FROM THE DESK OF THE PRESIDENT

It will be almost 2 years sitting on the Thalassemia Foundation of Canada as president, and I cannot tell you how much of an honour and privilege it is to work with a core group of dedicated individuals. You cannot imagine the amount of work accomplished with the limited amount of volunteers we have. All I can say is we could accomplish much greater things with greater efficiency if we had volunteers offering a few hours of their time on a weekly or monthly basis. It is an exhaustive effort that needs to be fulfilled in order for progress to occur.

We have officially moved into our new office at Keele and 401. Our current address is officially: 338 Falstaff Ave, Suite 204 North York, Ontario M6L 3E7. Please address your correspondence to this address in the future. Our meetings are held at this location every 3rd Monday of the month at 7:30 p.m.

It is always an unfortunate close to a year when funerals have taken place. The fight still continues with Thalassemia patients and unfortunately a few lives were buried yet again in 2004 and our sincerest prayers go out to their families. On a similar note, we also share in the grief of a close friend to the Thalassemia Foundation of Canada, Dr. Eric Nesbitt-Brown, suddenly passed away this year. He had touched the hearts of many patients for his kind compassionate care and dedication to the Thalassemia cause by working closely with the Foundation to try to raise the cap on the adult program. He will be dearly missed but never forgotten.

I wish you and your families the very best for the New Year and we look forward to seeing you at our annual Valentine's Gala in February. Please support us, together we can surmount the largest of obstacles, financial and volunteer support is equally important to our cause. I will repeat the same resolution for 2005: To find the cure of the Millennium for Thalassemia.

Sincerest Regards,
Corrado Falcitelli, President

IN THIS ISSUE

ADULT THALASSEMIA CLINIC WELCOMES NEW SOCIAL WORKER AND CHANGE

A number of factors are playing against social workers in the Thalassemia clinic before they even accept the position. One of the main hurdles to jump is that many patients have never really been aware that there is a social worker available in the clinic. Although mention is always made of the service, few people actually register the information, which is one of the reasons why the services offered by the position have not been used to their full potential. Helen Antoniades, the new social worker in the clinic at the Toronto General Hospital, hopes to change all this.

Coming to us from working with young offenders, Helen is more than up to the challenge of bringing much-needed changes to the clinic and its patients. Helen graduated from the University of Guelph and went on to earn a Masters of Social Work from the University of Toronto. Completing a placement at St. Michael's Hospital proved to Helen that she would enjoy working in a hospital setting.

She is quick to explain what she is able to provide and what she believes is needed by patients in the clinic. She is willing-and able- to offer basic support for patients and their families, understanding that this means different things to different people. Whether someone needs couples counselling, family counselling, or to just see a friendly face, Helen wants to make it apparent that she is available for help. She is also available to provide support when patients are admitted to the hospital - especially when they are staying in an unfamiliar ward. Besides offering her own services, she is able to refer people to different community resources, as well as write letters and fill out applications for these resources on behalf of the patients. She is the main advocate for the patients at the hospital and can communicate with the entire medical staff on the patients' behalf.

As Helen sees it, the main issues patients may have are: difficulties with treatment, relationship dilemmas, monetary problems, and stresses and conflicts in life in general. Unfortunately, the second hurdle social workers must face in the Thalassemia clinic is the fact that many patients do not want to acknowledge the fact that they are receiving treatment for a blood disorder, let alone talk about it with a relative stranger. This leaves Helen - or any other social worker, for that matter - in a difficult position. If she tries to start up a group conversation in the patient lounge, few people will take her up on the offer. They would rather ignore the needle stuck in their arm and watch the latest DVD someone brought in. Then again, if she pulls patients aside individually for a private chat, the patients may feel they are being branded as someone with a "problem" and fear the reactions of the other patients. Patients can schedule private visits for times other than on hospital day, but as any working patient knows, this is not really a viable answer; employers are only so understanding. So Helen has come up with what she hopes to be a solution to this problem: individual sessions with her every three months for each patient. Although the meetings will still be optional, because every patient will be asked to meet, no one will feel like he or she is being specifically selected. The sessions are already underway and she has received a positive response thus far.

