WHEN YOU CAN’T BREATHE NOTHING ELSE MATTERS

THE LUNG ASSOCIATION™ 2010/2011 Annual Report
Saluting our Lung Champions

Ed Ungrin (above) has made the BC Lung Association his cause for the past twenty years, participating annually in the Bicycle Trek for Life and Breath and raising countless dollars to fund vital medical research. We are privileged to know many selfless, dedicated individuals from across Canada like Ed who value lung health and make our work possible.
Message from the Chairman of the Board and the President and CEO

Improving Lives One Breath at a Time

The year 2010 marked the International Year of the Lung and the Canadian Lung Association rose to the challenge of raising awareness about lung health among the public, initiating action in communities across the country, and advocating for resources to combat lung disease, including increased investment in basic, clinical and translational research.

This past year has been productive and incredibly rewarding. We advocated for tougher air quality regulations and stronger warning labels for tobacco products. We encouraged Canadians to keep their families safe from the health risks of radon, the second leading cause of lung cancer, by testing their homes. With our award-winning “Catch the Quit” smoking cessation campaign and our first national spirometry awareness campaign, we continued our work, which began more than 110 years ago, to save lives by promoting lung health and preventing lung disease.

In 2010-11, we supported 55 researchers, through both our national grant reviews, fellowships, studentships and grant-in-aid programs. Through the Canadian Thoracic Society and the Canadian Respiratory Health Professionals, we helped doctors and allied health professionals set the highest standards in patient care, and continue to expand their knowledge about lung diseases and treatments.

Improving lung health for all is at the heart of everything we do, but are we doing enough?

Lung disease continues to devastate more individuals and families each year. One in five Canadians suffers from breathing problems and almost 15 percent still smoke. Chronic obstructive pulmonary disease (COPD) is the fourth leading cause of death in Canada. Lung cancer remains the leading cause of cancer death for both men and women, claiming the lives of 20,500 Canadians in 2009. More than a third of smokers still smoke indoors when a non-smoker is present and 18 per cent do so around a child.

We realize we can’t prevent lung disease all on our own. That’s why we are working with more than 500 lung health stakeholders in the National Lung Health Framework – a made-in-Canada action plan on lung health. As secretariat for the Framework, we collaborate with the best and brightest from across the country. We identify gaps and opportunities in the respiratory health system, and accelerate the exchange of knowledge and delivery of proven solutions. Working together with organizations who share similar goals, we can pool resources and ensure that lung health issues, and the patients who suffer from them, receive the attention they deserve.

Of course, none of our work would be possible without our donors and volunteers; nor without the tireless dedication of our patient advocates, whose voices on lung health issues resonate loudest of all.

We thank you for helping Canadians breathe easier.

Curt Smith
CHAIR OF THE BOARD OF DIRECTORS, 2010-2011

Heather Borquez
PRESIDENT AND CHIEF EXECUTIVE OFFICER
Lung Health Priorities 2010/2011

TOBACCO
Tobacco use remains the single greatest preventable cause of death and disease. It is the leading cause of death from lung cancer and COPD (chronic obstructive pulmonary disease). Yet despite years of public education, smoke free legislation, tax increases, advertising and sales restrictions and more, almost five million Canadians aged 15 and older (18 per cent) are still smoking.

COPD (CHRONIC OBSTRUCTIVE PULMONARY DISEASE):
Chronic obstructive pulmonary disease (COPD) is the fourth leading killer of Canadians. It has a higher hospitalization rate and a higher hospital re-admission rate than heart failure, angina, and other serious chronic diseases; leaves some working-age people too sick to work, and costs billions of dollars a year nationally in medical bills and lost productivity. Yet the majority of Canadians don’t know what COPD is, whether they’re at risk, or how to get tested.

LUNG CANCER
Lung cancer is the deadliest of all cancers. While smoking is the main cause, a significant proportion of cases (10 to 15 percent) occur in people who never smoked a day in their lives. Researchers have identified a number of possible causes; the best known is second-hand smoke. Radon gas and asbestos exposure are also known causes. In addition, environmental pollution and genetic factors are believed to play a role. In 2011, an estimated 25,300 Canadians will be diagnosed with lung cancer and 20,600 will die from it.

ASTHMA
Canada has one of the highest asthma rates in the world. About 2.7 million Canadians live with asthma. Asthma is the most common on-the-job lung disease, the third leading cause of lost work time, and the leading cause of school absenteeism and hospitalization for children. Though effective medication and treatment is available, many children and adults still do not effectively manage their asthma.

