

Iron Filings

Providing information, awareness and support

Families Matter – A Family In Newfoundland & Labrador Is Grateful For Diagnosis

For many years, small medical issues were building up for Gary Grant of Bay Roberts, NL. So much so that Gary, at 48 years of age, couldn't get himself from a prone to a standing position without assistance. Gary's joints were hurting to the point where even pressing on his arm would hurt almost right to the bone. He was forgetful, always tired, and had no energy. Merely brushing snow off his car made him out of breath.

Not one to visit his doctor for every ache and pain, Gary's accumulated suffering reached a point to where he finally made the appointment that got him referred to an Internal Specialist. Gary had been doing some research himself, and suggested to the Internist that he had iron overload. The doctor found that Gary's liver was enlarged, and a subsequent liver biopsy showed severe liver damage and a large amount of iron. Gary was diagnosed with hemochromatosis. The year was 2002.

Gary immediately began treatment with weekly phlebotomies and his children went to get tested. His wife, Mary Lou, also requested to have the test and, as a result, she was found to have both C282Y genes. However, her ferritin was still low, being premenopausal. Gary's daughter, Tara, and son, Aaron, were also found to be homozygous for the C282Y gene.



The Grant Family of Newfoundland & Labrador

Tara and Aaron are fortunate to have been diagnosed at a young age, both being in their early twenties at the time. With continual maintenance of their iron levels, both will be able to continue with their work and live long healthy lives, uninterrupted by any suffering from hemochromatosis.

Gary, of Scottish and Irish background, also informed his two brothers and his sister of his diagnosis. The result? "I can't say that they got genetically tested, but their doctors say that they don't have it. Maybe they only had a ferritin test. I get the impression that a genetic test is expensive and many doctors don't like to request it."

Bob Rogers, Executive Director for the Canadian Hemochromatosis Society, states, "Ferritin alone is not a good indicator of hemochromatosis. When hemochromatosis is discovered in one person in a family, a genetic test is the generally accepted medical protocol for all first degree relatives. This test is fairly expensive, costing the government about \$350 per patient, but the savings to health care would more than pay that back due to the prevention of hemochromatosis-induced illnesses. A less expensive method, at \$35 per test, is checking the blood's transferrin saturation. If this number is greater than 55%, then hemochromatosis is suspected."

continued on page 2



You can help **iron out Hemochromatosis** in Canada.
Find out more at www.toomuchiron.ca

Families Matter Continued

continued from page 1

Today, Gary's memory is fine, blood tests show that his liver is functioning as it should, and a recent stress test shows a strong heart. He takes a Vitamin B complex every day, which over time has virtually eliminated his joint pain. However, not having had a phlebotomy in two and a half years, he has recently been experiencing some fatigue. For this reason, he has been scheduled for a phlebotomy within the coming week.

Bob's advice is that hemochromatosis sufferers in their maintenance phase need to test his/her ferritin levels at least once every three months and then decide whether a phlebotomy is needed or not. "If Gary hasn't had one in two and a half years, his ferritin is now probably quite high, and that is why he is fatigued. If you have been diagnosed as overloading in iron, you need to keep your ferritin around 50 ng/mL in order to prevent the pains and complications of too much iron."

Gary, who works with the IT Department at The Telegram in St. John's, was told by two family doctors that frequent phlebotomies weren't necessary because his ferritin levels weren't significantly high. However, he just recently had an appointment with a new Internal Specialist who has put him back on a four-month phlebotomy schedule. Gary says, "I feel very relieved to be back on regular maintenance."

"The one positive thing with being diagnosed with hemochromatosis", Gary says, "is that my wife and children are saved from having to deal with its problems. In our province there are a lot of people with a similar genetic background as my family and me. Therefore, there are a lot of people who probably have hemochromatosis and are not aware of it. Whenever we meet people who have any of the symptoms, we always advise them to consider being tested for hemochromatosis."

That's good advice.

PRESIDENT'S MESSAGE

Choices That Matter



Frank Erschen
President and Chair of the
Board

The other day I was thinking about matters in which we have no choice. Two simple examples are that we do not choose where we are born or who our parents are.

Similarly, we have no choice about our genetic make-up. Our genes take us on a no-choice journey. How we cope with the journey is all about the choices we make.