Helen has continued to question patients as to what they want her to bring to the Thalassemia program. She mentioned that there is a negative vibe in the clinic. She is not referring to how the patients interact; she has seen the support they offer to one another. Rather, she is speaking of the criticisms patients have about the clinic and their care, and their seeming unwillingness to do anything to better their situations. This negative vibe is nothing new; it can be felt by any visitor to the clinic or by any person to speak with a Thalassemia patient.

Helen is hoping that if patients become more familiar with her, perhaps they will feel more comfortable discussing any problems they may have, so that she can try to help bring about changes. She has put up a suggestion box in the patient lounge so that patients can not only comment on the lack of cable TV or privacy in the room, but they can also suggest ways in which she can make their visits more manageable. However, social workers can only do so much; patients must meet Helen halfway and keep her informed of their wants and needs. Because, as they say, only people who want to be helped can be helped.

Stefanie Polsinelli

BLOOD SYSTEM DECODED

At one of the recent Board meetings, many issues and complaints were raised regarding the blood-cleaning and blood-delivering processes (such as the delay patients experience when waiting for their blood). To address these, the Foundation contacted Barbara Hannach, from the Canadian Blood Services, and the following is an excerpt of the response she sent. Hopefully this will help clear up some of the confusion and answer any questions people may have.

As far as how the blood gets from the donor to the patient I can try to explain it generally and then with a few variations.

The simplest is the situation where the patient needs blood and has no antibodies to red cells and does not require washed cells or to have the red cell units concentrated. In that case, the order for the number of units comes to the hospital blood bank which in turn orders it from us. We try to send units that are as fresh as possible and whenever possible match for the appropriate Rh and Kell antigens of that recipient. Blood can be sent by cab if it is urgent or through the regular hospital delivery. When the hospital gets the blood they would do the appropriate matching and whatever hospital processing required in the lab before it is sent to the clinic for the patient.

If washed cells are needed, we get the information from the hospital ahead of time for the amount and time it is needed. Once washed, the units expire after 24 hours, as it is an open system. For morning transfusions, the blood is washed late the afternoon before- or occasionally very early in the morning the day of- and are sent by cab to the hospital as soon as we are finished with them. For afternoon transfusions, the blood is washed early in the morning of the day of transfusion and sent to the hospital either with a regular delivery that will arrive in time or by cab. Washing and processing the units with paperwork takes CBS about 1-2 hours, then the units are packed and sent, which takes about another hour. The hospital then has to unpack and do their matching and paperwork, which also takes some time. Again, units are selected as being as fresh as possible and as closely matched for Rh and Kell antigens as possible as well as ABO.

If the patient has multiple antibodies it can take a few days to find compatible blood. Usually we have enough notice that this should not cause a hold-up-although it can, and unfortunately has, on occasion, especially when the overall blood supply is low. Once the appropriate units are found they are processed as above. The hospital may take additional steps to ensure that for these patients the units are compatible, so the process may be a bit longer at the hospital-end for patients with antibodies than for others.

This is generally the way in which blood gets from donors to patients. The only other comment I have is that we have a limited number of machines for washing so that at times there can be delays as we have more patients then we can process. Other patients may need emergency washing of units - for example those with IgA deficiency - or, as has happened recently, one or more machines may break down, limiting temporarily the number of units we can process at a time and causing delays.

Another factor causing delays occurs when there is a change in the schedule and we only hear about it at the last minute. Usually we know a week ahead of patient appointments, but sometimes there are last minute changes that, especially for washed cells, can delay the transfusion.

Stefanie Polsinelli

DR. ERIC NESBITT-BROWN, JUL 10/56 - SEP 3/04

September 3, 2004 was a day of mourning for the Thalassemia community. Doctor Eric Nesbitt-Brown's sudden death shocked us all. Eric, just like his father, Wallace died of cardiac arrest. Born July 10, 1956, the only son of Vera Brown of Vancouver, and the late Wallace Brown. Eric was a devoted doctor and an exceptional friend. He touched many lives, and his devotion to the Thalassemia patients was well known. Eric truly inspired not only many of his colleagues, but gave hope and the gift of knowledge to his patients. He will be truly missed.

