

ACCOUNTABILITY REPORT

ALZHEIMER SOCIETY RESEARCH PROGRAM ○ 2013 – 2014



Alzheimer Society
CANADA



Alzheimer Societies in Canada

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www.alzheimer.ca/bc

Alzheimer Society of Alberta and Northwest Territories
Toll-free: 1-866-950-5465
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Alzheimer Society of Saskatchewan
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Federation of Quebec Alzheimer Societies
Toll-free: 1-888-636-6473
www.alzheimer.ca/federationquebecoise

Alzheimer Society of New Brunswick
Toll-free: 1-800-664-8411
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For more information about the Alzheimer Society Research Program and the research we fund, or to obtain copies of this report, please contact us at:



Alzheimer Society

CANADA

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A message from Mimi Lowi-Young, CEO, Alzheimer Society of Canada

Canada's top scientists who are doing research in neurodegeneration are changing the course of dementia thanks in part to the Alzheimer Society's strong commitment to raising funds for research and the generosity of donors across Canada. Within this report, you will discover how these scientists are advancing our understanding of the disease from biomedical and quality of life perspectives.

In addition, you will learn why we are investing \$4.05 million of Society funds over the next five years, together with the Canadian Institutes of Health Research and other partners, to provide a total of \$31.5 million in funding to 340 scientists across Canada. These scientists will be studying neurodegenerative diseases that affect cognition as we age.

At the same time, the Alzheimer Society Research Program (ASRP) will continue its long-standing commitment to support research projects and training of scientists. Since its inception, our Alzheimer Society Research Program (ASRP) has distributed more than \$43 million in grants and awards. But no one organization or government can tackle Alzheimer's disease and dementia alone. Our work here in Canada is happening within the context of a reinvigorated international commitment to fight dementia.

In December 2013, health ministers from G8 countries met for the first time to create a plan, including a public commitment to substantial increases in government funding for research into a cure or treatment by 2025. As the World Health Organization recently stated, **Alzheimer's disease and dementia is not only a public health issue, but a public health crisis.**

Action needs to happen now because we are aging, and the risk doubles every five years after the age of 65. **In less than 20 years, we will see a doubling of the number of people with Alzheimer's disease and dementia, not only in Canada, but worldwide.** The impact on individuals and families is enormous.

Over the past year, the number of research applications we've received has increased by 44 percent. But we can't fund them all without your generous support.

Our research program is dedicated to finding ways to improve diagnosis, develop new treatments and find a cure. **We can achieve the breakthroughs we need today, and for the future with your continued support.** Together, we can make a real and lasting difference for someone you know, care about—or even yourself.



Contents

- 4 Researcher profiles
- 8 Inspirational gifts
- 10 Highlights
- 12 You can make a difference
- 13 Expenditures and contributions
- 14 Alzheimer Society Research Program
- 15 A message from Rx&D

Alzheimer Society Research Program **new clues, new hope**

Researchers from across Canada received more than \$3 million this year from the Alzheimer Society Research Program (ASRP) to improve the lives of Canadians with dementia.

The ASRP is a collaborative initiative of the provincial Alzheimer Societies, the Alzheimer Society of Canada, partner organizations and donors. In 2013-2014, it offered \$3,495,656 for a total of 33 grants and awards. Since the program's inception, it has awarded more than \$43 million.

ASRP-funded researchers are making advances in biomedical and quality of life research.

Biomedical research focuses on the science of the brain and the changes that are associated with dementia and identifying therapeutic targets to reverse, stop or cure the disease.

Quality of Life research explores issues that impact the daily lives of people with dementia and their caregivers, including risk factors, behavioral and cognitive changes, physical support, caregiving and health service delivery.

Meet three of our outstanding ASRP-funded researchers from across Canada >

DR. KRISTA LANCTÔT

New clinical trial may soothe agitation in people with Alzheimer's disease



Dr. Krista Lanctôt is working on the first clinical trial funded by our research program. Early in her career, she met a group of dementia patients experiencing side-effects from a drug prescribed to control severe agitation. The side-effects included stiffness and sedation. The alternative was visible anguish and restlessness.

When she asked colleagues for details about what caused this agitation, she was shocked to learn that very little was known. "As a pharmacologist, I thought that there must be a better way," recalls Dr. Lanctôt, senior researcher at Toronto's Sunnybrook Research Institute, professor of psychiatry and pharmacology and an expert in neuropsychiatric problems.

