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## Vancouver Ghapter

Canadian Celiac Association
L'Association canadienne de la maladie coeliaque

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# Newsletter Contributors 

Newsletter Editor - Val Vaartnou

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## NEXT ISSUE:

If you have any recipes, restaurant reviews/articles for the March 2019 issue, please have them submitted by February15, 2019.

If you have any comments, praises or criticisms, quips or questions:

## Please submit to:

- info@vancouverceliac.ca
- 604-736-2229 / 877-736-2240
- CCA - Vancouver Chapter

Letters to the Editor
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## NEWSLETTER SUBMISSION DEADLINES

Newsletters will be distributed:

March 1st - Easter \& Spring
September 1st - Fall \& Back to School
June 1st - Travel \& Summer
December 1st - Christmas \& Holidays

Also, Please submit your content to us a minimum of 3 weekends prior to the edition you'd like to be featured in. We will accept early submissions for upcoming editions as well, just let us know which issue you'd like to be in. You can summit your stories, recipes, photos, etc in a variety of ways. If you have any questions: EMAIL: val_vaartnou@telus.net or info@vancouverceliac.ca

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## Dresident's Message



2018 has been very good to me, I am very grateful for all the people in my life that help to make this so. I hope this year and all the years ahead of you find you with happiness and good health.
One of the many reasons for feeling so good about 2018 is the contribution of each and everyone one of our Vancouver Chapter Board of Directors. Val, Cynthia, Pushpa, Jessica, Betty, Luisa and Jasmine equally insist on integrity, transparency and clear communication. It is important to all of us that we are able to challenge each other to always do better and to ensure that we do what is best for you, our members.
We are fortunate to have such a strong support network within the Canadian Celiac Association. It consistently affords me opportunities to be constantly learning and giving me the confidence to insist that I have the right to have food that is safe for me.
At one of our monthly dinner (Chatty Celiac) events we had to unfortunately make a decision to leave the restaurant because we were not confident that the kitchen was able to accommodate our Gluten Free diet. They were unable to confirm that there would not be any cross contamination. This was an awkward and uncomfortable experience for all of us. This was a reminder that I must be assertive when it comes to what I consume. However, if it is possible, turn it into a learning opportunity for the staff and for those of us that dine there. That is what happened at this event.
The good news is that the restaurant Managers' responded within 24 hours asking, "what happened". They wanted to meet with us (and I did) to understand what went wrong. They asked me how they could better communicate to their patrons that they are able to provide us a safe meal. This ended up being a very positive experience.

I am grateful to the post last month on Facebook regarding mouth guards. I have been wearing (and chewing on) a mouth guard for over 2 years; I had no idea that it contained gluten. I immediately stopped wearing it and started a dialogue with my dentist to help me find an alternative. I have also discovered that the polishing paste my hygienist uses has gluten!! My dentist is looking for a substitute, perhaps using pumice.
In another "I ought to have known better incident", I did not prepare properly for a vacation. I found myself, as we often do, very hungry with nothing safe or nourishing for me to eat. I was not concerned at first because I always carry a good stash of food with me. In this case I was relying on the Protein Bars I had in my bag. When I took a bite it tasted awful. I looked at the expiry date and it was a year past its best before date, all 5 bars had to be thrown away. I was very angry with myself for being so careless when putting together my food bag. When you are travelling on a plane, even thought you have pre ordered a GF meal, never assume (1) you are going to get the meal and (2) that the meal will be safe for a Celiac. As if going through security was not stressful enough we also have to worry about our food sources. This is another reason why it is so important for all of us to be able to support each other through our own individual experiences.
Our National office sends out a Newsletter called "CCA Connects." I am often asked what does our National office do? Their Newsletters inform us of all of the activities that they are involved in to make our world now and in the future safer. The larger our Association is the louder and stronger our voice is. Please take the time to read this very informative Newsletter that is sent via e-mail to all of our members. If you are not receiving it please let me know and I will be sure that you are added to their mailing list.
We will be at the Gluten Free Expo on January $12^{\text {th }}$ and $13^{\text {th }}$, please stop by to say hello. We truly enjoy meeting and chatting with you all.

Thank you all for helping make 2018 a great year.

## Gluten free, rediscover the joy.




## Ask Jess: Nutrition Corner



Jess Pirnak is a Registered Dietician who kindly volunteers her time to write newsletter articles for us and answers questions from our members. Jess can be reached at nutrition@vancouverceliac.ca if you have any questions.
Q. Since being diagnosed with Celiac Disease, I've been meticulously following a gluten-free diet, but unfortunately, I'm still experiencing abdominal pain, bloating and constipation. So, my doctor recommended I try the low FODMAP diet.

Please help! What is this diet? And is it right for me?
A. The low FODMAP diet is a research-based eating pattern that has been shown to improve the symptoms of many digestive conditions including irritable bowel syndrome (IBS). In a nutshell - if you experience IBS-like symptoms, the plan is to remove ALL possible trigger foods (high FODMAP foods) until you are symptom free. After
you are symptom free, you slowly reintroduce high FODMAP foods back into your diet to determine which foods are causing the issues. Sounds confusing? Because it is!

So, to make a long story short, if you and your doctor suspect that you may have IBS, which is totally possible considering the lifetime risk for a Canadian to develop IBS is $30 \%$, the low FODMAP diet might be worth a try. Especially if your symptoms have not responded to other first-line dietary advice including: eating regular meals and snacks, avoiding caffeine, spicy food and alcohol. And your symptoms have not responded to stress-management techniques such as meditation.

The low FODMAP diet is best implemented under the supervision of a qualified health care professional, such as a registered dietitian. This diet is still relatively new and an evolving area of nutritional science, so talk to your qualified health care professional!

## Celiac Disease in the News

Submitted by Val Vaartnou, with some content courtesy of Mark Johnson, President, Ottawa Chapter

The following are summaries of research in progress or completed from credible medical journals and medical sites. Links are provided where further information can be found

## Celiac disease and eosinophilic esophagitis linked

A large analysis of more than 35 million patients found an intriguing connection between celiac disease and eosinophilic esophagitis (EoE). Out of the 15,000 patients in a database pulled from 360 U.S. hospitals who had been diagnosed with EoE, 2 percent also had celiac disease.
The numbers translate into a likelihood nine times larger of finding celiac disease in a patient with EoE compared to a patient in the normal population.

For more information: https://
www.allergicliving.com/2018/06/07/whats-the-link-between-eoe-and-celiac-disease/

## Prebiotics can help celiac symptoms

Research published in the Journal of Clinical Gastroenterology found that a 6-week probiotic treatment is effective in improving the severity of IBS-type symptoms in celiac disease patients on strict GFD, and is associated with a modification of gut microbiota, characterized by an increase of bifidobacteria.

For more information: https://www.ncbi.nlm.nih.gov/ pubmed/29688915

## Viruses can lead to activated celiac disease

A growing body of research suggests that viral DNA or proteins introduced into the body can contribute toward the development of serious diseases long after the initial viral infection has passed. And now, research by a team from the Cincinnati Children's Hospital shows that exposure to the Epstein-Barr virus (EBV), best known for causing mononucleosis, appears to boost the risk of developing seven other diseases in individuals who inherited predisposing gene variants - including celiac disease.