Eric had a dream to see that patients with Thalassemia were provided with comprehensive care. I remember thanking him one day and his replay "this is my life" still plays in my mind. Eric's hard working towards achieving this goal must never be forgotten. We must carry on Eric's dream and continue to make it our own.

Anna Vizza

THALASSEMIA INTERNATIONAL FEDERATION (TIF)

TIF activities and projects expanded over the past few years in such a way that TIF has become a world recognized authority on Thalassemia. TIF participations and contributions to various conferences on Thalassemia and events related to thalassemia across the world has become an ongoing role for TIF. The Expectations from TIF and the demands on TIF, as a global organization, has also increased tremendously in recent years.

TIF continues to offer a great variety of publications and educational material on thalassemia and its complications. These publications are translated to various languages and are directed to patients, parents, health care providers, and health authorities. TIF educational centre in Nicosia, Cyprus organizes two workshops every year, the first on laboratory aspects usually held in May. The second workshop is usually held in November is focused on the Clinical Management of Thalassemia. The workshops are designed to share the knowledge of world renowned experts on thalassemia and its complications with haematologists and physicians treating thalassemia patients.

Delegation visits organized by TIF remain to be most effective in bringing better treatments to Thalassemia patients in countries were treatment is minimal or little is known about thalassemia. TIF collaboration with local associations, health authorities, WHO, and people of influence in various countries has realized success in maintaining steady progress in the improvement of treatment for thalassemia patients in the developing world. Delegation trips to Jordan, Bulgaria, Trinidad, and Brazil are planned for 2005.

As TIF activities are numerous, it would be very lengthy to report on all of TIF's work. I have chosen to report on selected major events that TIF organized or participated on in the past six months to illustrate the wide range of activities that TIF has undertaken. I encourage you all to visit TIF website regularly at www.thalassaemia.org.cy for interesting updates.

TIF has recently joined other blood user groups to form the Pan-European Blood Safety Alliance. The Alliance's mission is to increase safety of blood and blood products for all users and consumers. TIF has been assigned a lead role in preparing a draft of the constitution which was finalized at the committee meeting in Brussels on October 28, 2004.

The second half of 2004 was full of events in the Thalassemia world. Many national thalassemia associations across the globe participated in various activities to commemorate International Thalassemia day on the 8th of May. Also the 2nd National Thalassemia Associations Workshop held on the 22-23 of May in Nicosia, Cyprus was another success full event. Participating organization benefited from the opportunity to come together and share ideas and experiences.

The Chronic Care Centre in Beirut, Lebanon marked its 10th anniversary with celebration ceremonies on June 17th and was followed with a two days scientific seminar on clinical care of thalassemia and sickle cell and aspects of preventions. TIF was represented by TIF Chairman Mr Panos Engelzos and TIF Scientific Coordinator, Dr Andrula Elefethariou. Mr Englezos was among the award recipients who were recognized for contributions in various ways to the success of the centre over the years.

In his speech, during the opening ceremony, Mr Englezos congratulated Mrs Mouna Haraoui, President of the Board of Trustees of the Chronic Care Centre for her great contributions, dedication and determination to relief the pain and suffering of others. Mrs Haraoui has brought efforts of many individuals, organizations, patients and parents, society to work together and joined by local governments to achieve the success of the centre. TIF is very proud of Mrs Haraoui for such great achievements in our fight against Thalassemia.

The Chronic Care Centre has been delivering high quality health care services to patients with Thalassemia Major, Diabetes, kidney disease, and other chronic illness. The centre has been very successful in organizing campaigns for promoting awareness and prevention of thalassemia. The centre also provides education and support for thalassemia patients and their families on coping with the many aspects of thalassemia complications. Patients receiving treatment at the centre are encouraged to integrate into society. The Chronic Care Centre sets an excellent model for thalassemia treatment centres in the Middle East and other regions of the world.