That's why Dr. Lanctôt, with the help of Sunnybrook's Dr. Nathan Herrmann, launched a small clinical trial of a drug called nabilone that shows promise for treating agitation, without the side effects of anti-psychotic drugs currently prescribed. Those side-effects are not limited to sedation, but include increased risk of cognitive decline and stroke. One in five people with Alzheimer's disease experiences severe agitation—a condition that may speed the disease's progress. Doctors aren't certain why this is, but they know controlling agitation is important.

"It's a quality of life issue," says Dr. Lanctôt. "When people are agitated and have an inner turmoil, their

obvious discomfort is hard on them and hard for carers to watch." Because the number of Canadians with Alzheimer's disease and other dementias is growing, researchers are looking for ways to make the disease easier to live with.

Dr. Lanctôt launched her study of nabilone in fall 2014. The study is co-funded by the Alzheimer Society Research Program (ASRP) and the Alzheimer's Drug Discovery Foundation. It marks the first time the ASRP has funded a clinical trial. Nabilone is a synthetic version of tetrahydrocannabinol, an active ingredient in marijuana plants. Cancer patients use it to treat chemotherapy-induced nausea, and those with anorexia use it to help stimulate appetite and regain weight. But it has never been properly tested in people with Alzheimer's.

Her team's study is assessing 40 participants with Alzheimer's disease. Half will be randomly-assigned to take nabilone for six weeks and then a placebo for six weeks, with a week in between when they take neither. The other half will begin with six weeks of placebo, followed by a week off, and then six weeks of nabilone. Dr. Lanctôt's group will measure changes in agitation, reported pain and weight gain. Because these assessments need to be carefully vetted, results won't be released until 2018. If all goes well, larger clinical trials can begin. ○

DR. CHERYL WELLINGTON

Crossing the blood-brain barrier



Healthy body, healthy mind. This common saying is what drives Dr. Cheryl Wellington's work in the Department of Pathology and Laboratory medicine at the University of British Columbia, where she is investigating how vascular problems and Alzheimer's disease risk intersect.

Dr. Wellington is interested in lipid and lipoprotein metabolism in the brain, and how it could relate to dementia. "Many neuroscientists that work in Alzheimer's disease work exclusively on neuronal function because that's the type of cell that dies in the disease," she said. But Wellington, who is trained in both neurodegeneration and regular body metabolism, considers the brain in a "whole-body functioning" context.

"A lot of the risk factors for dementia, including hypertension and diabetes, can cause problems at the vascular level, and so the whole dementia field is really becoming very interested in whether there are two separate parallel things going on as people get older, or whether there's room for manipulation of dementia risk by targeting the vascular dimension."

Thanks to a \$149,565 grant from the Alzheimer Society, with a matching fund from the Pacific Alzheimer's Research Foundation in B.C., Dr. Wellington is screening for metabolic risk factors to the disease. Key to her research is an understanding of the role of apolipoprotein E, or ApoE, a protein that has three genetic variations that represent the strongest genetic risk factor for late-onset Alzheimer's disease. "ApoE affects probably more Alzheimer's subjects than any other factor hands down, and we really need to get to the bottom of it to discuss its potential as a target," she said.

She and her team have performed genetic and drug-based studies on mice, changing the amount of lipids carried by ApoE to study the effect on brain function. In addition, they are monitoring how manipulating the amount of so-called "good cholesterol" in the bloodstream could affect blood vessels in the brain.

Finding answers on how to keep vascular blood vessels in the brain healthy could one day modify dementia risk and prevention. ○

DR. GORDON GLAZNER

What diabetes can teach us about Alzheimer's treatment



3

Dr. Gordon Glazner is working on one of the more promising clues. He's a neurobiologist at Winnipeg's St. Boniface Hospital Research Centre and Associate Professor at the University of Manitoba.


In Type 2 Diabetes, he explains, our bodies' insulin receptors are not sensitive to insulin. Under normal circumstances, the receptors act as a lock for which insulin is the key. Slip in the key, turn it, and the body's cells can use sugar.

Insulin receptors in the brain can also be insensitive. But instead of helping cells use sugar, insulin receptors in the brain trigger a chain reaction that churns out proteins. These proteins protect neurons and help them form new connections, says Dr. Glazner.

