in the regulation of iron homeostasis in the body.

This hypothesis has been largely confirmed in subsequent studies, not only by this team, but by other researchers throughout the world. It was especially demonstrated that hepcidin was involved in the mechanism of major illnesses related to iron homeostasis, inflammatory anemia and iron overload.

Until recently researchers did not understand the mechanism leading to the digestive hyperabsorption of iron. These studies showed that hereditary hemochromatosis seems to be due to an insufficient secretion of hepcidin. It follows that treatment of patients with hepcidin, its analogues or products that increase iron synthesis, should be the basis of a logical preventive treatment of this disease in the future.

Excerpts from a press release from April 2003 in conjunction with the publishing of these studies in Nature Genetics

Gene Found for Juvenile Onset Hemochromatosis

XENON GENETICS INC. and a team of international researchers report the discovery of a novel gene for juvenile hemochromatosis. The gene is referred to as HFE2 and Xenon has named the protein produced by this gene, hemojuvelin.

Juvenile hemochromatosis is an early onset severe form of iron overload with varying combinations of severe lethargy, arthritis, diabetes, cardiac disease and infertility. Affected patients, primarily in

their teens and 20's and occasionally adults in their late 30's, fail to regulate iron uptake in the intestine resulting in absorption of excess iron that is toxic to the body. Researchers found that loss of function of the HFE2 gene results in dramatic intestinal iron uptake leading to whole body iron overload at a relatively young age.

The researchers further assessed the impact of hemojuvelin mutations on hepcidin (a small liver-produced peptide hormone central to iron metabolism). Hemojuvelin was found to be a key regulator in the iron metabolism pathway and plays a critical role in the regulation of iron uptake in the intestine.

Hemojuvelin now becomes a pharmacological target for the treatment of common iron disorders. This important discovery could also have a major impact on the diagnosis and treatment of iron overload disease.

From a study published in Nature Genetics, Volume 35, January 2004

Link Between HHC and Alzheimers

WHEN SHARON MOALEM was a teenager, he suspected his grandfather's Alzheimer's was linked to a buildup of iron in his brain. Years later, he proved it.

"I looked all over the world for someone who would be receptive to the idea," he says.

That someone was Professor Maire Percy, a University of Toronto scientist who was already looking at approaches that might slow the progression of Alzheimer's or prevent the disease. She had a freezer full of blood drawn from people with an inherited form of Alzheimer's — the material that might help him find the answer he was looking for.

In 1999, Moalem and Percy began to screen the samples for the gene that causes hemochromatosis, and they quickly noticed a pattern. He had been right. There was a link.

Their conclusion wasn't as simple as saying people with hemochromatosis have a much higher risk of getting Alzheimer's. They found that the genes for hemochromatosis increase the risk of Alzheimer's in

males if they are paired with another gene called APOE-4, a known risk factor for a neurological disorder that may cause high levels of cholesterol in the brain. The theory is that iron reacts with oxygen, producing toxic free radicals that can wreak havoc in the brain and other parts of the body. High cholesterol levels could exacerbate the damage, because the free radicals would feed on the fat.

There is other evidence of the link. Researchers have found iron in the plaques taken from the brains of patients with Alzheimer's. In 1991, a U of T study found that a drug that absorbed iron and aluminum in the brain slowed down the disease's progress. This month, a study suggested that a drug, clioquinol, which removes extra metals in mice with a disease similar to Alzheimer's, improves the condition of humans with the disease.

There is probably a central mechanism involved in Alzheimer's. But there are different ways to trigger it, much like with cancer. Whether you get the disease depends on the combination of your genes and environment.

One of those genes — and there may turn out be dozens — appears to be the gene for hemochromatosis. *Excerpted from the Globe and Mail, January 21, 2004*

Coming Events

Dr. Art Hister

On April 24, Dr. Art Hister will interview Dr. Chris Whittington, author of *Ironic Health* on his syndicated radio program, *House Calls*. Visit www.DrArtHister.com for a broadcast time in your area. In the greater Vancouver area, the broadcast is at 10 am on radio station CKNW.

Dr. Whittington's book is available through the CHS office and website.