Earlier last summer representatives from The Rotary Club Nicosia-Aspella joined a team of TIF representatives on a delegation visit to Albania. The Rotary Club also donated technical equipment to the genetic laboratory of the University Hospital Centre of mother Teresa in Albania. The delegation programme included meetings with Albania's Minister of Health, Dr Leonard Solis, and with Deputy Minister of Health, Dr Eduart

Hashvora. Both the minister and his deputy agreed to working with the Albanian Thalassemia Association on projects to be proposed and supported by TIF to improve the treatment of thalassemia in Albania.

After recent follow up with the Minister of Health of Albania, The Minister has approved a concise plan of action proposed by TIF. A working team will be selected soon consisting of physicians, representing all the regional hospitals of Albania, one doctor representing the Ministry of Health, and one representing the National Thalassemia Association in Albania, and one co-ordinator for the project. Also Albanian Thalassemia Association worked collectively with the Ministry of Health and the Ministry of Defence on reaching an agreement to guarantee blood donations from the military for Thalassemia patients.

The 3rd International Conference on Thalassemia, held in Delhi, India on November 5-7 of this year was a very well organized and well executed conference. Mrs Shubha Tuli, President of TIF, and the conference organizing committee contributed great effort to the success of the conference to make it an excellent event. It was of high scientific standard. Patients and Parents were encouraged to participate in the sessions and open discussions.

Mr George Costantinuo represented TIF at the conference and was pleased to report back that India has turned a new page in its struggle. Many of the young Thalassemia patients in India will no longer accept fate; rather they have the will to control their fate. Thalasimics India, as a national organization that will be facing new challenge in meeting the expectation of many thalassemia patients and provide assistance to them and to act as the power generator for the long struggle facing Thalassemia patients in all regions of India.

The MRI project sponsored by TIF is progressing with success. The project is designed to establish norms for the use of Magnetic Resonance Imaging in assessing iron load in heart and liver in thalassemia patients. The goal of the project is for all implicated scientists to reach a consensus on how to utilize the MRI and what parameters are best to use for consistent and accurate assessment of cardiac iron overload. Participating medical centres in Athens, Nicosia, Limassol, Turin, Cagliari and Philadelphia have all been visited, tested and validated according to the MRI standards at Brompton Hospital in London, England. This pilot study is of great importance as it promises to be of great significance in improving patient health across the world.

This year's 9th Educational Course on Clinical Management was held at TIF Educational Centre on November 17th-21st, 2005. The workshop was specifically targeted towards scientists and physicians who are at an early stage of their careers in the care for Thalassemia patients and have not participated in previous workshops organized by TIF. Lectures were presented by well known experts on thalassemia from USA, UK, Greece, Italy, Cyprus and Lebanon.

This year the workshop has been upgraded to a course acknowledged by European Society of Haematology who provided the participants with CME units so that attendance would be recognized by health authorities. The World Health Organization co-sponsored the event and was represented by Dr Victor Buljenkov who is in charge of WHO dealing with hereditary disorders at the Geneva office.

The course topics covered the latest practices on prevention, blood safety, blood transfusion, MRI (including T2* assessments of cardiac iron), Thalassemia Intermedia and stem cell transplantation. Also special attention was emphasised on chronic viral Hepatitis and its management, endocrine complications, fertility and pregnancy, cardiac complications and management of electronic patient records. The morning sessions on the final day focused on psychosocial issues and the importance of the roles of all members of the care team.

The course objective is to allow physicians and health care professionals to overcome socioeconomic barriers and deliver the best possible treatment to thalassemia patients. TIF is looking forward to future goals to further improve specialized training and prepare guidelines and recommendations on every aspect of thalassemia complications.

TIF Board Members met on January 15-16, 2005 in London to discuss the future of TIF, finalize current projects, and to plan activities for the year. TIF Board meets at least twice a year. The next Board Meeting is scheduled later this year in June at TIF Office in Cyprus.

I am pleased to conclude this update with the confirmation that the 10th International Conference on Thalassemia and Haemoglobinopathies and the 12th International TIF Patients and Parents Conference will be hosted United Arab Emirates at the Dubai World Trade Centre in Dubai on January 8th -11th 2006. The organizing committee will provide the first announcement very shortly.