For more information: http://www.iflscience.com/health-and-medicine/the-virus-that-causes-mono-linked-to-seven-autoimmune-diseases/

## Questioning the link between antibiotics and celiac

In contrast with existing research, a recent study published in the journal Jama Pediatrics found that antibiotics taken during a child's first four years of life were not associated with the development of celiac disease or type 1 diabetes, even if the child was genetically predisposed to the development of either condition.
For more information: https://mykidsfoodallergies.com/is-there-a-link-between-childhood-antibiotic-use-and-celiacdisease/

## Celiac disease can indeed strike anytime in life

From childhood to late life, diagnosis of celiac disease is critical and should not be ignored. That's the message for patients and healthcare providers from two recent studies. In the first, researchers from Italy concluded that the number of patients with celiac disease worldwide is increasing, "thanks to better environmental conditions that allow children with celiac disease to survive longer." In the second, scientists from Finland and the United Kingdom found that one in four celiac disease diagnoses is made in people 60 years or older. Still, 60 percent of patients remain undiagnosed because their symptoms, including tiredness, indigestion and reduced appetite, are blamed on older age itself.
For more information:
https://www.beyondceliac.org/research-news/View-Research-News/1394/postid--106300/?
utm content=69946060\&utm medium=social\&utm source =twitter

## Gluten-free food not so gluten free in Melbourne

A first of its kind study led by Institute researchers and City of Melbourne environmental health officers has detected potentially harmful levels of gluten in foods sold and served as 'gluten-free' across Melbourne, Australia. The undercover study revealed one in 11 samples of 'glutenfree' food tested were contaminated with gluten at levels that could prove harmful to people with celiac disease.

For more information: https://www.wehi.edu.au/news/ illuminate-newsletter/june-2018/melbourne-gluten-freestudy

## US study finds restaurant gluten-free food not always gluten-free

Based on more than 5,600 gluten tests over 18 months, the investigators determined that 27 percent of gluten-free breakfast meals contained gluten. At dinner time, this figure hit 34 percent. The rise could reflect a steady increase in gluten contamination risk as the day unfolds, the researchers said.

For more information: https://www.webmd.com/digestive-disorders/celiac-disease/news/20181008/study-some-gluten-free-restaurants-fall-short\#1

Ensuring dietary compliance among children and teenagers
New research on children and adolescents with celiac disease examined their dietary habits to determine the factors responsible for non-adherence to a gluten-free diet. Compliance with the diet is difficult at all ages but particularly for teenagers due to social, cultural, economic, and practical pressures.
For more information: https://www.ncbi.nlm.nih.gov/pmc/ articles/PMC5775619/

## Celiac Disease in the News

## New drug may keep celiacs gluten free

An experimental new drug may provide relief to celiacs who happen to ingest gluten. The AMG 714 antibody leads to fewer symptoms after gluten exposure by blocking interleukin 15. A randomized, double-blind, placebocontrolled, phase 2 study was conducted to test the drug's effectiveness. The study showed that the AMG 714 had an effect on the groups of participants who received the drug and the gluten challenge when compared to the placebo group who received no drug. Both a reduction in reported symptoms occurred as well as a decrease in injury to the intestinal lining. Further testing is underway.

For more information: https://www.acsh.org/
news/2018/05/22/new-drug-may-keep-those-celiac-disease -gluten-free-12996

## Current procedures may underreport celiac disease

Currently accepted indications for celiac disease testing fail to discriminate between patients with and without undiagnosed celiac, according to a case-control study in Alimentary Pharmacology and Therapeutics. Although almost $40 \%$ of a 400-patient cohort had at least one testing indication, the study found that fewer than 5\% of the patients were tested for celiac disease -- suggesting, the authors said, a strong need for alternative methods of detecting symptomatic celiac disease.

For more information: https://www.medpagetoday.com/ gastroenterology/generalgastroenterology/72979

## Urine as a gluten indicator?

A research study presented at the 16th International Celiac Disease Symposium (ICDS) in Prague shows that gluten presence in urine correlates with mucosal damage. Researchers from Biomedal Life Science were able to identify whether a person has ingested gluten by detecting the presence of gluten immunogenic peptides in urine. This was the first time a urine test has been used to monitor compliance with the gluten-free diet.

For more information: https://www.celiac.com/articles.html/ celiac-disease-gluten-intolerance-research/new-urine-test-can-spot-gluten-in-celiac-patients-r4475/

## Can a gluten-free diet normalize Vitamin D levels for celiac patients?

A study in Salerno, Italy found that Vitamin D levels for celiac patients fell back to normal levels after following a gluten-free diet without any additional supplementation.

For more information: https://www.ncbi.nlm.nih.gov/ pubmed/29773507

Gluten-free diet likely improves neuropathic pain in patients with gluten neuropathy

A study in the UK, including Dr. Hadjivassiliou, studied patients with gluten neuropathy. When the patients
followed a strict gluten-free diet their odds of peripheral neuropathic pain were reduced by nearly $90 \%$.
For more information: https://www.ncbi.nlm.nih.gov/ pubmed/30032386

## The real challenge: avoiding gluten

A presentation at Digestive Week provided information on a study looking at inadvertent exposure to gluten by persons with CD. Silvester and colleagues did a "doggie bag" analysis of samples of processed or cooked food consumed by study participants. $33 \%$ of the food samples had $>20 \mathrm{ppm}$ of gluten.

For more information: https://www.medscape.com/ viewarticle/899861

## Celiac patients have higher risk of non-alcoholic fatty liver disease (NAFLD)

More than one-third of CD patients adhering to a GFD had concurrent NAFLD, accounting for a three-fold increased risk compared to the general population. Dietary advice provided using a patient-tailored approach should assist CD patients with NAFLD in achieving an appropriate nutritional intake whilst reducing the risk of long-term liverrelated events.

For more information:
https://www.medscape.com/viewarticle/900972

## Prevalence of celiac disease in patients with osteoporosis

About 1 in 62 individuals with osteoporosis, or 1.6\%, have biopsy-verified CD. This prevalence is comparable to that in the general population. These findings argue against routinely screening patients with osteoporosis for CD, which is contrary to current guideline recommendations. Additional studies are needed to determine the true utility of such screening programs.

For further information:
https://www.medscape.com/viewarticle/902433

## Surprising number of conditions linked to celiac disease

The incidence of autism is 20 times higher in those with celiac disease than the normal population. Several other conditions also show higher incidences including; liver disease, glossitis, pancreatitis, Down syndrome, and autism, according to a database study of more than 35 million people.

For more information: https://www.medscape.com/ viewarticle/889005 World Congress of Gastroenterology 2017

# Gluten Free Travel - Prague, Czech Republic 

## 100\% Gluten Free Places in Prague, Czech Republic

Submitted by Brett Duncan

Website https://glutenfreetraveller.ca/


Alriso Risotteria Italiana is a $100 \%$ gluten free restaurant, so it is a must go as well if you are staying in Prague. For their $100 \%$ gluten free menu, click the link. They are located at Betlémské nám. 11/259, 11000 Staré Město.

Arepes De Lyna is $100 \%$ gluten free which is always great! It is cash only, so make sure you have some Czech Krones on you. They are located at Korunní 1173/83, 130 00 Hlavní město Praha.

Babiccina Spiz is all things deserts, muffins, breads and buns that are all 100\% gluten free! They have great items for purchase for lunch or deserts. To see their offerings, check out their website here. They are located at Revoluční 23 Praha 111000 Praha 1.

Svet Bez Lepku this is another $100 \%$ gluten free bakery. You can purchase what they have in-store for breads, deserts and products to cook gluten free. You can also order on-line. To see their offerings, check out their website here. You can also buy some gluten free staples, like pasta, sauces, cereals, granola bars and more. They have three locations: Náměstí Braťí Synků 399/13 140
00 Praha 4 - Nusle, Moskevská 515/52 10100 Praha 10 Vršovice \& Pod baštami 277/4 16000 Praha 6 - Hradčany.