IDI Patient Conference

The Iron Disorders Institute will hold its annual patients' conference, IRONUSA, in Washington, DC, on May 12, 2004. For more information on the conference, and to see IDI's latest newsletter, *id-Intouch*, visit www.irondisorders.org/

Mail Bag

New Therapy Provides Improvement

I am enclosing a letter I have written to a doctor in Alberta, after receiving very different treatment for Hemochromatosis since moving to British Columbia. I think the letter is self-explanatory, and I have omitted the name of the doctor.

As YOU KNOW, I was under your care for hemochromatosis for approximately ten years, having been referred to you by Dr. Braun, our family physician. While under your care, I was impressed with what I thought was your expertise, your careful examination of my liver on each visit, and the fact that you, the doctor, inserted the needle each time for the phlebotomy.

When I was under your care, I repeatedly told you of my fatigue, my cravings for starch and sweets, my weight gain, my restless leg syndrome, my heart palpitations and feeling cold much of the time. Although I continued with my work conducting residential therapy groups for women, it exhausted me, sometimes so much that I literally could not sleep. You thought that perhaps I had Seasonal Affective Disorder and I subsequently bought a 10,000 lux light box for light therapy.

On several occasions at the Specialty Clinic I nearly fainted following my phlebotomy. At the time, I thought all these symptoms were caused by my treatment for hemochromatosis and were the “price

We appreciate and welcome your letters. In order to fit as many in our newsletter as possible, we must edit for space. Our apologies if our editors took out your best lines.

of my staying alive.” You will remember that one of my brothers died of hemochromatosis shortly after I was diagnosed. I did not question your treatment and, on that basis, believed that another brother was not being treated properly; I was comparing how often I had to be phlebotomized with the treatment he was receiving in Washington State.

In November of 2002, my husband and I moved to Westbank, BC. Both my new GP and the hematologist that he referred me to were very surprised by what they considered my extremely low ferritin level. When tested here, my ferritin level was 15 ug/L. I believe your practice was to keep me under 18 to 20 ug/L. One time it even went to 7 ug/L. The hematologist here said that I had been “iron starved” and that might have been the cause of many of the symptoms I have described above. The lab reports here say that 15 ug/L is equivalent to Iron Deficient Erythropoiesis; levels between 15 to 20 are labelled as Iron Store Depletion, and levels from 20 to 40 are Borderline Depletion. The practice at the Kelowna General Hospital is that no phlebotomy is given until the ferritin level reaches 75 ug/L.

This radical difference in treatment modalities was a shock to me. It is very confusing for a lay person to second guess

their specialist, although so very much depends on their treatment decisions. I decided not to call you at that time, but to give the “new” modality a year’s trial, hoping that no damage would be done during that time.

It took a year exactly for my ferritin to reach the 75 ug/L level required here for a phlebotomy. During that year, I have had increasing energy. I have re-decorated my house, worked physically outside, had non-stop visitors in the summer, and joined an exercise program. I do not have the cravings for starch or sweets; I don’t have the heart palpitations or the restless leg syndrome. I have lost 25 pounds. The really exciting difference is that I have been able to conduct my therapy groups without any exhaustion.

I have debated a long time before writing this letter. However, the changes in my physical condition and my energy levels have been so dramatic that I felt that I should register it with you, hoping that my experience might be worthy of a second look. Maybe my “staying alive” did not have to take such a toll on me.

G. E.-L.

Westbank, BC

Ed. note: The optimal minimum level for ferritin varies with each person. Remember, you have the right to question your doctor about your course of treatment.

Ankle Pain May Be Linked to HHC

TODAY I AM EXPERIENCING a new found freedom. I have just had my final cast removed from my left foot. Since June of 2003 I have been in some sort of cast, having had surgery on both feet. I was diagnosed ten years ago by chance with hemochromatosis. Weekly phlebotomies became routine for a year. It was discovered by a dreadful liver biopsy. The diagnostic breakthrough of genetic testing unfortunately wasn’t available then.

Not much was known about hemochromatosis then. My GP didn’t really know what kind of specialist to refer me to: a gastroenterologist, internist or hematologist. Today under the care of a hematologist I have been able to maintain my ferritin at a below normal level without a phlebotomy for over three years. What I

Hemochromatosis

What is it?