But Dr. Glazner recently made an important discovery: the brain's insulin receptors can also be unlocked by a protein known as an amyloid precursor protein (APP). He is now studying mice with symptoms of Alzheimer's disease to see if injecting them with stem cells that produce APP might unlock their brain's protective protein machinery.

"Our hypothesis is that APP will stimulate the insulin system and help the animals get better," says Dr. Glazner.

In a twist of irony, APP can sometimes generate smaller proteins known as A-beta, which form brain plaques associated with Alzheimer's disease. Dr. Glazner is injecting the mice with stem cells that produce a type of APP that he believes will not generate A-beta. If he is right, the extra APP made by the stem cells will stop the mice from making their own APP. That's a good thing because the mice's own APP generates A-beta.

If all goes well, the treatment will eventually be tested in humans, where it could have significant impact on Canadians living with dementia. "My grandfather died of Alzheimer's disease," says Dr. Glazner. "I vowed then that I would find a cure for it one day." 

FAST FACTS

In addition to directing over **\$43 million to researchers across Canada** since its creation, the Alzheimer Society Research Program also:

- Is the largest non-government financed Canadian peer-reviewed research program focusing on Alzheimer's disease and dementia research
- Promotes close collaboration among multiple disciplines, institutions and sectors
- Encourages new researchers to pursue dementia research and contributes to building the next generation of researchers
- Supports knowledge sharing and putting research findings into practice
- Involves people with dementia and their caregivers in reviewing research proposals in accordance with evaluation guidelines

INSPIRATIONAL GIFTS

Stopping dementia in its tracks



Mother Parkers donates \$1 million to advance biomedical research into the causes and cure for Alzheimer's disease, and find better treatments.

Not only is Mother Parkers one of Canada's best-known brands, it is a staunch supporter of the Alzheimer Society Research Program, contributing a million dollars to find a cure. This generous gift resulted from a year-long fundraising campaign initiated by brothers and company co-CEOs, Paul Higgins Jr. and Michael Higgins. The pair put their family's restored Pacific rail car back on the tracks on a criss-cross tour of Canada to raise corporate donations. The campaign not only commemorated the

company's 100th anniversary, but also honoured the memory of their father, Paul Higgins Sr., who founded the company and developed Alzheimer's later in life.

"Our father would have been proud to know that his money will provide more opportunities for a cure. Dad's disease had a significant impact on our family and company. It made sense to give the money to the Alzheimer Society because of their strong commitment to research," says Paul Higgins Jr.

Canadian researchers discover Alzheimer-delaying gene



A lifetime of giving



At 90, former nurse Pauline Spatz is a long-standing Alzheimer Society donor with an indelible passion for helping others living with dementia.

Pauline Spatz, who recently turned 90, is a big believer in supporting Alzheimer's research.

She lost her husband, Dr. Albert Spatz, to Alzheimer's disease in the spring of 1998. Today, his memory lives on in the Dr. and Mrs. Albert Spatz Research Fund and the Dr. and Mrs. Spatz Doctoral Award.

"I was emotionally and physically drained when he died," says Mrs. Spatz. "But I wanted to do something, and research is extremely important."

She's been a dedicated donor ever since and has contributed nearly half a

"It delights me to help these researchers," says Mrs. Spatz. "I know there is a tremendous need for this."

million dollars, helping 11 Alzheimer's researchers further our understanding of the disease and investigating possible treatments.

Take Lola Cuddy for example. She's a Queen's University psychologist researching whether musical memory is preserved in people with Alzheimer's disease, thanks in part to Mrs. Spatz's donations.

Cuddy and her team gave more than 200 people a variety of music and cognitive tests. Study participants included young adults, older adults and people with dementia.

The researchers discovered many people with dementia, including some with severe forms of the illness, retain their musical memories.

Cuddy's study points to the value of using music to calm people with dementia who are agitated or confused. Armed with the knowledge that those with the disease can still recognize music, caregivers and family

can use it to reach out to them.

Wai Hang Cheng, a PhD student in pathology and laboratory medicine at the University of British Columbia, has also benefited from Mrs. Spatz's donations.

He is investigating whether mild repetitive traumatic brain injury—common in contact sports such as football and hockey—speeds the development of Alzheimers in people with a specific variation of the apolipoproteinE (apoE) gene.

Previous research shows people carrying this apoE gene variant are at increased risk for late-onset Alzheimer's disease. But Cheng wants to know how much that risk increases when these people also experience mild repetitive traumatic brain injury. He hopes the next step will be to test various drugs for their ability to prevent Alzheimer's from accelerating after injury.