Those of us who know we have hereditary hemochromatosis found out because someone

made a choice to test us. Once diagnosed, we made the easy choice for a simple treatment – to have blood drawn until the iron levels were reduced, and then have blood drawn regularly to keep the levels there.

Unfortunately, because the symptoms of too much iron usually don't manifest until later in life, most of us were diagnosed symptomatically rather than by reasoned choice. Today, we know enough about the condition that the answers to a few simple questions will be enough for a person to determine if they're in a high risk group. If they are in such a group, then we hope they choose to be tested. In our lead story of this newsletter, the wife and children in the Grant family chose to get tested, and are grateful they did. The family now leads a happy and healthy life together.

The Canadian Hemochromatosis Society is working towards the day when everyone who should be tested can request the test and have it performed. Our website and blogs are a great source of knowledge about high risk groups, symptoms to watch, and what to ask your doctor; if you, a family member or a friend is diagnosed, there is helpful information about the condition.

CHS is all about awareness, information and support. Together with your help, we can prevent the pain, disease and suffering which results from undetected and untreated hemochromatosis.

Thank you for partnering with us to iron out hemochromatosis.

Hemochromatosis Counselling at CHEO

By Marjorie Louder, CHS Volunteer Regional Coordinator in Ottawa

Hello from Ottawa. I thought that I would send along a progress note on Dr. Gail Graham's work with Hemochromatosis Counseling at the Eastern Ontario Regional Genetics Program, based at the Children's Hospital of Eastern Ontario (CHEO).

Due to the increasing numbers, for the past year they have been holding a monthly Hemochromatosis Group Counseling Meeting for patients referred to them by their family doctors. These usually consist of small groups, generally about four patients. I asked if Elaine Robinson and I, as local contact people for the Canadian Hemochromatosis Society, could sit in on one. We were able to attend the November session.

Cathy Huculak, a genetic counselor, gave a talk accompanied by a slide presentation. It was an interesting and concise explanation of the disorder. It was followed by a question period, and then each patient sees the counselor individually. Some may then be referred along to a later appointment with Dr. Graham. If warranted, they may have the genetic test done there following their appointment with the counselor, and the results will be sent to both patient and family doctor when it arrives five to six weeks later. Additionally, a report of the counseling session will be mailed out to their family

doctor along with any recommendations from the clinic. Patients are also given a print out of the talk, which also contains the website of the Canadian Hemochromatosis Society and our names as contacts. Although they do not treat Hemochromatosis clinically at CHEO, they are always available for advice if difficulties arise.

We were very pleased that such an informative appointment is available. I sent along a note to the local Kiwanis Medical Foundation who provided the funding that Dr. Gail Graham needed to set up the Hemochromatosis database in 2002. I felt that they would enjoy knowing that it has certainly proven valuable.

Marjorie Louder has been on the forefront for many years in the Ottawa area spreading awareness about hemochromatosis with a good group of volunteers to help her. The Canadian Hemochromatosis Society is grateful for all the work done by her group. We are very glad that Dr. Gail Graham and her team continue to be one of the active centers in Canada for genetic testing and that many are finding a diagnosis and help to understand hemochromatosis.

Biolron Conference

The International Biolron Society (IBIS) is a society founded to promote research and public education of iron metabolism, including disorders due to iron excess or deficiency. The Biolron Conference is held every two years in locations world-wide, with this year's conference being held May 22 – 26 in Vancouver, BC. The general public may register and attend this conference, which will be an excellent source for current research into hemochromatosis.

In conjunction with the conference, a symposium of the International Alliance of Hemochromatosis Associations is being held at the conference hotel on Sunday, May 22. The Canadian Hemochromatosis Society's Executive Director, Bob Rogers, will be the keynote speaker. His topic will be "Promoting Global Awareness of Hemochromatosis". The symposium will provide an opportunity for all attendees to meet

and mingle with representatives from other countries and to exchange ideas for raising awareness of the disorder. Raising awareness of hemochromatosis is an international issue, and the symposium allows the international hemochromatosis community to gather together to discuss strategies towards this common goal. This meeting runs from 1:30 pm to 5:30 pm and while it is free for all to attend, registration is required. A link to the IBIS website, program schedule, and registration information can be found at

www.toomuchiron.ca

Biolron Conference

May 22 – 26, 2011

Sheraton Vancouver Wall
Centre Hotel

1088 Burrard Street,
Vancouver, BC

To Attend: Visit
www.toomuchiron.ca and
follow the link to the Biolron
Conference page to register.