Riyad Elbard
Treasurer, Thalassemia International Federation
Vice-president, Thalassemia Foundation of Canada

NEWS RELEASE

BLOOD CHAMPIONS HELM NEW LIAISON COMMITTEE IN REGION - FIRST COMMITTEE OF ITS KIND IN CENTRAL ONTARIO REGION TO TABLE LOCAL BLOOD ISSUES AND PROGRAMS

Toronto, ON - November 9, 2004 – Community leaders join with Canadian Blood Services to launch Central Ontarioís first Community Liaison Committee. This committee will provide input on blood system issues and strengthen local stakeholder relationships.

Beginning with its inception in 1998, Canadian Blood Services declared its commitment to operating openly and involving Canadians in the decision-making on issues that affect them. Along-side open board meetings and consensus conferences, the Community Liaison Committees, first piloted in 2001, provide constructive venues to address the many important operational, medical, social and cultural decisions that effect Canada's blood system everyday.

Presently, Canadian Blood Services hosts seven Community Liaison Committees across the country consisting of about 100 members in total. Members of the Committees also participate on a National Liaison Committee of more than 20 stakeholder organizations who lend their voices to the decision-makers of Canadian Blood Services.

Members of the Canadian Blood Services' Central Ontario Community Liaison Committee are: Anna Chan of Markham; Dr. Jeannie Callum of Sunnybrook & Women College Health Sciences Centre, Toronto; Karen Woods of Barrie; Angela Covato of Thalassemia Foundation, Toronto; Dr. Lucie Martineau, Defense Research & Development Canada; Fred Vecchio of Concord; Yolanda Russo of Toronto; Dr. Allison Collins of Peterborough Regional Health Centre, Peterborough; Fran Walsh of the Toronto Region, Canadian Cancer Society; Heather Muir of Walkerton; Dianne Knox of Walkerton; Dianne Steele-Beer of the Region of Peel; Robert Clement of Cobourg.

These dedicated individuals play an invaluable role in helping Canadian Blood Services deliver a "world class" blood system. We benefit from their inspiration, advice and leadership within the community, said Renee Naiman, Regional Director of Canadian Blood Services, Central Ontario Region.

Canadian Blood Services is a national, not-for-profit charitable organization that manages the blood supply in all provinces and territories outside of Quebec and the Unrelated Bone Marrow Donor Registry. Canadian Blood Services operates 42 permanent collection sites and more than 15,000 donor clinics annually. The Provincial and Territorial Ministers of Health provide operational funding to Canadian Blood Services. The federal government, through Health Canada, is responsible for regulating the blood system. For more information, please visit our Web site at www.bloodservices.ca.

For further information please call: John Bromley, Communications Specialist, Canadian Blood Services, 416-313-4438

LOST BUT NOT FORGOTTEN

On first meeting David, you might have thought he was quiet and timid and reserved, but it wouldn't take long to get past that! He loved to talk; about his goals and dreams and philosophies and life experiences. He was so bright and driven and determined, always asking questions, always looking for the reasons behind things, always searching for the lessons he could take from his experiences.

David was the most passionate about two things. The first was computers and the dream he had of running a computer consulting business with his brother. The second was his younger brothers and sister. As the oldest in the family, he felt a big responsibility to teach them and guide them, so they could benefit from things he had learned the hard way. He used the wisdom he had gained from his struggles to help make their paths a little easier.

Being new to the world of Thalassemia when I met him, David taught me a lot. Intentionally, he taught me about his illnesses, their effects and potential consequences, and what he could do to stay on top of them. Unintentionally, he taught me about how important it is to be an active participant in one's health care, about the importance of determination and faith at the worst of times, and about dignity and grace in the face of our worst fears.

David's potential was enormous. His death is a loss to us all.

Helen Antoniades, Social Worker
Thalassemia/Sickle Cell Clinic

LOVED NURSE LEAVES CLINIC FOR DAYS OF RELAXATION

One of the few guarantees a patient at Toronto General Hospital (TGH) had when going for treatment was that if Lorenza was working, the day would not be all bad. One of the most favoured nurses at the Thalassemia clinic at TGH, Lorenza Durian was a welcoming, compassionate caregiver. Always in a good mood and devoted to providing the best care for her patients, Lorenza made hospital day less daunting for everyone. Unfortunately, all good things must come to an end and in August, Lorenza retired from TGH after serving more than ten years in the clinic.