A group of Montreal researchers announced in July 2014 that they've discovered a gene variant that could delay Alzheimer's disease by up to five years.

Dr. Judes Poirier and his team at the Douglas Mental Health University Institute pinpointed a variant of a gene that regulates cholesterol. About one in four people carry it. The discovery

opens to the door to creating a drug that could mimic the effect of the gene variant in those who do not have it.

Dr. Poirier has been a recipient of the Alzheimer Society Research Program from 1995 – 2003. The cholesterol-regulating gene he discovered makes the enzyme HMG CoA reductase. The enzyme in turn determines whether or not the body makes cholesterol.

While the brain needs cholesterol, previous research shows too much can raise the risk of Alzheimer's disease.

Statin drugs that interfere with the enzyme are often prescribed for heart disease. Dr. Poirier says the next step is a small-scale trial to test a statin drug targeted to the brain.

HIGHLIGHTS

Sparking young brains

Toronto high-school students get a glimpse into the world of neuroscience



Kay Wu's grandmother was never far from her thoughts as Wu took part in an April 2014 ASC/Firefly Brain Symposium hosted at the University of Toronto Schools.

The grade 10 student is considering a career in medicine and wanted to learn more about brain research. Wu was particularly

eager for information about her grandmother's illness—Alzheimer's disease.

"Before attending the symposium I wasn't aware there are no significant drug treatments for the disease—information I found surprising given the prevalence of Alzheimer's," says Wu. "This only reinforces the need for further research in this area."

That was exactly the message the symposium's sponsors hoped high school students would hear.

Co-sponsored by the Firefly Foundation and the Alzheimer Society of Canada, the event featured talks about the latest research, including deep brain stimulation as a potential treatment for Alzheimer's.

Firefly Foundation founder Heather Fraser says students were particularly interested in the work of Dr. Ido Strauss, a neurosurgeon

at Toronto Western Hospital.

Dr. Strauss spoke about his ongoing research into whether mild electrical pulses administered to a brain structure called the fornix improves memory circuits in people with mild Alzheimer's disease.

His study is funded by the Alzheimer Society of Ontario and the Firefly Foundation and is part of a larger international project on deep brain stimulation led by Dr. Andres Lozano at Toronto's University Health Network.

"Dr. Strauss was crowded with kids asking questions," says Fraser. "It was incredible to see how curious they are. Our goal was to bring together kids interested in the brain and all its wonders, so we can inspire them to follow their dreams."

As far as Kay Wu is concerned — mission accomplished.

Alzheimer's – a growing global concern

In December 2013, G8 health ministers from the eight countries met for the first time ever to talk about a global strategy for dealing with dementia.

They gathered in London at the invitation of British Prime Minister David Cameron, who told them if we are to beat dementia, we must "work globally, with nations, business and scientists from all over the world working together as we did with cancer, and with HIV and AIDS."

It was, as Alzheimer Society of Canada Chief Executive Officer

Mimi Lowi-Young points out, long overdue.

"The summit let us finally shine a light on a devastating disease that is having an increasingly major impact on the economy and social fabric of the world," says Lowi-Young, who was invited to attend.

Dr. Larry Chambers, Scientific Advisor to the Alzheimer Society of Canada, agrees the need for action is urgent.

"Research on Alzheimer's disease and dementia is essential to inform society on how to respond to the increased number of people with dementia, as this number will double by 2031," he says.

With that in mind, the health ministers agreed to 12 declarations at the Summit. They range from a call for greater innovations to improve quality of life for those affected, to identifying a cure or treatment by 2025, and developing a co-ordinated international research action plan, including systems for sharing research results.

The Alzheimer Society of Canada supports all 12 declarations but is especially committed to working with national and international partners to meet the goal of finding a cure by 2025.

Canadian Consortium on Neurodegeneration in Aging

Bringing together the best brains in neurodegeneration research



Dr. Howard Chertkow,
Scientific
Director, CCNA

Imagine for a moment you are a dementia researcher in Winnipeg assessing the effects of a chemical on the brain for its potential as a treatment. You need samples from the brains of 20 people who died of Alzheimer's.

With just a handful of small brain collections in Canada, you will

likely spend a lot of time and effort to import them from the United States. Your research may languish.