Hormone's crucial role in 2 anemic blood disorders

2 new studies illustrate how hepcidin affects beta-thalassemia and hemochromatosis diseases

Reprinted with permission from Weill Cornell Medical College/New York-Presbyterian Hospital/Weill Cornell Medical Center

NEW YORK (Nov. 23, 2010) – A hormone made by the body may be a potential therapeutic tool for the treatment of two anemic blood disorders – beta-thalassemia and hemochromatosis. The new research was led by scientists at Weill Cornell Medical College and published in the *Journal of Clinical Investigation* and the journal *Blood*.

Commonly known as Cooley's anemia, beta-thalassemia affects nearly 1,000 individuals in the United States; worldwide, approximately 300,000 children are born each year with thalassemias. The conditions cause excessive iron absorption in the body's organs, with symptoms including fatigue, liver disease, heart failure, growth impairment, diabetes and osteoporosis. Standard treatment involves regular blood transfusions, which are often ineffective,

or bone marrow transplants, which can help to replace and repair the broken blood production of the body.

Hepcidin, a hormone found naturally in the bloodstream and acting at the level of the digestive tract, has been known to be at low-levels in patients with beta-thalassemia. Now, the researchers have evidence that boosting levels of hepcidin may actually have a direct effect in relieving anemic patients of their body's iron overload, potentially relieving the ravages of these conditions.

"The major consequence of iron-overload is that the lifespan of a red blood cell is half that of a normal red blood cell. These blood cells are not properly formed, are not as healthy as normal blood cells, and, therefore, cannot properly function," explains Dr. Stefano Rivella, associate professor of genetic medicine in the Department of Pediatrics at Weill Cornell Medical College.

In the *Journal of Clinical Investigation* study published online on Nov. 22, Dr. Rivella and his colleagues report that breeding mice that overproduce hepcidin with other mice suffering from beta-thalassemia led to offspring that

were almost as healthy as normal mice. However, when they crossed the hepcidin-expressing mice with normal mice, hepcidin levels were too high, leading to too much iron removal and an inability to produce healthy red blood cells.

"We see from this evidence that there is a balance in the body – not too much iron and not too little iron – that must be maintained to keep iron levels normal in order to produce normal blood cells," says Dr. Rivella.

He explains that under normal conditions, hepcidin recognizes when there are not enough red blood cells. In turn, the body will then produce the correct amount of hepcidin, which regulates the amount of iron needed.

"In patients with beta-thalassemia, this mechanism isn't working – it's as if the raw materials – the iron – are being sent into a factory, but since no products – blood cells – are being made, more and more iron is being sent in and stored in the body's organs," explains Dr. Rivella.

Hepcidin's Influence on Hemochromatosis and Iron Overload

A second study published in a recent issue of the journal *Blood*, and authored by Dr. Rivella and his lab, illustrates a potential new dietary treatment for patients with hemochromatosis. This anemic disease is caused by a mutation to the HFE gene, leading to lowered production of hepcidin. The disorder affects nearly 1.5 million individuals in the United States.

Hemochromatosis interferes with the body's ability to break down iron, resulting in too much iron being absorbed from the gastrointestinal tract. Like in beta-thalassemia, patients often have iron buildup within the liver, which could lead to liver failure and sometimes liver cancer.



For treatment, patients often have blood taken out of their body, called phlebotomy. Doing so is believed to force the body to remove iron from the liver, reducing iron overload within the organ. Patients return regularly to the doctor's office to have blood removed, in order to lower iron levels in the body, but the procedure is not so effective and could be improved, as Dr. Rivella and his colleagues describe in their study.

"We've learned that in hemochromatosis the body will always look to the diet in the gut for iron and not take it from the liver," explains Dr. Rivella. "Therefore, a low-iron diet immediately following phlebotomy may force the body to look primarily to the liver for its iron supply."

To test their hypothesis, Dr. Rivella tested three different groups of mice: normal mice on a normal diet (group 1), normal mice given a high-iron diet (group 2), and

mice with hemochromatosis on a normal diet (group 3). Group 2 was given a high-iron diet in order to raise iron levels in the liver, similar to mice in group 3.