The excess storage of iron in the body.

What is the cause?

Primarily hereditary

Most common symptoms

Chronic fatigue, joint pain, irregular heart beat, mood swings and confusion, bronzing of the skin and abdominal pain.

Most common complications

Liver and heart disease, diabetes, arthri-

tis and hormonal irregularities.

Tests required for diagnosis

Serum ferritin, transferrin saturation percentage and genetic testing.

Treatment

Phlebotomy treatments (bloodletting) which are ongoing for life.

Reference reading

The Bronze Killer; The Iron Elephant; Iron Health; Iron Disorders Institute Guide to Hemochromatosis.

really want to share is my experience with my debilitating ankle pain and my inability to do one of my greatest pleasures — walk my dog.

For the past four years I have gone to many doctors about sore ankles. Most felt that my symptoms had nothing to do with HHC since my ferritin was normal. I went to appointments armed with HHC literature, and most times I felt like the expert.

It wasn't until one of the rheumatologists I was seeing took an interest in an article I found on a patient with arthritic ankles who had HHC. He noticed that a colleague from Toronto Western Hospital was mentioned in the bibliography. He immediately arranged for me to see him even though I was a Quebec resident. This doctor spent three hours with me, reviewing my history, examining my joints, and viewing my x-rays. He thought my x-rays were inconclusive and I was able to have a CAT scan. He explained that my subtalar joints were arthritic, not the ankle joint. The subtalar joint is a small joint under the talar joint responsible for the rocking action of the foot. It stabilizes your weight on your feet when walking on uneven terrain such as sand, snow or gravel. What the CAT scan revealed made all my pain justified. I had little or no cartilage left on both of my subtalar joints.

The treatment for severe arthritic subtalar joints is a surgical fusion. The joint is scraped of the remaining cartilage then stabilized with adhesive and a screw so

that it basically become an extension of the bone. I worried about my mobility and pain following surgery, but they told me I would be pain free and able to walk unaided, but it would take three months to fuse in a cast.

The surgery went smoothly without much discomfort. The non weight-bearing cast for six weeks wasn't the greatest when you live in a two storey house. I became very creative with my walker. My three children and husband were very supportive. They all took their turn helping me shop in my wheel chair.

All of that is finally behind me. I will start physiotherapy on my left ankle tomorrow. I can already walk, hop and jump like I was once able, pain free. I feel brand new! Today when I was having my cast removed my orthopedic surgeon and student resident both commented that they are seeing more patients with arthritic subtalar joints. Many of them have HHC. It has been noted in most medical literature that the aching of the knuckles and the first joint of the second and third finger is a pattern that may suggest HHC. My surgeon is planning on studying further the correlation of arthritis of the subtalar joint and HHC. It may be a clinical feature.

Even though HHC is the most common hereditary disease, very little is known by the medical community. I feel that as a patient with HHC it is my responsibility to inform the medical profession with all of the information I have collected. I feel that all the patients with HHC should be pioneers for our future generations. Tomorrow I am going to have the joy of walking my dog again.

J.B.-N.

Beaconsfield, QC

Omega Oils Provide Relief

I WAS HAVING LEFT KNEE PAIN, but after taking a blend of Omega 3-6-9 oil for a month the pain suddenly vanished and has not returned! When I saw my doctor recently, he said there is no problem with me taking this. I believe it is available at any health food store. I expect I'll be taking it for the rest of my days!

V.B.

Edmonton, AB



New Executive Director

AGNES PAPKE HAS JOINED CHS as Executive Director. Ms Papke has nearly 20 years experience working with not-for-profit organizations, and is an accomplished administrator. She served as Executive Director of the UBC Alumni Association for nine years, and was Associate ED for five years before that.

She has a bachelor's degree from UBC in Agricultural Sciences, and has served on the national board of the Canadian Council for the Advancement of Education. She is a recent grandmother courtesy of her son and his wife, and is busy preparing for the wedding of her daughter. She is an avid knitter and enjoys woodworking. She has a full woodworking shop in her home in Ladner.

We welcome Ms Papke to the Society, and look forward to working with her in the future.

Enjoy your newsletter!