Enter the new Canadian Consortium on Neurodegeneration in Aging (Consortium). Launched in September, 2014, the CCNA will be the go-to research hub for all aspects of neurodegenerative diseases that affect cognition in aging. That includes a series of linked brain banks in cities across the country.

The Consortium's three research aims are: preventing neurodegeneration, treating people with neurodegeneration and improving quality of life.

With more than 340 researchers already signed on to collaborate, the Consortium brings together experts in ways that promise to speed their progress.

"Science is a team sport," says Dr. Larry Chambers, Scientific Advisor to the Alzheimer Society of Canada.

"If you have a lab in Montreal with geneticists doing exciting work, and another in Calgary doing similar work, it's really unfortunate if they compete," he says.

Over the first five years, the Consortium has secured more than \$31.5-million (over \$21 million from CIHR, \$4.05 million from the Alzheimer Society and the remaining amount from other partners).

"This first-of-a-kind initiative in Canada is the perfect environment to strengthen collaboration between researchers and scientists of diverse skills and expertise," says Mimi Lowi-Young, the Society's CEO.

"We're excited to be a lead partner in the Consortium. It holds tremendous promise of delivering results that will improve the quality of life of Canadians with dementia and put us in closer reach of a cure."

More than 20 teams of researchers will take on projects focused on the consortium's three objectives: prevention, treatment and quality of life. More than half of those teams will be led by researchers previously funded by the Alzheimer Society Research Program.

The Consortium's scientific director, neurologist Dr. Howard Chertkow, says the Consortium will build on Canada's strengths in dementia research—genetics, vascular dementia and cognitive rehabilitation to name a few. It will also help Canadian researchers develop new expertise by linking them with international researchers.

As the director of the Jewish General Hospital / McGill Memory Clinic, the largest such clinic in Canada, Dr. Chertkow is keenly aware that our aging population makes the Consortium's mandate increasingly urgent.

"Some of our researchers talk about this as a war. We are in a looming battle against dementia," he says. "It's necessary that we all now go beyond our own labs."



"Canadian researchers are at the forefront of the global efforts to face the challenges caused by the growing number of people living with dementia. Through the Consortium, Canadian researchers, along with partners, patients, and caregivers, are engaged in a unique collaborative approach to the benefit of all those affected by Alzheimer's and other neurodegenerative diseases resulting in dementia. Along with the support through open competition, as well as international collaboration, more than \$236 million has been invested in dementia research by the Government of Canada through the Canadian Institutes of Health Research (CIHR) over the last 10 years."

– Dr. Yves Joanette, Scientific Director of the Institute of Aging of the Canadian Institutes of Health Research and Member of the World Dementia Council

You can make a difference



Most Canadians are unaware that Alzheimer's disease is just one form of dementia. Dementia is the term we use to describe a group of brain disorders that are progressive, degenerative and eventually, fatal, impacting 747,000 Canadians today.

In less than 20 years, 1.4 million Canadians will be affected.

Common symptoms include memory loss, decreasing judgment and reasoning and changes in mood, personality and behaviour that are out of character. The risk of dementia doubles every five years after age 65, but people in their 40s and 50s can also develop the disease.

Accumulating evidence shows that dementia symptoms lie dormant in the brain for up to 25 years before they appear. That's why research is critical.

The Alzheimer Society of Canada is the country's leading charitable organization dedicated to dementia research funding. We rely on donations and gifts to continue research—and we are committed to bringing help, hope and a better quality of life to Canadians affected by this disease.

Join us in our vital work today.

Make a donation today. Visit www.alzheimer.ca. While there, learn about the research we fund. Get the latest information about Alzheimer's disease and other dementias. Find a range of helpful programs and services at an Alzheimer Society in your community or inquire how you can volunteer your time.

EXPENDITURES AND CONTRIBUTIONS

ASRP expenditures in fiscal year 2013-2014

Biomedical	
Grants	\$ 1,544,737
Awards	\$ 894,000
SUBTOTAL	\$ 2,438,737
Quality of Life	
Grants	\$ 658,919
Awards	\$ 398,000
SUBTOTAL	\$ 1,056,919
Additional	
Canadian Consortium for Neurodegeneration in Aging	\$ 250,000
Research Recruitment Guide for People Living with Dementia	\$ 53,646
Support to Canadian dementia conferences	\$ 25,000
SUBTOTAL	\$ 328,646
ASRP Operations	
Program administration, Peer Review Panels, research conferences	\$ 598,145
TOTAL	\$ 4,422,447