Each group had blood removed through phlebotomy and then had their hepcidin levels tested. A low level of hepcidin would indicate that the hepcidin is being utilized to absorb iron from the gut.

Results indicated that group 1 behaved as expected: Blood was removed and found to have low levels of hepcidin, meaning that the body was absorbing iron from the digestive tract.

Group 2 had higher levels of hepcidin because the body was able to recognize that there was a reservoir of iron within the liver, illustrating that hepcidin was needed to prevent the iron from being absorbed from the gut.

However, the levels of hepcidin in group 3 was low because the body was unable to recognize a high level of iron in the liver because a genetic mutation lowered the production of hepcidin, resulting in iron being taken from the gut instead of the liver.

"The implications of these findings are that if you take out the blood from patients with hemochromatosis, the body will still look to take readily available iron from the diet, instead of from the overloaded iron packed in the liver," explains Dr. Rivella.

Recently, Dr. Rivella and collaborators at UCLA were awarded a \$4 million grant from the National Institutes of Health to test a drug that mimics hepcidin in people with beta-thalassemia and hemochromatosis. They hope to show that boosting hepcidin in the body helps to better treat their iron overload and anemia.

Updates

Extra-Provincial Registration

Until recently, the Canadian Hemochromatosis Society (CHS) has been registered as a corporation solely in British Columbia. As part of the Society's national strategy, CHS is now registered extra-provincially in Alberta and Ontario, with the intent of eventually registering in the remaining provinces and territories. Doing so will allow CHS better access to medical networks, volunteers, government health authorities and additional funding. In turn, CHS will be better able to support hemochromatosis patients in all areas of the country, which benefits families and communities for generations to come.

New Fundraising Chairperson



CHS is pleased to welcome Patrick Haney as the new Fundraising Chairperson. Patrick is very passionate about CHS' cause, and through his efforts, CHS will be able to continue fulfilling its mission of furthering awareness of this silent killer. Living with hemochromatosis himself, Patrick is very motivated to see that early screening and diagnosis is a common occurrence, so that individuals affected by the disorder can live his/her life to the fullest. Patrick realizes that sustainable funding for CHS is one of the keys to making this happen and he is excited to bring his ideas to the table. You can read Patrick's personal hemochromatosis story in the Spring 2010 Iron Filings newsletter. Congratulations and thank you, Patrick!

May is National Hemochromatosis Awareness Month

Plans are underway for May Awareness Month. If you are planning an awareness event in your community and you need informational materials, please let us know so that we can send them to you in advance. We will then post the event to our social media pages and website.

For a listing of national events, please visit www.toomuchiron.ca and follow the links to our May Awareness Page.

Go Green, Go Viral

If you would like to receive future Iron Filings newsletters through your email, please let us know at office@toomuchiron.ca. And because awareness is the cure, you can also forward the electronic version of Iron Filings onto your family and friends, and let them know that they can do the same.

If you would like to receive additional hard copies of this newsletter for distribution where an electronic copy won't work, please contact the office to let us know.

Facebook, LinkedIn and Blog

Our social media pages are constantly being updated with new information and current events. Be sure to check them out by clicking on the links at www.toomuchiron.ca.

Blood Donation 101: Why you should donate your blood

plus tips for a successful blood donor appointment

Blood donation is an excellent way for hemochromatosis patients to give back to their communities because blood-letting is a necessary part of life-long treatment, and 100 per cent of the contribution goes to helping people in need. A healthy, safe supply of blood products is imperative to good, quality health care in Canada. Without volunteer blood donors, hundreds of patients would be negatively impacted each and every day.

It's a message that many hear, but few act on. In fact 1 in 2 Canadians are eligible to give, yet only 1 in 60 do.

The Canadian Hemochromatosis Society (CHS) is a member of Canadian Blood Services' Partners for Life program. When you have reached the maintenance phase of your treatment (that is, when you have achieved appropriate ferritin levels after de-ironing), you too can join others in the hemochromatosis community to help maintain much of the country's continuous supply of blood, and save up to three lives each time you donate.

How do you join? Go to www.toomuchiron.ca, follow the link to CBS Partners for Life Registration Form on the homepage and enter the ID# CANA002257. Once you are registered, all of your future blood donations are automatically tracked through the CHS team.