## Awesome Gluten Free Options Restaurants in Prague, Czech Republic

Svejk U Karla is a fabulous gluten free restaurant in Prague that offers traditional Czech cuisine. The owner has a child that has celiac, so you can be assured that is the reason they offer safe places to eat. While the 'Svejk' restaurants are a chain in Czech Republic, this is the only one
with gluten free options.
They are located at Křemencova 186/7, 11000 Nové Město.

Lavende Restaurant is tailored for people who are celiac or vegetarian and is right on the VItava river. You can review their website and menu here. They are located at Lidická 2, 15000 Praha 5, Anděl.

Muj Salek Kavy has a refreshing watermelon salad and the chicken salad on gluten free bread is great. They charge an extra dollar for the gluten free bread, but it is good. To check out their website, click here. They are located at Kǐizíkova 105, Prague 8.

Lehka Hlava (aka Clear Head) has a very eclectic interior and is worth the visit to just sit and enjoy the ambience. Their menu is fully vegetarian and explains which items are gluten free and it is easy to follow as the meals are of natural ingredients. Located at Borsov 2/280, Prague 1.

Vegg GO is marketed as a vegan and vegetarian place, but it really is more than that because it has gluten free, sugar free and lactose free options as well. They have four locations: Náměstí Míru 1220/3, 12000 Praha 2-
Vinohrady, Českomoravská 2420/15a, 19093 Praha 9-
Harfa-Praha 9 (food court), Plzeňská 8, Anděl, 15000 Praha 5-Smíchov-Smíchov, \& Vinohradská 2828/151, 13000 Praha 3-Žižkov-Praha 3 (food court).

If you are considering a trip to Czech Republic and have some questions, reach out and send me an email at GlutenFreeTraveller. Follow me on Facebook, YouTube and Pinterest. Follow the website for more to come. I have guides for Hawaii, Thailand and Vietnam with Bali coming soon if you are looking for even more inspiration.


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## Celiac in the Kitchen

In this issue of the Celiac News
we feature recipes from the Vancouver Community College, Artisan Baking program students.
In September, Lisa Wagner, a baking instructor at Vancouver Community College asked Lizbeth Wall and I to give a presentation on Celiac Disease and cross contamination to her students studying gluten free baking. As a part of their 11month baking program, students spend a week learning about gluten related ailments and how to bake for them. The major assignment for that week is to successfully adapt a conventional recipe to a gluten free diet. The result of their research and development are our featured recipes. Thanks to Lisa and her students for their contributions to this issue of our newsletter. Happy Baking!


## GF Chocolate Pecan Cookies

By Ella Oh - Vancouver Community College

| Ingredients | Grams |
| :--- | :---: |
| Yellow Sugar | 147 g |
| Butter | 80 g |
| Baking soda | 2 g |
| Salt | pinch |
| Vanilla | 10 g |
| Cream cheese | 60 g |
| Eggs | 69 g |
| Egg yolk | 50 g |
| Guar gum | 193 g |
| Sorghum flour | 80 g |
| Pecans, chopped | 80 g |
| Couverature (semi-sweet <br> chocolate), chopped | 654 g |
| Total |  |

Directions:

- Cream butter and sugar, baking soda and salt together until smooth.
- Add cream cheese and blend until combined, scrape bowl.
- Add eggs, yolks and vanilla, slowly, scraping after each addition, blend until smooth.
- Blend flour and guar gum with a dry whisk to distribute the gum throughout the flour.
- Add flour/gum blend to the batter and blend until combined.
- Add pecans and chocolate, blend until combined.
- Let mix sit for 1 hour to allow flours to hydrate.
- Using an ice cream scoop or spoon, deposit cookies onto a lined baking tray.
- Bake 190C for 10-12 mins.

Yield: 2 dozen
Picture Source:
www.smalltownwoman.com


## Celiac in the Kitchen

## GF Strawberry Rhubarb Muffins

| By Hannah Chen - Vancouver Community College |  |
| :--- | :---: |
| Ingredients Grams <br> Butter 53 <br> Sugar 150 <br> Salt Pinch <br> Eggs 71 <br> Vegetable oil 40 <br> Vanilla 8 <br> Brown rice flour 130 <br> White rice flour 55 <br> Xanthan gum 4 <br> Baking powder 8 <br> Buttermilk powder 75 <br> Rhubarb (diced fine) 156 <br> Strawberries (diced fine) 156 <br> Total weight 1298 |  |

## Directions:

1. Chop rhubarb and strawberries into very small pieces
2. Cream butter and sugar.
3. Blend in liquid ingredients in three stages.
4. Blend in dry ingredients, mixed until combined and smooth
5. Fold in the fruit.
6. Scoop into lined muffin trays and bake at 185 C .

Yield: 12 muffins


Picture Source:

[^1]
## GF Zucchini Muffins

By Maria Ostovari -Vancouver Community College

| Ingredients | Grams |
| :--- | :---: |
| Eggs | 150 |
| Vegetable Oil | 72 |
| Yogurt | 72 |
| sugar | 115 |
| Honey | 28 |
| Salt | 1 |
| Cinnamon | 1 |
| Nutmeg | Dash |
| Corn Flour | 73 |
| Sorghum | 73 |
| Brown Rice Flour | 85 |
| Baking Powder | 13 |
| Baking Soda | 4 |
| Xanthan | pinch |
| Zucchini, Grated | 250 |
| Total Weight | 937 |

## Directions:

1. Grate the zucchini and set aside.
2. Mix all wet ingredients in a bowl, whisk together and set aside.
3. Scale all the dry ingredients and blend together with a paddle on kitchen aid.
4. Pour gradually wet ingredients into dry on the mixer, blending between additions.
5. Add zucchini last. Blend until combined. Let sit for 1 hour for flours to absorb.
6. Scoop into greased or lined muffin tins.
7. Bake 375 F for $20-25 \mathrm{mins}$, until lightly browned and spring back when touched.

Yield: 12 muffins


## Celiac in the Kitchen

## GF Chocolate Chip Cookies

Submitted by Jianyu Tseng, Vancouver Community College

| Ingredients | Grams |
| :--- | :---: |
| Yellow Sugar | 124 |
| Butter | 148 |
| Baking soda | .95 |
| Salt | 1.9 |
| Xanthan gum | 1.8 |
| Vanilla | 3 |
| Eggs | 66.5 |
| Chocolate chips | 133 |
| Sorghum flour | 163 |
| Total weight | 642 |

## Directions:

1. Cream butter and sugar together with baking soda, salt and xanthan gum.
2. Add eggs and vanilla and blend until combined.
3. Add flour.
4. Add Chocolate Chips.
5. Bake double trayed at $190^{\circ} \mathrm{C}\left(375^{\circ} \mathrm{F}\right), 10-12 \mathrm{~min}$.