Provincial Alzheimer Societies contributions in fiscal year 2013-2014

\$ 4,422,447

funding in grants and awards received

	Contributions
Canada	\$ 823,221
British Columbia	500,000
Alberta	209,579
Saskatchewan	50,323
Manitoba	80,516
Ontario	1,898,393
Quebec	737,141
New Brunswick	57,796
Nova Scotia	39,762
Prince Edward Island	13,751
Newfoundland	11,965
TOTALS	\$ 4,422,447

ALZHEIMER SOCIETY RESEARCH PROGRAM

Research Policy Committee

The Research Policy Committee advises the Alzheimer Society Research Program (ASRP) and makes recommendations to the Board of Directors on policy, strategy, priority setting, program effectiveness and funding.

Lynn Beattie MD, University of British Columbia (Chair)
Kathy Dewling, Board Member
Howard Feldman MD, University of British Columbia
Serge Gauthier MD, McGill University
Barry Greenberg PhD, University Health Network
Heather MacNeil, Board Member
Natalie Phillips PhD, Concordia University
Jane Rylett PhD, University of Western Ontario
Marjorie Sullivan, Board Member

Community Representatives

In 2014, for the first time, the ASRP invited non-researchers who are personally affected by the disease and can offer insight into applying research to our peer review process. These representatives include:

Bill Heibin, Biomedical and Quality of Life Peer Review Panels

A former chartered accountant with Ernst & Young, Bill was diagnosed with Alzheimer's disease at the age of 59 in 2000. Today, he runs Amethyst Farms with his wife Heather, raising and training quarter horses for show.

"I was amazed by the knowledge and expertise of the Biomedical and Quality of Life Peer Review Panels. As a person living with Alzheimer's, it was extremely interesting and promising to hear the various requests for research grants and learn what is being proposed in the field of Alzheimer's research and ongoing care."



Julie M. Foley, Community Representative of the Quality of Life Peer Review Panel

A social-worker by profession and former CEO of Osteoporosis Canada, Julie is a caregiver to her husband Lowell who has dementia.

"The public and donors to the Alzheimer Society can rest assured that this process will support the best scientific exploration in the country. As someone who lives daily with the impact of dementia, it was exciting to see how dementia research is advancing. I'm confident we will soon see breakthroughs that will improve quality of life, and in the longer term, our understanding of dementia and how to treat it."





Building strong partnerships for discoveries

This year, Rx&D is once again proud to support the Alzheimer Society of Canada (ASC) in the production of your annual Research Program Accountability Report. We are honoured to partner with an organization that is on the fore of driving policy and research into dementia.

As many of us are all too aware, Alzheimer's disease and other dementias affect nearly 750,000 Canadians, and put immense strain on their loved ones. We understand this challenge. Not only do we represent the women and men who help make innovative medicines available to the people who need them, but we are the women and men who sit in doctor's offices, hear difficult news about our own health and make life-changing decisions on how to deal with illness.

This hits home—and that's why life sciences experts are working hard to develop the next generation of treatments and therapies that will hopefully revolutionize the way dementias are treated. We are committed to innovations in dementia treatment throughout the entire process—from discovery to development to delivery, so that those who need access to life-changing medications can get them.

Through our renewed partnership with ASC, we hope that we can advocate together to better understand dementias and treat them in a more effective manner. As Rx&D reflects upon 100 years of success, we also wish for success for ASC, its staff and researchers to help tackle the challenges facing Canadians in terms of Alzheimer's disease and other dementias. Together, we can ensure that Canadians will live longer and healthier lives.

Russell Williams, President
Canada's Research-Based Pharmaceutical Companies (Rx&D)

Canada's Research-Based
Pharmaceutical Companies



Les compagnies de recherche
pharmaceutique du Canada



A safe and smart way to keep track of your medicines and vaccines



Helps you keep your medications and immunization lists up-to-date



Manages your and your loved ones' medications in multiple profiles



Reminds you to take your medication and when to refill your prescriptions



Allows you to email your medication list to your health care team



Is supported by an informative website and on-line tools

The Knowledge is the best medicine "MyMedRec"

App is available free for iPhone, Android and Blackberry 10. It's designed, developed and supported by Canada's leading health care associations with your health in mind.

"MyMedRec" helps you get the most out of your medicines.



www.knowledgeisthebestmedicine.org

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