Together in 2010, we donated 72 units of blood.

Let's donate 100 units in 2011!

Follow these few easy steps before, during, and after your donation and you'll see that blood donation is easy, safe, and extremely rewarding. Note that many of these tips are very useful for your phlebotomies during your de-ironing phase as well.

Pre-screen yourself. Visit www.blood.ca/eligibility or call 1-888-2-DONATE (1-888-236-6283) to check if and when you qualify to give blood.* Some common reasons for being deferred from blood donation include:

- Dental work in past 72 hours
- Travel to malaria-risk area in past 12 months
- Tattoos/piercings in past six months
- Residence in UK or France between 1980 and 1996

Make an appointment. Call 1-888-2-DONATE before visiting a clinic, to avoid extra waiting or being turned away. Sometimes, when clinics are fully booked, those without appointments aren't able to give that day.

Drink lots of water. Drinking about four to eight glasses of water a day for at least two days before your appointment will help plump up your veins, and drinking a big glass of water within a half hour of your donation may help reduce the risk of feeling light-headed following

your donation. It's also best to avoid caffeine for at least a few hours before your donation.

Eat well. It's very important to have eaten a good meal within three hours of your donation, as this will help keep your blood sugar levels in check and ward off any potential light-headedness.

Take a breath. To keep nerves at bay, look away from the needle and take a big breath as it goes into your arm. After the initial pinch, you'll be pleasantly surprised to feel no trace of the needle at all!

Keep warm and well. If you begin to feel chilled or unwell during your donation, make sure to call a staff member over. Most often a simple act such as wrapping a blanket around your legs, depressurizing your blood pressure cuff, or elevating your feet an inch or two is all it takes to feel better immediately.

Relax and enjoy. After you've finished donating, you'll rest five minutes on the chair and then another five to 10 minutes in the refreshment area, where you're encouraged to have a light snack to help boost energy levels. Make sure to take your 'rest easy' attitude with you for the remainder of the day as no heavy exercising is allowed for at least eight hours.

*Final eligibility is determined by clinic staff at the time of your donation.

"You too can join others with hemochromatosis to help maintain much of the country's continuous supply of blood"



Canadian Blood Services
it's in you to give





The Celtic Curse, The Canadian Cause, The Cure

Bob Rogers, Canadian Hemochromatosis Society
Executive Director and CEO

Too much iron stored in the body, usually in the vital organs, tissues and joints, is the precursor to substantial suffering, severe diseases and early death. No wonder hemochromatosis is called the curse of the Celts.

Hemochromatosis, aka iron overload, is caused by a genetic mutation that runs in families. This silent killer is very common in Irish, Scottish, Welsh, French and German ancestries wherever they live in the world. Some of the Baltic and other European countries also have an incidence of hemochromatosis. In Canada, due to the high population of people from these lands, the Canadian Hemochromatosis Society (CHS) has a large job to do. The genetic prevalence for hemochromatosis in Canada is one in 300. This means in excess of 110,000 people are at risk, yet it is estimated that only 15% of them have been diagnosed. This alarming situation must be changed. Greater public and medical awareness needs to happen. The staff and volunteers of CHS are doing their best, despite limited resources. In 2010,

CHS raised \$130,000 for the Canadian cause. We need significantly more than this to make the difference needed to reduce suffering and save lives. In this newsletter, we acknowledge with thanks the generous donations received from members and donors across Canada.

The cure is awareness. Early testing, diagnosis and treatment will prevent the ravages of iron overload. Everyone who is a part of the at-risk population needs to know about hemochromatosis. Health care professionals need to be aware and vigilant for those at risk. When one person is diagnosed with hemochromatosis, all first degree relatives should be genetically tested. Governments and health authorities must ensure their constituencies are offered a preventative strategy for detecting and managing the disorder. With increased support, the Canadian Hemochromatosis Society must work harder to coordinate all these efforts.

Together, we can, and must, iron out hemochromatosis.

Official Notice: 2010 Annual General Meeting

Canadian Hemochromatosis Society Meeting of Members

**Wednesday, June 29, 2011 - 5:00 pm
Pacific Daylight Savings Time**

Richmond Caring Place
Room 340, 7000 Minoru Blvd.
Richmond, British Columbia V6Y 3Z5

Membership Required

To participate in the Annual General Meeting, you must be a current member of the Canadian Hemochromatosis Society as of Tuesday, May 31st, 2011. Not a member yet? Join online at **www.toomuchiron.ca**

Please RSVP by email or phone no later than Tuesday, May 31st, 2011 and indicate whether you will attend in person or by teleconference. An AGM package will then be sent to you.