Yield: 2 dozen


## GF Baked Vanilla Doughnuts

Submitted by Hank Liu, Vancouver Community College

| Ingredients | Grams |
| :--- | :---: |
| Rice flour | 21 g |
| Xanthan gum | 4 g |
| Cornstarch | 36 g |
| Baking powder | 7 g |
| Salt | pinch |
| Baking soda | 50 g |
| Sugar | 150 g |
| Butter melted | 100 g |
| Vanilla | 10 g |
| Egg | 100 g |
| Yogurt | 193 g |

## Directions:

1. Grease a donut pan and set it aside.
2. In a large bowl, place dry ingredients and whisk to combine well. Create a well in the center of the dry ingredients, add liquids gradually, mixing after each addition. Blend until a uniform smooth mixture.
3. Fill the prepared wells of the donut pan or muffin tin about three-quarters of the way full. For perfectly shaped donuts, place the donut batter into a piping bag with no tip and pipe the batter into the wells.
4. Rest for 1 hour to allow flours to hydrate.
5. Bake @ $175^{\circ} \mathrm{C}$ in a donut pan with a tray underneath for about 10 minutes, until the donuts spring back upon touch and just lightly browned.
6. Allow to cool and glaze with a bun icing or ganache.

Yield: 8 donuts


## Celiac in the Kitchen



Submitted by Wenqi Xie

| Ingredients | Grams |
| :--- | :---: |
| White rice flour | 100 |
| Tapioca starch | 30 |
| Potato starch | 40 |
| Sugar | 119 |
| Salt | 3 |
| Baking powder | 12 |
| Xanthum gum | pinch |
| Vegetable oil | 85 |
| Egg yolks | 150 |
| Water | 43 |
| Orange juice | 85 |
| Vanilla | 5 |
| Orange zest | 3 |
| Egg white | 180 |
| Sugar | 85 |
| Lemon juice | 5 |
| Cream of tartar | 247 |
| Total Weight |  |

## Directions:

1. Scale the first 7 ingredients. Place in kitchen aid and blend together with a paddle on low speed to distribute ingredients.
2. Whisk the next six ingredients together in a separate bowl
3. Add the wet ingredients to the dry ingredients in 3 stages while blending on low speed with a paddle until combined. Rest covered for 1 hour to allow for hydration.
4. Place back on mixer and hange to $2^{\text {nd }}$ speed and continue whipping for 2 mins.
5. In a separate bowl whip the last 4 ingredients to a meringue (medium peak).
6. Fold by hand the meringue mixture gently into above batter.
7. Deposit 425 g into buttered cake tins and bake at 180 C , 30-40 mins.
8. Cool for 5 minutes, remove cake tins. Once completely cool, glaze with an orange bun icing (lcing sugar and orange juice). Yield: 2-20cm cakes

## Christmas Trifle <br> 

Try this quick and easy trifle sure to impress your guests! Recipe created by Kinnikinnick Corporate Chef Lori Grein.
Ingredients:

- 1 recipe prepared custard (see below) (1030 g)
- 250 ml whipping cream (whipped)
- 2 pkg. Kinnikinnick Vanilla Wafers (120 gx2)
- 1 lb . strawberries (sliced/ tops removed) $(454 \mathrm{~g})$
- 1 pint blackberries ( 170 g )
- 2 pints raspberries $(340 \mathrm{~g})$
- Option: $1 / 4$ cup your favourite liqueur


## Directions to Assemble Trifle:

1. Using a 4qt. trifle dish, line the bottom with Kinnikinnick Vanilla Wafers and brush with liqueur (if desired).
2. Spread a layer of prepared custard over top of wafers, followed by a layer of raspberries and whipping cream.
3. Place a second layer of Kinnikinnick Vanilla Wafers on the whip cream layer and brush with liqueur (if desired).
4. Top with a layer of custard, strawberries and whipping cream.
5. Finish the top with a mixture of blackberries, raspberries and strawberries.

## Ingredients for Custard:

- 6 large eggs (yolks only) (102 g)
- $3 / 4$ cup granulated sugar ( 150 g )
- $1 / 3$ cup corn starch ( 50 g )
- $1 / 8$ tsp salt ( 1 g )
- 3 cups milk $2 \%$ ( 720 g )
- $11 / 2 \mathrm{tsp}$ vanilla extract ( 7 g )



## Directions:

1. Place egg yolks in a bowl and whisk until combined. Set aside.
2. In a medium saucepan combine milk, sugar, salt and cornstarch.
3. Cook over medium heat, stirring constantly, until mixture begins to thicken and comes to a boil (12-15 minutes). Remove from heat.
4. Slowly whisk the hot milk mixture into egg yolks.
5. Gradually pour hot mixture back into sauce pan, stirring constantly.
6. Cook over medium- low heat stirring continually until mixture thickens and begins to bubble (approx. 6-8 minutes).
7. Remove from heat and stir in vanilla.
8. Allow to cool slightly and then place a layer plastic wrap directly on custard to avoid skin from forming.

## Celiac in the Kitchen

## Cloud Bread

## By Val Vaartnou

A friend gave me recipe, so I do not know the original source. It is based on eggs, so it provides protein that regular bread does not provide. Ensure you refrigerate the bread for one day for best results.

## Ingredients:

- 3 eggs
- $1 / 4$ tsp cream of tartar or $1 / 4$ tsp baking powder
- Fresh Parsley to taste
- Fresh chives to taste
- 3 tbsp cream cheese


## Directions:

1. Separate yolks and egg whites.
2. Beat egg whites stiff.
3. Add cream of tartar or baking powder to stiff egg whites and beat it in.
4. Mix together fresh parsley, chives and cream cheese in a separate small bowl.
5. Add mixture to the egg whites by folding in.
6. Spoon onto parchment paper either in a rectangle or in cloud like buns. Thickness should be about $1 / 2$ an inch thick.
7. Bake at 300 degrees F for 20 minutes.
8. Refrigerate for 1 day prior to eating for best results.

## Spanish Coffee Cake

Source: Unknown....I have had this recipe for several years and do not know the origin. It is easy and quick to make.
Val Vaartnou

## Ingredients:

- 2 1/4 C GF flour blend **
- 3/4 C sugar
- 1 C brown sugar
- $1 / 2$ tsp salt
- 1 tsp cinnamon
- 3/4 C canola oil

Combine all of the above ingredients until crumbly. Remove one half of the crumbly mixture to be used as the topping. Combine remaining half of the crumbly mixture with:

- 1 tsp baking soda
- 2 tsp baking powder
- 1 beaten egg
- 1 C buttermilk
- 1 tsp xanthan gum


## Directions:

1. Preheat oven to 350 degrees.
2. Beat with mixer two minutes.
3. Pour batter into sprayed 9 "x13" pan.
4. Bake 10 minutes.
5. Crumble topping over batter. Bake 15-20 minutes longer or until tester comes out clean.
** Gluten Free Flour Blend

- 2 cups brown rice flour
- 2/3 cup potato starch
- $1 / 3$ cup tapioca flour

From Annalise Roberts/Claudia Pillow
** Alternative GF Flour Blend

- $11 / 2$ cups sorghum flour
- $11 / 2$ cups potato starch or cornstarch
- 1 cup tapioca flour From Carol Fenster



## Professional Advisory Council "Meet and Greet"

## 2018 National Conference - Ottawa - June 8th

The 2018 National Conference started with a panel discussion including members of the CCA Professional Advisory Council answering questions from the CCA Chapter executives. Members of the panel included:

- Dr. Don Duerksen
- Shelley Case RD
- Dr. Jenny Zelin


## Discussion regarding gluten-free flours

There are many myths about flours and a lot of discussion regarding arsenic in flour. The glutenfreewatchdog.org provides credible information regarding this. The bottom line is that you should not base your diet on rice, especially brown rice which has more arsenic. Alternate your grains so that you get a variety of grains in your diet.

Soy - There is a theoretical concern regarding hormones and soy. Again variety is important so you do not overload on any one grain. Soy in itself is not harmful.
Oats - Newly diagnosed should wait up to 18 months when the tTG normalizes to include gluten-free oats in the diet. The gluten-free certified oats should be introduced slowly due to the increase in fibre in the diet. The Health Canada website provides good information on gluten-free oats.