When you have finished with it, please pass it on. Our newsletter is also available online at our website. If you would rather read it electronically, or if you don't want future newsletters, let us know and we'll take you off the list.

Speak Up!

When leaving a message on our toll-free line, 1-877-BAD-IRON, leave your full name and address (spell them out) and your 10-digit number. And please speak clearly.

We know you enjoy the **Letters** section. You can also share your stories and questions via our website. Many people are finding this "cyber support group" a big help. Check out the forum at: www.cdnhemochromatosis.ca and click on the News Board.

Please send your letters to:

Canadian Hemochromatosis Society
Richmond Caring Place
#272 - 7000 Minoru Boulevard
Richmond, BC Canada V6Y 3Z5
or email:
office@cdnhemochromatosis.ca

Ruth Doll: Member in the Spotlight

(continued from page 1)

Almost three years later Ben and I are on two-month phlebotomies. The jury is still out on arthritis and HHC but I'd like to be on that jury! Ben may have been saved from further ills due to the heavy blood losses incurred during his surgeries. I'm not as tired but still require lots of rest. I'm active and very busy. I'm retired, you see!

I now have the privilege of serving as a board member of the Canadian Hemochromatosis Society. My duties include corresponding with our Canadian contact people, those conscientious folk who are willing to help 'spread the word' about HHC in their communities. We send educational literature, brochures, posters etc. from the Richmond office to all those who have expressed interest. Anyone available to volunteer, kindly contact the Society at www.cdnhemochromatosis.ca, 604-279 7138, or toll free 1-877 BAD IRON.

In case I've portrayed us as a 'sickly family,' we'll attend Winterlude in Ottawa in February as well as celebrate our mother's 102nd birthday. She too, will enjoy it!

New Contacts

Maggie Barnett, Comox, BC
250-339-2234

Pyrna Koberstein, Lacombe, AB
403-782-6010, ekoberstein@shaw.ca

John Higgins, Whitehorse, Yukon
867-667-2908

Jim and Helen Owen, Terrace, BC
250-638-7207 hjowen@monarch.net

Jane Nimigon, Beaconsfield, QC
514-693-0553

Christine O'Grady, Calgary, AB
403-257-2984 cogrady6@shaw.ca

Linda Perkins, Brampton, ON
905-790-6523 linda.perkins@bell.ca

Dorothy Minish, Swan River MB
204-734-3596 dotted@mts.net

Maggie's Message

by Maggie Campbell

It's that time of year again: Tax season. Like all of us, I always want to know how to maximize my tax deductions. One of the best ways is to make a charitable donation. This is also the time of year my accountant reminds me to update my will and talks to me about possible tax savings therein. It wasn't until I took a class in planned giving that I understood what my accountant meant.

We see the term "planned giving" all over the place now: every piece of mail I see from a charity has a box to tick for more information about planned giving. But what does it mean? Planned giving means that you, along with your estate planner, accountant or lawyer, establish a charitable gift in the future to maximize your goals and tax benefits.

There are many forms of planned gifts, however the most common type of planned gift is a bequest in a will. Your estate planner can assist you with making a decision best suited to your needs. It is important to remember to make bequests,

as everything you own is considered to have been sold at the time of death. This means that your final tax bill could have a lot of capital gains taxes applied to it so your family will not receive as much as you wish. If you would like more information about planned giving, contact your estate planner.

We will publish our donor list in the Fall newsletter in its own section so we can do a better job of it. Special thanks to the Richmond Sunrise Rotary Club for their generous gift, which covered most of the costs of our last newsletter.

I would like to take this opportunity to welcome our new Executive Director, Agnes Papke. Agnes is very committed to making the CHS more responsive to you, our donors. This means that besides the biannual newsletter, you may be receiving a few more communications from us.

If you can distribute HHC material in your community during Awareness Week or if you would like more information, please contact the CHS office.



Board Gathers for Christmas Dinner

Members of the board (and guests) met for dinner at the Vancouver Lawn Tennis Club to meet new Executive Director, Agnes Papke. Guests, clockwise from far left: Chris Petty, Skip and Gillian Young, Nancy Sather, Michael English, Ruth and Dennis Doll, Chester Barber and Charm Cottingham, Agnes Papke, Maggie Campbell, Elizabeth Minish.