604 279 7135 | 1 877 BAD IRON |
office@toomuchiron.ca



**Provide a lasting contribution
to eliminate the suffering and
diseases caused by iron overload.**

Call or email us to discuss Planned Giving options.

604 279 7135 | office@toomuchiron.ca | www.toomuchiron.ca



Hemochromatosis

VERY COMMON • VIRTUALLY UNKNOWN • POTENTIALLY FATAL • EASILY TREATABLE

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, confusion, bronzing of the skin, loss of libido and abdominal pain.

Most common complications

Liver and heart disease, diabetes, arthritis 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;
Ironic Health; Iron Disorders
Institute Guide to Hemochromatosis

Hereditary Hemochromatosis (HHC)
is a genetic disorder that affects
over 3,000,000 people in Canada.

**There is a cure.
Awareness.**

**Please forward this
newsletter onto
your family and
friends**



Support CHS and help prevent needless suffering and early death

Donation

\$ _____

Membership

- ☐ Individual Annual _____ @ **\$30**
☐ Senior Annual (55+) _____ @ **\$20**
☐ Family Annual _____ @ **\$45**
☐ Professional Annual _____ @ **\$55**
☐ Yes, please renew my annual membership
automatically by using my credit card info

- ☐ Individual Lifetime _____ @ **\$500**
☐ Senior's Lifetime (55+) _____ @ **\$295**
☐ Family Lifetime _____ @ **\$750**
☐ Professional Lifetime _____ @ **\$895**

Books & Accessories

- ☐ The Bronze Killer _____ @ **\$20**
☐ Ironic Health _____ @ **\$22**
☐ Wristband _____ @ **\$8**
☐ Hemochromatosis DVD _____ @ **\$21**
☐ Too Much Iron DVD _____ @ **\$10**

Total \$ _____

- ☐ Credit card ☐ Cheque/Money order
(use credit card info area to the right)

- ☐ I have Hemochromatosis (HHC)
☐ I have a blood relative with HHC

- ☐ I would NOT like my support acknowledged
in the newsletter
☐ I would like to receive the E-Newsletter,
The Magnet
☐ Send me information about planned giving
or leaving a bequest in my will.

Contact Information

Name: _____

Address: _____

City: _____ Province/State: _____ PC/Zip: _____

Tel: _____ Email: _____

Official Revenue Canada receipts are issued for all memberships and donations.

Donation Options

I would like to make a ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other _____
donation in the amount of \$

☐ **Charge my** ☐ VISA ☐ MC ☐ American Express

Card Number: _____ Expiry date: _____

Signature: _____

☐ **I am enclosing** _____ **postdated cheques in the amount of \$** _____
to the Canadian Hemochromatosis Society.

Please mail this form to:

Canadian Hemochromatosis Society

272 - 7000 Minoru Blvd. Richmond, BC V6Y 3Z5

Tel: 604 279 7135 | Toll Free: 1 877 BAD IRON

Canadian
HEMOCHROMATOSIS
SOCIETY

Thank You for your Donations

The Canadian Hemochromatosis Society graciously thanks all of those who contributed with their membership and donations. This support is vital to the work CHS does to inform all Canadians about hemochromatosis.

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Moul, Charmian E.
O'Fee, Liam
Owen, Donald H and

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Power, Gerald
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EuJent, Amanda
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Foss, Gene/Lorna
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Linney, George
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Little, Margaret
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Lloyd, David
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Marshall, Christina
Marthyman, Azaria
Martin, Brad
Martin, Nicole Elisha
McCallum, Graham
McKean, T Graham & Muriel
McLachlan, Patricia
McManus, Elie
Midgley, Sheila J.
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Murray, Christl
O'Donnell, Darlene
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O'Flynn, Thomas Sr
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Ratz, Elisabeth
Roemer, Alice Lorelle and
Francis W.M.
Rogers, Robert
Rognmo, Tor
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Sandford, Merle
Seddon, Dorothy Gladys
Segur, Jeidre
Shore, Irene
Smedley, Charles

Smith, Darrel G. & Janette E.
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Smith, Norma Doreen
Somerset, Dorine
Strawson, Craig Alan
Sutherland, Sheila
Swain, Ken & Joan
Swayze, Maureen
Swenson, Johanna
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Thirlwell, Lillian & Bertram
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British Columbia
Waddington, Stanley Arthur
Walker, Donna
Walker, Ronald E.
Wallace, Stephen & Joan
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Wickdahl, Glenn
Wiesner, M. Diane
Wong, Salima
Wozney, Lynne D.