## Nima Gluten Detection

The Nima device is used to detect gluten in food. Third party validation data is lacking on the Nima device, therefore it is suggested that "buyer beware". This type of technology is where this industry is heading, however, testing must be done by experts to ensure it does what it says it will do.

## What information should I give my doctor when first diagnosed?

Direct the doctor to www.celiac.ca and give them handouts of position papers that are available there. tTG follow-up is helpful but not $100 \%$ accurate as to what is going on. The Celiac Follow Up Care Resource brochure will assist the doctor in what testing should be done on an on-going basis to manage celiac disease. Panel members stated that dietitians and dentists are very helpful in diagnosing celiac disease (CD).

What percentage of the general population are affected by celiac disease?
Canada borrows the data from the US which indicates approximately $1 \%$ of the population has CD.

## Test for CD before testing for anything else

Canada is developing a registry for Registered Dietitians for CD. Training for undergrads is also a priority. Handouts are on the national website that Dietitians can download.

How long does one have to eat gluten before testing?
There are many different answers quoted to patients. Generally 4-6 weeks of a slice of bread per day is adequate. If a patient has been gluten-free for a long time, more time on gluten may be required.

## What symptoms affect the brain/body when eating gluten?

Symptoms vary from person to person. You must always beware that the cause "might be something else". The longer an individual is off of gluten, usually the more sensitive they are to gluten exposure.

## Please comment on tTG remaining high for an abnormally long time?

It takes different people different times to come within the normal tTG range. The number one reason for not normalizing is they are unaware of gluten exposure. Refractory celiac disease is rare. This is when the individual does not respond to a gluten-free diet.

## Travel

Best to do your research before you go. Find out what the food safety standards are in the country that you are going to and it is often useful to contact the local Celiac Association and check out their website.

## Wheat Starch

The inclusion of wheat starch in food is allowed in Europe. In Canada, today, this does not meet our standards. Additional processing is required to remove the gluten. Canadian law requires that anything that contains a gluten source is not allowed.

## Pregnancy

If a mother is celiac, there are no known adverse effects to baby, however, fertility of the mother may be an issue in those with undiagnosed celiac disease. Current research indicates that gluten should be introduced to babies' diets at approximately 6 months of age.

## Is it possible to have elevated tTG and not be celiac?

Yes, there are other conditions that may cause elevation. It is important that the biopsy provides 4-5 samples to ensure proper diagnosis.

## How long does gluten stay in your system?

Gluten is found in the stool for approximately 24 hours and in the urine for 6 hours.

## Why support the CCA?

The CCA works hard to make the food supply safe for those with celiac disease.

## What to do when contaminated?

Eat a simple diet and drink lots of fluids is the best advice.

# The Social Side of Living with Celiac Disease 

https://glutenfreetherapeutics.com From Calgary Chapter Celiac News ~ May 2018

Dealing with celiac disease (CD) is multifaceted. One factor that makes celiac disease both challenging and yet possible to manage is that it is controlled by our food choices. Everyone must eat, and food is often the center of the social events. Think of dinner with friends, dating, watching sports with friends, and especially currently of year, holiday parties and family gatherings... Those with celiac disease need to control what they always eat regardless of where and when it is eaten. This seemingly innocuous task actually involves a complex set of components to manage and think about. We find there is little written about the social side of living with celiac disease. Importantly, while the social aspect impacts both our emotional health and our ability to stay safe, it is not talked about and little understood by those outside of the celiac family. Celiac can be very isolating. We find that to protect our bodies from gluten contamination we sometimes withdraw from everyday events. We go into a proactive protective stance. Events we used to participate in with joy are now a cause for concern and stress. Here are some typical examples of what it feels like to manage the social side of CD.

## FAMILY AND FRIENDS

These are the people who love us. They want to help; they try to help. Even so, it can often end badly. How do we tell a friend who continues to make "GF" treats in her non-gluten free (GF) kitchen you cannot eat them due to cross contamination? Our friends mean well and often think that if they use GF ingredients, there is no problem. If only it were that simple. And yes we can train our closest friends on how to decontaminate their kitchens, and some will get it. But for the most part, a well-meaning casual acquaintance will not understand if you say no thank you to the treats they made just for you. While attending parties out of respect for our host, we have resorted to stealthily placing a napkin wrapped, baked from scratch just for us, gluten free cookie into our purse for later disposal. Or we thank the person hoping that they don't see when we do not eat, but of course, they notice. It can be an awkward situation as it is almost impossible for those without disease to understand the facility with which and the ramifications of "getting glutened." We don't want to hurt the feelings of those who love us or look unappreciative, or worse neurotic, to those who make a special effort for us. Protecting our bodies can seem like we are not protecting our relationships. We should not have to choose. But often we do. So we find that perhaps it is easier if we just say no.... No to the going to the party, no to eating someone else's food, no to participating in the event. While isolating oneself is a natural response to a real threat, this is where the isolation can come in and perhaps the depression. We all have to choose what works for us and honestly finding those willing to go out of their way to eat at your specially chosen safe GF restaurant is an excellent screen for those that actually care about you. We find that with time and patience our loved ones learn what will work for family gatherings and will find ways to make everyone safe and happy. Family gatherings can go from being stressful to fun again with the understanding and cooperation of all.

## THE WORKPLACE

Why include the workplace as a social aspect of CD? The workplace can be filled with opportunities for gluten contamination. Sharing a kitchen, a bathroom, a lunch table, and workspace needs to be carefully considered and managed. Most people we work with have heard of CD now that it is has become mainstream, but we find few who understand contamination exposure. Then there are the meetings with snacks and doughnuts, birthday parties with cake, and of course nonoptional company events we have to attend. Here too are the well-meaning people who make sure there is something gluten free(GF) at the gatherings. It is thoughtful but we all have our own tolerance for cross contamination and who knows how that food was prepared. We find the best way to protect ourselves is to be open with the team we interact with daily and bring our own food or just refrain from eating until we are at home. Even a meeting snack can be controlled if there is fruit or GF snack bars in your desk for emergencies. Most importantly, feel that you can say no to events to protect your health, everyone deserves that freedom.

## DATING AND BEYOND

Starting a new relationship with CD can be a challenge. When do you tell the new guy (or girl) about your condition? Will it put them off if you tell them too soon? A lot of dating life is also centered around food and eating. The first date is all too often a dinner, lunch or coffee date. When and how much to tell is all part of getting to know a new dating partner. When that special moment comes, and your new partner is moving in for the kiss! It can kill the moment to have to utter, "um, sorry, but can you brush your teeth first? " And beyond ... We have been lucky enough to find that special person who loves us, and our CD is no big deal. The relationship moves to getting married and perhaps starting a family. That discussion is also very personal and can only be determined by the people involved. But there are considerations regarding children that we may want to discuss openly. There are the genetics component and the issue of potential infertility that accompanies CD. It should not deter you from having a family, but it is good to talk about it. Be open to sharing all aspects of CD with your new life partner.

## LIVING A FULL LIFE

While it may sound overwhelming and it seems impossible, we know many people leading beautiful, happy, healthy, productive and complete lives with celiac disease. Indeed we are among them. We found the key is to be proactive, stick up for one's self, learn and always plan ahead. Knowing the key to our good health is a gluten free diet is empowering because we are in control. There are no drugs with side effects needed. If we stay completely gluten free our health rebounds and we feel terrific. It can take time to negotiate the social landmines we face but we can do it. And it feels great!