Lorenza (centre) with Helen Antoniades (left) and Bev Tyler (right)

In appreciation for all she has done for the patients and the clinic, a surprise farewell dinner was held in her honour on August 30th at the Spring Rolls restaurant on Dundas. Everyone who attended shared laughter and a delicious 3-course dinner. Lorenza was presented with a number of gifts and finally acquiesced when asked to give a speech. She commented on how she would miss everyone, and it was evident from everyone's face that the feeling was mutual.

Although her kindness and ability to hit a vein on the first try will be missed, we all wish her the best in her retirement. The Thalassemia program thanks you for your hard work and compassion, Lorenza. Enjoy your newly-found free time- you deserve it!

Stefanie Polsinelli

EIGHTH COOLEY'S ANEMIA SYMPOSIUM

Cooley's Anemia

Mar 17, 2005 - Mar 19, 2005, Hilton in the Walt Disney World Resort, Lake Buena Vista, Florida

Since the Cooley's Anemia Foundation and the New York Academy of Sciences teamed up to hold the Seventh Cooley's Anemia Symposium in Cambridge, Massachusetts in 1997, major advances have taken place in the understanding and treatment of the disease. The molecular mechanisms responsible for the switch from fetal hemoglobin to adult hemoglobin production have been further clarified, while new drugs to enhance the production of fetal hemoglobin and relieve the anemia of thalassemia have been introduced and studied.

The planned symposium—the Eighth Cooley's Anemia Symposium—will not only focus on the advances over the last six or seven years, but illuminate many unsolved but critically important issues in the understanding and treatment of thalassemia, thus offering the scientific, clinical, caregiving, and patient communities the most up-to-date exchange on the current and future perspectives of the disease.

For more details, please visit www.nyas.org.

WINNIPEG CHAPTER 6TH ANNUAL FUNDRAISER

The Thalassemia Foundation of Canada Winnipeg Chapter is proud report that we put together another successful fundraiser for our sixth consecutive year. We extend our sincere thanks to Riyad Elbard, Vice President of the Thalassemia Foundation of Canada who travelled from Toronto for our event. He did and excellent job with his speech at the event. Thanks also go to Dr. Nancy Olivieri from University Health Network, Toronto who also spoke at our event.

The evening was well attended and special thanks to our great sponsors from Winnipeg. In addition to our supporters from with in Manitoba, we also had patients and friends from Vancouver attend our event. This year we held a Patient Luncheon and Dr. Nancy Olivieri and Riyad Elbard were in attendance. Dr. Olivieri took some time to

their disorder and current treatments. Dr Houston, a Haematologist from Winnipeg along with his staff were also present. Having their support and valuable insight was very much appreciated to all those who attended.

All in all the evening was a blast! On behalf of myself and the Thalassemia Foundation of Canada, Winnipeg Chapter we extend our sincere thanks to all our sponsors and the community of Winnipeg and all who travelled to be with us that evening. We extend thanks to Celebrations Dinner Theatre for the great show. Thanks also to the gang at Drag Net Squad. We look forward to your support in our future events in the coming years.

Rose Pallone-Umphrey, President,
Thalassemia Foundation of Canada
Winnipeg Chapter

PILLARS OF THE BLOOD SYSTEM NOW ABLE TO CONTINUE PAST 71ST BIRTHDAY

Research indicates that older Canadians make ideal donors. In what surely will be great news for many of the country's most dedicated donors, Canadian Blood Services has removed the upper-age restriction effective December 1, 2004.

Until now, the upper-age restriction had prevented people upon reaching the age of 71 from continuing to donate blood. Supported by recent scientific data, the long-awaited move allows regular donors who have reached their 71st birthday to continue giving the gift of life.

To no one's surprise, many of Canada's donors are over the age of 50. With a keen sense of social responsibility and a lifetime grounded in the understanding that good deeds build great communities, over 25 per cent of donors aged 50 or over regularly give blood.

So what does this change mean for blood collections? It is estimated that in five years the number of donations could increase by over 8,000 per year! And the smiles on the faces of some of Canada's most dedicated donors are certainly bound to increase just as much.