Donate Your HBC Reward Points

Zellers, The Bay, and Home Outfitters now issue HBC Rewards points. Help us by donating your points to the Society. Use our card #850 639 047. Be sure to tell the rewards centre that you want to keep your own card active when donating points, or they will cancel it.

Good Donations

You can donate online through our website. Visit www.canadahelps.org. Search "hemo," then click "Donate now." This is a secure site. You can use your credit card with confidence.

Matching Gifts

Does your employer have a matching gift program? If so, please indicate the company name on your donation. If you aren't certain, just send us your employer's name and we can follow up. Many firms will match some portion of their employee's charitable donations.

When sending money . . .

. . . such as a cheque or Visa number, be sure to let us know what it is for. Money will be automatically entered as a donation unless you specifically tell us it is for a membership or in memory of a loved one.

Gifts in Kind

OUR TREASURER, RICK PLUMRIDGE, has donated a computer to our office. We will use it to service our new database software, ACCESS. It will greatly improve our ability to use our database effectively.

If you have office equipment and/or supplies, in working order, that you can donate, please contact our office. These donations further enable our outreach efforts by allowing scarce resources to be deployed in support of our mission.

Hui Zhu has finished transferring our database to ACCESS. We would like to thank her for her patience and perseverance in working with the staff to achieve this challenging goal.

Canadian Hemochromatosis Society

Annual General Meeting

Saturday, April 24, 2004
1:00 pm, Room 340
Richmond Caring Place
7000 Minoru Blvd
Richmond BC.

Included on the agenda will be a call for approval of new bylaws.

Awareness Week

May 25 — 31, 2004

During Awareness Week help us get the word out. You can distribute posters and brochures to local libraries, pharmacies, doctors' offices, hospital, community events boards, etc. Send information to your local media, or talk to them yourself.

Contact our office for your supplies NOW.

In partnership with Canadian Blood Services, CHS is supporting a special blood donor clinic during Awareness Week. We are calling on all members in BC to attend the CBS Donor Clinics on May 25 starting at 11:30 am. Information and refreshments will be available at each of the six permanent CBS Clinics in BC.

Clinics are located in Vancouver on Oak Street and Downtown, in Kelowna,

Prince George, Victoria and Surrey. Mobile clinics will operate in Abbotsford (25th), North Vancouver (26th), Richmond and Vernon (27th and 28th) and Walnut Grove (29th). Please call 1 888 236-6283 (1 888 2 DONATE) for more information and to book an appointment. We are asking all donors who are responding to this request to sign in a logbook at the clinics. This is purely voluntary, and will help us track the number of donors giving in recognition of Hemochromatosis Awareness Week, and therefore allow us to determine the success of the program.

We hope to expand the program to all Canadian provinces and territories next year. Those members living in other areas of the country who wish to donate, please do so.

Contact us!

Post #272 - 7000 Minoru Boulevard
Richmond, BC Canada V6Y 3Z5
Phone 604-279-7135
Fax 604-279-7138
E-mail office@cdnhemochromatosis.ca
Toll Free 1-877-BAD-IRON

www.cdnhemochromatosis.ca

Support CHS and Raise Awareness of Hemochromatosis

Annual membership _____
(*\$30, senior \$20, family \$45, professional \$55 lifetime \$500*)
Books: *The Bronze Killer* \$20* _____
Ironic Health \$22* _____
Hemochromatosis Video \$21* _____
Lapel Pin ___ @ \$5 _____
Donation _____
TOTAL _____

* US dollars for US orders.

For international prices, contact office.
Charitable Tax #11921 9160 RR 0001

I have HHC A blood relative has/had HHC

Name _____

Address _____

_____ Postal Code _____

Email _____ Tel _____

- I am a new member
 Please acknowledge my support in the newsletter.
 Please release my name to my local contact person.

Send me ___ brochures and ___ posters

Payment enclosed Please charge my VISA

Card # _____ Expiry Date _____

Cardholder signature: _____

Please return to:
Canadian Hemochromatosis Society
#272 - 7000 Minoru Boulevard
Richmond, BC Canada V6Y 3Z5
THANK YOU!

April, 2004