## A Twist in the Celiac Disease Diagnosis Tale

August 28, 2018
Why correct reading of celiac disease biopsies can be a matter of life and death
By Amy Ratner, Medical and Science News Analysis, Beyond Celiac - Reprinted with Permission


The New York Times Magazine recently featured a startling column about a woman who was incorrectly diagnosed with celiac disease. It details an unusual twist in the typical celiac disease diagnosis tale, which often is about patients who have celiac disease but are misdiagnosed, sometimes for years, with conditions like irritable bowel syndrome or Crohn's disease. In the case detailed by Times' writer Lisa Sanders, M.D. in the Diagnosis column, a retired nurse was suffering from constant stomach pain, a dozen bouts of diarrhea a day and weight loss of 50 pounds in one year. These symptoms, triggered especially when the patient ate bread and pasta, are often the calling cards of celiac disease. She assumed that was the case and put herself on the gluten-free diet. The fact that she did not have health care insurance prevented her from going to see a doctor.
The GF diet didn't help. When her symptoms worsened, the patient went to the emergency room and subsequently had a biopsy. It showed flat villi, evidence that usually leads to the diagnosis of celiac disease. She shared her theory about having the condition with doctors, and they confirmed she had the genetic autoimmune disease, which affects about 3 million people in the United States. She was advised to continue the gluten-free diet. Although she did follow the diet scrupulously due to her debilitating symptoms, she did not get better. In fact, her health declined to near death, according to the Times' story. Her doctors assumed she was not really following the diet as she claimed and that being "non-compliant" was leading to her demise. When the patient was taken to a second hospital in dire condition, a physician there ordered the blood tests that would show antibodies to gluten if the woman was, in fact, cheating on the diet. When none were found, the doctor's suspicion that the patient did not have celiac disease was confirmed. That meant her biopsy results were incorrectly interpreted.
Workable guidelines. The story holds special interest for Marie Robert, M.D., Beyond Celiac chief scientific officer and a pathologist who reads biopsies in her role at Yale

University. Robert recently published a study that attempts to improve biopsy diagnosis by describing the best practices in the use of the endoscopy and biopsy for patients with suspected celiac disease. The study lays out workable guidelines that can be used in daily practice. "The case described in the Diagnosis column is a great example of bad medical practice and why patients and physicians must be aware of the constellation of laboratory and pathology data that must come together for a correct diagnosis of celiac disease," Robert said. She added that anyone who thinks they might have celiac disease should see an experienced gastroenterologist. "Finally, the patient should insist on duodenal biopsies and also ask their gastroenterologist about the pathologist evaluating that tissue," Robert said. She noted that a gastroenterologist should do the biopsy when celiac disease is suspected, something the story seemed to indicate did not happen in the nurse's case. "That was the first mistake made by physicians," Robert said.

Doctors' dialogue is crucial. Her study recommends that several samples be taken during a biopsy and that physicians share information about patients with pathologists, including symptoms, medications taken by the patient, patient and family medical history, status of the glu-ten-free diet and blood and genetic test results. Meanwhile, pathologists are advised to describe the damage to the intestinal villi to treating physicians when there is a suspicion of celiac disease. The study also notes that pathologists and physicians can avoid over- and underdiagnosis of celiac disease by being aware of the variety of causes of inflammatory changes seen in biopsies and correlating biopsy findings with patient demographics, symptoms, infections and blood and genetic tests. "The diagnosis of celiac disease requires close cooperation between clinical, endoscopic and laboratory practices," the study concludes. "Informed dialogue between the specialties is crucial." The nurse's case demonstrates just how crucial. Ultimately, she was diagnosed with Whipple's disease, a disorder in which bacteria usually fended off by the immune system disrupts the body's defenses and causes the nutrient malabsorption and flattened villi that also signal celiac disease. In a biopsy, the disease is marked by the presence of bacteria-filled cells that don't belong there. Robert says that although pathologists are routinely asked to exclude Whipple's disease, it is a very rare condition. She has only seen one case in her entire career.

## FORMULA




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# Celiac Disease Diagnosis 

## Celiac Disease Diagnosis Could Be Simplified for Those Already on a Gluten-Free Diet

January 24, 2018 Reprinted with permission-By Amy Ratner, Medical and Science News Analyst, Beyond Celiac
Gluten sensitive patients reluctant to eat gluten again could be spared a return to symptoms by a new test under study in Norway.
If you've gone on a gluten-free diet without a diagnosis and would like to find out if you have celiac disease, a blood test now under study could eliminate the need for a gluten challenge and biopsy. Researchers at Oslo University Hospital in Norway are researching a blood test that can detect T-cells that react to gluten whether someone is consuming gluten or not. This immune reaction occurs only in those who have celiac disease. T-cells - White blood cells that function as the body's disease fighting soldiers. The test "identifies patients with and without celiac disease with a high level of accuracy, regardless of whether the individuals are on a gluten-free diet," researchers conclude, though the authors note the test needs to be validated in a larger study. When given to study participants who were following the gluten-free diet, the test correctly detected celiac disease in 97 percent of cases and correctly ruled it out in 95 percent. These participants also all had the gene most commonly associated with celiac disease, HLADQ2.5.

Sensitivity - The ability of a test to correctly classify a person as having a disease
Specificity - The ability of a test to correctly classify a person as not having a disease. The test can "replace (the) gluten challenge followed by (the) biopsy for exclusion of celiac disease in a sizable majority" of patients who have the HLA_DQ2.5 gene, the study says. While most celiac disease patients have HLA-DQ2 or HLA-DQ8 genes, those who have the genes don't necessarily have celiac disease. The genes are found in about 30 percent of the general population and only about 5 percent of those will develop celiac disease, according to the University of Chicago Celiac Disease Center.

## Ruling out celiac disease

The new blood test would be most effective in ruling out celiac disease for gluten-sensitive patients who have put themselves on the gluten-free diet, according to study authors. If these patients get a positive result, they would not need further testing. In a clinical setting, the new test would offer a "faster, more sensitive and symptom-free" method of diagnosis compared to a two- to 12 -week gluten challenge followed by a biopsy, the study says. In analyzing how the test would work best, researchers pointed to a previous study that showed only about 10 percent of gluten sensitive patients with the needed genes and following a gluten-free diet have celiac disease, increasing the probability that the new blood test is more accurate in ruling out celiac disease. Gluten-sensitive patients who get positive test results from the new blood test would still be advised to go through the challenge and biopsy to get an accurate diagnosis according to the study.
"Hopefully, in the future the performance of (the test) can be further improved, allowing the diagnosis to be made directly without the need for an oral gluten challenge" the authors wrote. The study included 62 participants with celiac disease on the gluten-free diet, 60 of whom tested positive using the new blood test. Meanwhile 18 or the 19 participants who were following the gluten-free diagnosis because of gluten-sensitivity tested negative. The new blood test is still in experimental stages, and currently, all patients who have gone on the gluten-free diet have to eat gluten again for an extended period and then have a biopsy to find out if they have celiac disease. Neither available anti-tissue transglutaminase immunoglobulin A (tTG IgA) blood tests or the biopsy are accurate, when someone has eliminated gluten, the trigger for celiac disease from the diet.