Manitoba/Manitoba

Silver/Argent
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Connor, Gregory
Darling, Colonel Robert
Flood, 1Dorothy Bernice
McCannell Linda
McLaren, Lorraine
Minish, Trish
Sponagel, Christa and Karl
Trinder, Jan

Help Where You Can

Our thoughts are with the people of Japan and New Zealand as they recover from their disasters. We hope that you will do what you can to help them. The mission of CHS still continues: to prevent needless suffering and premature death caused by hemochromatosis.

Your support is greatly appreciated.

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Diamant	10 000 \$ et plus
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Korchinski, Gwen
Leadbeater, Bev
Lewis, Christina
Minish, Brian
Minish, Orville
Nylen, Sharon
Riddell, Lucille
Semchysyn, Tony & Eileen
Tufts, Stephen
Wang, Shannon

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MacDonald, Joseph D.
United Way Central NB

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Babineau, Anna
Doyle, Carmel
Flanagan-Snow, Cecilia
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Michaud, Bertin
Mutch, Judy
Reeves, Mary
Teakles, Joanne
Williston, Elizabeth A.

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Sutherland, Gordon

Silver/Argent

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Lounder, Barbara
Murtagh, Greta
Rogers, Bruce
United Way of Cape Breton
Wright, Patrick J.
Yorston, Charlotte

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Audoux, Margaret
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Girard, Paul Hugh
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Mackenzie, Neil
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Nickerson, Douglas C.
Stewart, Neil
Taylor, Merle
Turner, Greg

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Limited, Megael
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Woodley Sheila

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Kimmel, Brian
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Little, Roy
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Mara, Yolande
Marshall, Brittany A
McClure, James
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McLelland, Elizabeth
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Moore, Donna L.
Morrison, Kimberley
Mount, Beverly
Murphy, Jim
Myers, Ingeborg
Newton, Peter
Oder, Doreen Lois
Oliver, Steve A
Parker, Eileen
Parson, Janet
Parsons, Derick
Penney, Jennifer
Pepper, Randall
Petsche, Lisa
Prytulak, Stephen & Laura
Quinn, Keith
Ravignat, Lynne
Reekie, Bert
Remahl, Goeran & Margot
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Simpson, Joyce
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Sutton, Gerard & Ellen
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Turk, David R.
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Williams, Bruce
Williams, Donald & Kathleen
Wisch, Uwe
Wolfe, Gerhard
Wood, Mary
Zintel, Joyce
Zzurek, Michelle

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Graham, Florence & Keith
Mikita, Marion
Szabo, Ruth

Quebec/Québec

Gold/Or

Camire, Guy A

Silver/Argent

Blouin, Pierre
Gallery, Brian
Paradis, Ginette
Robidoux, Peter

Bronze/Bronze

Batho, Peter
Bell, Sheila
Bisson, Richard John
Blais, Gerard
Boudreau, Pierrette
Desharnais, Nicole
Dionne, Mariette
Duffy, Olive
Gladu, Priscilla and David
Gravel, Jocelyne Lyons
Kamel, Joan
Lortie, Charles J. and Jean
Menard, Paul
Mongrain, Gaetan
Proulx, Serge
Smith, Garth and Sylvia
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Wibe, Suzanne
Willson, Robert

Saskatchewan/ Saskatchewan

Silver/Argent

Ethier, Ross
Fawcett, Helen
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Hamoline, Bridget & Raymond
Hansen, Kelly
Kulcsar, Todd & Michelle
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Smith, Alice
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Cowan, Bessy

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Wassill, Leonard
Wassill, Vera & Daniel
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Williams, Donald L.

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Chartier, Agnes M.
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Hern, Janet
Hineman, Deborah
Pica, Chris
Seibert, Hugh
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