SLEEP APNEA
Alarming new statistics show that 26 per cent of Canadian adults aged 18 years and older are at high risk of sleep apnea, one of the most seriously under-diagnosed chronic respiratory conditions today. Obstructive sleep apnea is a serious breathing problem that interrupts one’s sleep. Those affected stop breathing dozens or hundreds of times each night. Left untreated, the consequences can be life-threatening. People with sleep apnea are at a higher risk for heart attacks and strokes, high blood pressure, depression and memory loss; and they’re seven times more likely to have a car crash.

AIR QUALITY
We breathe 20,000 times a day, passing 10,000 litres of air through our lungs, much of it containing air pollutants. Even so, convincing Canadians to take air pollution seriously is difficult, particularly if we rely on comparisons to cities and countries with even worse problems. Yet the evidence is clear: air pollution is an important public health issue, both in terms of the number of people affected and the range of diseases associated with it.

TUBERCULOSIS
Despite the low incidence of tuberculosis (TB) in Canada, 1,600 new cases are reported every year. Worldwide, more than 9 million people develop active TB each year and nearly 2 million will die. If not treated, each person with active TB infects, on average, 10 to 15 others. TB tends to travels into Canada as people travel back and forth to high incidence countries, with the majority of all new TB cases in Canada occurring in people born outside of the country and Aboriginal peoples.
Funding world-class research

We fund world-class research to find treatments – an ultimately cures – for lung diseases. Our volunteers who review our funding applications, like Dr. Andrew Halayko (above) of the University of Manitoba, are one of the keys to our success with our research programs.
Supporting all Canadians with lung disease

We support the one in five Canadians with lung disease breathe easier through our local support groups, toll-free help lines and our national website. Hundreds of lung patients attend events hosted by our provincial offices, which provide patients and their friends and families with an opportunity to ask questions and interact with medical specialists on topics ranging from nutrition and healthy eating to proper use of medications, exercise and rehabilitation, sleep disorders and more.
Highlights 2010/11

**Funding new research and advancing knowledge translation**
We have funded more than $700,000 in grants, fellowships and studentships. These awards are financed by annual contributions from each provincial lung association in Canada and through partnerships. The provincial grant-in-aid program, a national peer-reviewed application process, supports pulmonary research or development projects. This program awarded over $1.1 million in grants for research operating costs, including laboratory supplies, technicians and some equipment for up to one or two years. Through our medical societies, we help strengthen our research capacity and move knowledge into practice so that Canadians can benefit more quickly from the latest research on respiratory diseases.

**Urging Canadians at risk of chronic obstructive pulmonary disease (COPD) to get tested**
We teamed up with comedian and actress Mary Walsh to raise awareness about COPD and the importance of getting tested. Working our 10 provincial offices, we encouraged Canadians at risk of COPD to get healthy and get tested by taking advantage of free breathing test (spirometry) clinics organized across Canada. We also launched two videos on spirometry and COPD & exercise featuring Dr. Jean Bourbeau and Dr. Roger Goldstein, which have been viewed on our Youtube channel and in waiting rooms and clinics across Canada.

**Encouraging Canadians to test their homes for radon, a leading cause of lung cancer**
We partnered with Health Canada to raise awareness about the risks of radon in homes. Radon, a naturally occurring gas, is the leading cause of lung cancer after smoking. Radon can leak into your home through cracks and gaps at the ground level.

**Celebrating smoke-free living, helping those ready to quit and preventing children from starting**
We celebrate those who have quit smoking and provide free quit smoking support services to those who want to quit. We also encourage youth not to start smoking and continue to advocate for increased smoke-free places and smoke-free housing. Our award-winning “Catch the Quit” campaign encouraged Canadians to tap into their social networks for support in their quit journey.

**Ensuring respiratory professionals have access to essential training**
We continue to provide health-care professionals with access to training on best practices in chronic lung disease diagnosis, care and management and lend our support to local and regional lung health education and professional workshop initiatives.

**Bringing experts together, galvanizing action**
We act as the secretariat for the National Lung Health Framework – a national action plan for improved lung health. Working with work with more than 500 stakeholders, we are developing a coordinated approach to the prevention and management of respiratory diseases in Canada.

**Fighting to stop TB at home and abroad**
At home, The New Brunswick Lung Association was a key partner in an initiative to fight TB in Nunavut. In January 2011, the Health Minister Leona Aglukkaq announced $300,000 in financial support for The Taima TB project, an initiative that includes: the Government of Nunavut, Dr. Gonzalo Alvarez, Nunavut Tunngavik Inc.; Inuit Tapiriit Kanatami; and the National Aboriginal Health Organization.
Sparking awareness, working together to reduce risk

We partnered with Health Canada to raise awareness about the risks of radon – a clear, odorless gas that can seep into your home through cracks and gaps at the ground level. Radon is the second leading cause of lung cancer.