Resistance to Eating Gluten Again Many patients are reluctant to eat gluten again because they are fearful it will cause a return of gastrointestinal and other symptoms that caused them to adopt the diet in the first place. In some cases, patients put themselves on the diet and in others, they are advised to do so by physicians even though celiac disease tests then become inaccurate. Celiac Disease researchers are working on ways to shorten or eliminate the gluten challenge to address patients' concerns about eating gluten again before they can be correctly diagnosed. It's estimated that $83 \%$ of celiac disease patients remain undiagnosed, some of whom have identified themselves as gluten sensitive and gone on the gluten-free diet on their own. For example, Immusan T, a Massachusetts biotechnology company, is developing a blood test that would detect the earliest effects of gluten and would require those on the gluten-free diet to eat gluten only one time in order to be accurately tested for celiac disease. In addition to diagnosis for patients who have gone on the gluten -free diet, the Oslo University researchers theorize their new blood test could be a "new and less invasive supplement to existing tests" for those who are still eating gluten. For most patients in this group, a positive tTG blood tests followed by the biopsy are likely to continue as the "gold standard for celiac disease", but in cases where a biopsy is not possible, the new test could potentially be used for diagnosis. Ten study participants with celiac disease who were still eating gluten were tested and correctly identified $100 \%$ of the time. These patients had positive results from tTG blood tests and were waiting for the biopsy to be performed so they had not started the gluten-free diet. The new blood test might also be used to help identify what's sometimes called "potential celiac disease", where a patient has positive results on standard blood test, but negative biopsy results. Used with tTG tests, positive results of the new blood test could help predict when celiac disease might develop and open a window for early therapeutic intervention, according to the study.

## Staying Heart Healthy and Gluten-free

Contributor: Dr Jennifer Zelin is a family doctor practicing in Charlottetown, Prince Edward Island. She has a special interest in celiac disease and is a former recipient of the JA Campbell Young Investigators Award and currently participates on CCA's Professional Advisory Committee.

## Source: CCA website www.celiac.ca



## Picture Source: nnm.net.au

Here are some tips on how to take care of your cardiovascular health at the same time you recover and thrive from your celiac disease. Having celiac disease can make healthy eating a challenge. The dietary restrictions of a gluten-free diet, and the symptoms from recently diagnosed celiac disease, can make it difficult to choose healthy dietary options and maintain physical fitness.
Exercise regularly - even if you are feeling unwell as your recover from the damage done by eating gluten before your diagnosis. Gentle exercises like walking, cycling, cross-country skiing, snow-shoeing or swimming are excellent choices as you get started. Daily physical activity will make you feel better and help all health conditions, and reduce your risk for cardiovascular disease. Be careful that you do not overdo it, and only exercise at the level to get your breath and heart rate mildly elevated, not out of breath.
Look for gluten-free whole grains instead of simple starches. This can mean brown rice, buckwheat, quinoa, or millet, as opposed to products made with starches or refined grains.
Limit snack foods, sweets, alcohol, and salt, or have these in moderation. As you become an expert in reading food labels for "gluten-free", also check the sodium, sugar, and caloric values in the foods you eat. Just because something is labelled "gluten-free" it does not mean it is healthy.
Exercise such as light walking is great for your heart.
Eat whole foods as much as possible, choosing home prepared meals over convenience or fast foods. It is so easy to buy prepared gluten free foods these days, but they are as unhealthy as their gluten counterparts

Exercise regularly. If exercise was a pill, every doctor would prescribe it to every patient.
Do not smoke cigarettes or marijuana, and drink alcohol in moderation. There is no known safe level of smoking, and alcohol should be restricted to 1-2 standard drinks per day for women (maximum nine drinks per week) and 2-3 standard drinks per day for men (maximum fourteen drinks per week). If you have trouble quitting smoking or recreational drug use, or reducing your alcohol consumption, see your doctor or consider addictions counselling.

Maintain a healthy weight and percent body fat. These can be determined by your family doctor or a dietitian and can be achieved with a combination of healthy diet and exercise (there's that exercise again!).
Get enough sleep. If you snore, get tested for sleep apnea. Poor sleep and apnea can cause or worsen high blood pressure, blood sugar abnormalities, and obesity, all risk factors for heart disease and stroke. If you have trouble sleeping, talk to your doctor. And start exercising.
Practice relaxation and stress-reduction techniques, such as meditation, tai chi, yoga, or gentle exercise (there it is again!). Elevated levels of stress may worsen blood pressure, diabetes, and risk for heart disease and stroke. Consider mental health counselling if you are having difficulty with your mood or anxiety levels and discuss it with your doctor.

See your doctor every year for celiac checkups, and see if you need to have your cholesterol, blood pressure, and blood sugars monitored.

If you have high blood pressure, take your medications as directed, and check your blood pressure occasionally in between doctor appointments to make sure your blood pressure readings are not too high or too low.

If you have diabetes, you are at increased risk of cardiovascular disease. Work with your doctor and dietitian to maintain your blood sugars, blood pressure, cholesterol, and urine protein in a healthy range. It is an extra challenge to maintain a diabetic diet with a gluten free diet, but most of the principles are the same.

Did I mention exercise? Yes, go exercise.
Check all your medications with your pharmacist to ensure they are gluten free.

Always take your medications as directed by your doctor and pharmacist and discuss any side effects or concerns with them before changing the medication, stopping the medication, or altering the dose.
Exercise. Why not right now? If you are able, go for a 10minute walk and think about this article.


# Beyond Celiac - 2nd Annual Research Symposium 

Summary notes by Val Vaartnou
Alice Bast introduced the event on October 10, 2018. Community is important. We need information, access to and the development of research to cure celiac disease. The symposium panel answered questions regarding the current state of research into celiac disease. Panel members were:


Beyond Celiac Chief Scientific Officer - Dr. Marie Robert Professor of Pathology and Medicine at Yale University.

Dr. Claran Kelly, Harvard University
Dr. Maureen Leonard, Harvard University
Dr. Steven Miller, North Western University. PhD
How close are we to have a medicine for Celiac Disease?

Clinical research into Celiac Disease is a new phenomena over the past 10 years. Study design has been defined and outcomes to be measured have been identified. Larozetaid Acetate is expected to go Phase 3 trials, while, immunotherapeutic research has just started.

Money, money and money is the issue for completing research into celiac disease. Clinical research funding is very difficult to obtain and Celiac Disease funding is not a priority with the NIH and pharmaceuticals. We are at the pioneering stage and this makes it very difficult and risky to get funding. A political approach is needed. Enrolling patients to take part in trials is also an issue.

## Is a gluten challenge a necessary part of Celiac Disease research?

No. A gluten challenge is required for early stage research into Celiac Disease. Proof of concept studies require a gluten challenge. A gluten challenge is not a real world situation. Not everyone wants to take a gluten challenge. It is not required for later Phase research.

Immunological trials in the early phases have been done on mice where they induce regulatory cells specific to gluten. To ensure methodology works a gluten challenge is required. There is not a good animal model for Celiac Disease. People who have no or few symptoms when they ingest gluten are best to take part in studies. Those who react violently are not good subjects.

Can new findings in celiac disease research help in other immune disorders?

Yes, in celiac disease the environmental component gluten is known; the sequence of the proteins that are acting as antigens are known; and, genetics, as well as the activation of the T cells in the disease are understood.

## Using the microbiome to predict the activation of CD? What is the microbiome?

Microbiome is the collections of organisms that live on or in the body. The intestinal microbiome is focused on. It contributes to the development of the immune system and the digestion of nutrients. By age 3 the microbiome is stable. Understanding the development of the microbiome may steer the individuals to health. The microbiome plays a role in the prevention and development of disease, however, there are many association studies. CD patients have different community members in the microbiome. Is the difference because they have the disease or did it change because of the disease?