Canadian Blood Services will soon be contacting eligible donors regarding the new criteria. These donors must be referred to their physicians for an annual assessment before they are allowed to donate.

For more information on the new donation criteria, please call 1-888-2 DONATE (1 888 236-6283) or visit the Canadian Blood Services Web site at www.bloodservices.ca

NATIONAL ANEMIA PATIENT CONFERENCE 2005
~ THE FUTURE OF CHRONIC ANEMIAS ~

Saturday, September 24 & Sunday, September 25
Novotel, 45 The Esplanade • Toronto, Ontario

A 2-day conference for patients, caregivers, and healthcare professionals dealing with chronic anemia conditions including: sickle cell disease, thalassemia, aplastic anemia, Myelodysplasia, PNH, and Fanconi anemia.

Speakers will include:
Dr. Blanche Alter, National Institutes of Health, Bethesda, Maryland
Dr. Richard Wells, Princess Margaret Hospital, Toronto
and many others

Brought to you by the
Anemia Institute for Research & Education
Aplastic Anemia & Myelodysplasia Association of Canada
Canadian Sickle Cell Society
Fanconi Canada
Sickle Cell Association of Ontario
Thalassemia Foudation of Canada

For more information please contact:
Margery Konan,
Anemia Institute for Research & Education,
151 Bloor St. W., Suite 600
Toronto, Ontario M5S 1S4
416-969-7457 / margery@anemiainstitute.org

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THE HOSPITAL FOR SICK CHILDREN

University Health Network

2005 MINI Cooper Convertible

$10 raffle tickets

Proceeds to assist the

Thalassemia Foundation of Canada

fund research and purchase medical equipment.

Draw to be held on February 12, 2005

www.thalassemia.ca

Corrado: corrado@thalassemia.ca
Car displayed at Swimming Pool 416-782-SWIM

Lottery License #M278739

2003 Winner: Rosa Patruno from Woodbridge, Ticket # 0422

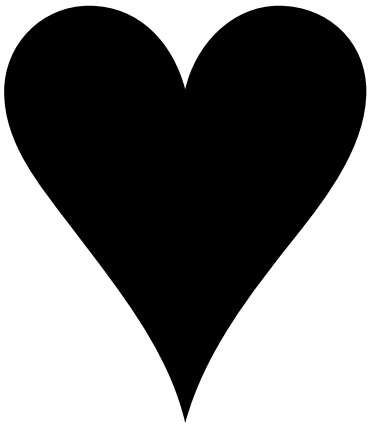
2004 Winner: Lyndon Gonzalez from Richmond Hill, Ticket #5017

(MINI Raffle Tickets, Ticket Sales 417-782-SWIM)

UPCOMING EVENTS, FUNDRAISERS & CONFERENCES

- **16th Annual Valentine's Dinner/Dance**
  Valentine's Day is just around the corner, bringing with it our 16th Annual Valentine's Dinner/Dance; this year taking place on February 12th, 2005 at Renaissance Parque Banquet Hall, in Concord, ON. Our 2005 ticket price is $100.00 and a partial tax receipt will be issued to you. Please support our cause and attend this great event.

  For tickets contact Corrado at corrado@thalassemia.ca or 416-242-THAL



- **Eighth Cooley's Anemia Symposium**
  March 17 - 19, 2005 in Florida
- **Annual General Meeting**
  April 18 2005
- **National Anemia Patient Conference**
  Toronto - September 24 & 25, 2005

THALASSEMIA COMMUNITY FORUM

Developed as the next step in the evolution of the 'Thalassemia Patients and Friends' site, which was created by our dear friend, Lisa Cammilleri, Thalforum.com is a community for thal patients, families, friends and supporters. Offering members a forum to discuss health and treatment, social and personal issues, and an always-open 'chat lounge', Thalforum.com is open to all who want to learn, share or make friends.

www.thalforum.com

Vik Bhatija

CHANGE OF ADDRESS

Please send change of address to:
Thalassemia Foundation of Canada
338 Falstaff Ave. #204, North York, ON M6L 3E7

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Special thanks to all who contributed articles and pictures for this newsletter.