Photo: (from left to right) Health Minister Leona Aglukkaq, Kelley Bush, Head, Radon Education and Awareness for Health Canada, Mr. Steven Blaney, M.P (Levis-Beillechase), and Heather Borquez, President and CEO, Canadian Lung Association.
# FINANCIAL STATEMENTS

Fiscal Year April 1, 2010 - March 31, 2011

## Statement of Operations

<table>
<thead>
<tr>
<th></th>
<th>General Fund</th>
<th>Research Fund</th>
<th>International Project</th>
<th>Total</th>
<th>2010 Total</th>
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<tbody>
<tr>
<td><strong>Revenue</strong></td>
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<td>Provincial assessments</td>
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<td>$475,748</td>
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<td>Sponsorship</td>
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<td>90,000</td>
<td>-</td>
<td>1,333,509</td>
<td>2,311,083</td>
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<td>Corporate donations</td>
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<td>-</td>
<td>-</td>
<td>15,738</td>
<td>45,124</td>
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<td>Bequests and memorials</td>
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<td>-</td>
<td>-</td>
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<td>Membership</td>
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<td>Sale of materials</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24,784</td>
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<td>Recovery of prior year grants</td>
<td>-</td>
<td>7,669</td>
<td>-</td>
<td>7,669</td>
<td>11,452</td>
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<td>Interest and investment income</td>
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<td>109,814</td>
<td>-</td>
<td>185,117</td>
<td>136,796</td>
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<td>Miscellaneous and other income</td>
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<td>-</td>
<td>148,619</td>
<td>25,454</td>
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<td>Conference registration</td>
<td>160,088</td>
<td>-</td>
<td>-</td>
<td>160,088</td>
<td>356,278</td>
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<td><strong>Total</strong></td>
<td>3,312,098</td>
<td>683,431</td>
<td>16,578</td>
<td>4,017,107</td>
<td>5,074,493</td>
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## Expenses (schedules)

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<th>General Fund</th>
<th>Research Fund</th>
<th>International Project</th>
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<td>Committees</td>
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<td>122,066</td>
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<td>26,393</td>
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<td>Societies</td>
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<td>-</td>
<td>-</td>
<td>806,094</td>
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<tr>
<td>General administration</td>
<td>781,910</td>
<td>114,226</td>
<td>-</td>
<td>896,136</td>
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<tr>
<td><strong>Total</strong></td>
<td>3,411,230</td>
<td>942,957</td>
<td>16,650</td>
<td>4,370,837</td>
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## Deficiency of revenue over expenses

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>before unrealized items</td>
<td>(94,132)</td>
<td>(353,730)</td>
</tr>
<tr>
<td>Unrealized gain (loss) on investments</td>
<td>(11,885)</td>
<td>(28,298)</td>
</tr>
<tr>
<td><strong>Deficiency of revenue over expenses for the year</strong></td>
<td>$(106,017)</td>
<td>$(382,028)</td>
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</table>

The condensed financial information above has been extracted from the Audited Financial Statements. The 2011 report of the Auditors, Collins Barrow Cottrell LLP and complete audited financial statements, which include notes and more detailed financial information, are available for examination at the office of the CEO and Director of Finance.
Advancing knowledge, improving patient care

Founded in 1958, the Canadian Thoracic Society (CTS) is our medical section. CTS promotes lung health by supporting the respiratory community through leadership, collaboration, research, education and promotion of the best respiratory practices in Canada. CTS advises us on scientific matters, provides medical expertise and reviews all our information for patients.

Our allied-health professionals section is the Canadian Respiratory Health Professionals, who advise us in the promotion of lung health and provides expertise on patient care, education and research related to respiratory health care.

Photo: Dr. Jeremy Road, a CTS member, with patient Joe Terheide
Recognizing our supporters

Our work could not be done without the countless volunteers, donors and sponsors who help us achieve our mission. We are inspired by their enthusiasm, creativity and passion. We gratefully acknowledge the support of the Public Health Agency of Canada and our valued national corporate sponsors who make lung health their business, too.

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Home Hardware Stores Limited
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MacDonald, Dettwiler & Associates Ltd.
ManthaMed Inc.
McArthur Medical Sales Inc.
McNeil Consumer Healthcare
Merck
Novartis
Nycomed
Pfizer
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Sears Employee Charitable Fund
Shaw
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Thank you for your ongoing commitment and support. Together, we are helping Canadians breathe easier.
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