Technology allows us to study the microbiome today. There are trillions of bacteria in total in the microbiome. These bacteria interact and modulate immune responses. The field is in the infancy and interventions are just starting to be developed.

## What is the deal with probiotics?

A prebiotic feeds the bacteria. A probiotic today is at the species and strain level. There are only a few species available on the market yet our gut has thousands of strains. Research and what is available are very far apart. In specific conditions probiotics are very useful. For example if antibiotics are taken, use of a probiotic seems to help the situation. If people feel better taking a probiotic, there is no research to say that probiotics will hurt the individual.

## How do environmental factors affect Celiac Disease?

C-section, breast feeding, early introduction of grains were found not to affect Celiac Disease. There is conflicting research - be open and sceptical. There are too many unknowns.

## CDGEMM Study for Celiac Disease

Integrating environmental factors, gut microbiome and determining the triggers to CD is the purpose of the CDGEMM study. $40 \%$ of the population have the genetics. Why do only some develop CD? Why at a certain age group? They are following those with high risk of CD and monitoring them throughout the lifetime to see when they are diagnosed with CD. Can we shift their health? Hope is to intervene before the disease occurs. What contributes to that signal and leads to the development of CD? Metabolomic: chemicals that the microbiome is producing. What is the function, what metabolites are involved, how are metabolic pathways turned on or off? Metagenomic sequencing sees the microbiome functioning and the impact on the body.

## Beyond Celiac - 2nd Annual Research Symposium

There is a lot of data. Infomatics allows to chew through all the data. Collaborating is occurring between universities (Harvard, Maryland) and artificial intelligence is used to look at the data. Goal is predict celiac disease. The study has preliminary data and it will take many years. They are currently looking for infants under 6 months to be involved.

## Specific Immunotherapy to treat CD

How common are autoimmune diseases? Collectively within the top 2 or 3 disease entities: MS, Type 1 diabetes, rheumatoid arthritis are examples of autoimmune diseases. There are approximately $80-100$ autoimmune diseases. Many diseases have autoimmune components. Brain tissue from epileptics has been shown to have autoimmune tissue. Inflammation is directed against any organ or cellular tissue in the body. Autoimmune and allergic diseases are growing exponentially. This is thought to be a result of the hygiene hypothesis. When we had less good hygiene and were exposed to microbes we were better protected against many types of disease.

For example a village in Finland, had a prevalence of Type 1 diabetes. Yet a Russian village not far away, that had no water treatment, had no Type 1 diabetes.
Gastrointestinal infections could be playing a major role in triggering CD. It is known to be a multifactorial problem: genetic propensity, triggered by infection caused by multiple microbes and perhaps sex differences (females are much more susceptible.)

## Why is CD a useful model to help understand other autoimmune diseases?

We know what the trigger to $C D$ is - gluten. $A$ lot of $C D$ patients avoid gluten - epitope spreading can release multiple self antigens that get recruited into the response. These patients continue to have symptoms. Why?

## Nanoparticle therapy

Antigen specific therapies for autoimmune diseases are being developed. Immunosuppresive drugs dampen the response, but they make the individual less able to respond to everyday infections. MS is autoimmune response is against myelin. To eliminate the immune response specifically against the myelin is the challenge. Target the suppression and get to the root cause of the problem. In CD we know the trigger - gluten. Immunological tolerance against gluten and we can take away the inflammatory stimulus. If we encapsulate, fragments of the proteins (peptides), like gliadin into the nanoparticles. In animal models, we have injected these nanoparticles intravenously. The regulatory T cells are induced and shut down the reaction to gluten.

## Test for CD - replace the tTG 6 week challenge

A new test is being worked on that detects T cells in blood that respond to gluten. Only a 2 day gluten challenge required. Tests are not approved as yet.

## CD impacts on the brain

Opioid $X$ theory is the gluten peptide resembles an opioid and can bind to cells in the brain. This is an inflammatory process and permeability of the brain is impacted. The microbiome may play a role and metabolics are signalling the brain. How is this happening? Lots of questions to be answered.

## CD Is different to everyone.

Some have no symptoms while others cannot walk by a bakery without being impacted. CD related problems in other organs. Challenge of CD is its diversity. Are there theories as to why this is the case? Inflammatory cells programmed to different parts of the body or is it where the damage in the intestine that determines where the impact and inflammatory response will be?

## Is CD correlated to viral infection?

Research suggests there may be for some. Molecular mimicry is known to cause a cross reaction.

## Gluten-free diet to prevent CD?

No, pre-emptive testing is a much better approach. From an immunological point of view having some gluten may be preventative.

Support and participate in CD research! No research can be done without participation. The microbiome research is in its infancy. There will not be one factor but many factors that impacts CD and makes the disease so diverse.

## Get Ready for Cannabis Beer!

## Courtesy of Mark Johnson, President CCA Ottawa Chapter



Picture courtesy of Province Brands
According to numerous sources, scientists in Canada are working on marijuana beer. Canadian company Province Brands, out of Toronto, has filed a provisional patent for "the world's first beers brewed from the cannabis plant". And they will be gluten free!

While there are already beers and wine out there that are laced with cannabis, this will be a first in that it will be entirely brewed from cannabis. The company says its product will be "alcohol-free, yet highly intoxicating", and low in sugar and calories. And no gluten - instead of barley, the beer is brewed from the stalks, stem and roots of the cannabis plant which offers the added benefit of using what is essentially a waste product for the industry.

According to company spokesperson Dooma Wendschuh, "The flavor is dry, savory, less sweet than a typical beer flavor. The beer hits you very quickly, which is not common for a marijuana edible." After various "horrible ... rotten broccoli" taste-test rounds, the flavor was perfected with the help of a chemist. They eventually hit on the right combination of hops, water, yeast - and cannabis. The aim is to create a product that, when consumed, will be roughly equivalent to a single dose of alcohol.

In the early 2000s, Canada became the first country to legalize medical marijuana and, as you likely know, the government is very close to legalizing cannabis, including edibles and beverages. By sometime in 2019, all the above should be legal. While pot is already legal in several US states, the situation is tenuous, with the federal government strongly opposed, whereas in Canada, the consensus seems to be that this is the right way forward.

And it won't just be beer! The company wants to also spin off, according to a Winebusiness report, "to make alcohol-free cannabis drinks like sodas, coffees and fruit-based drinks." At Canopy Growth, North America's first publicly traded cannabis company, researchers are already developing a line of cannabis-infused cocktails.

The cannabis industry in the US alone was worth almost $\$ 7$ billion in 2016, with industry experts projecting it to rise to $\$ 50$ billion by 2026.

## Sources:

https://www.forbes.com/sites/thomaspellechia/2018/02/08/cannabis-beer-soon-to-be-available-in-canada/\#1c240ce73f6c https://www.highsnobiety.com/p/cannabis-beer-canada/
https://www.theguardian.com/world/2018/jul/22/it-hits-you-very-quickly-canada-brews-first-cannabisbeer?CMP=twt gu\& twitter impression=true

##  <br> YOUR GLUTEN FREE WARRIORS ARE HERE!

We offer a weekly menu created with a balance of lean protein, low glycemic carbohydrates \& tasty veggie combinations.

Entirely gluten free and sinfully delicious!

Let's conquer this together.
Your body will thank you!


## Enter code \#GLUTENWARRIOR at checkout and receive $\$ 20$ credit towards your first purchase!

## Featured Local Business: Chick Pea

Submitted by Val Vaartnou


This month I had the pleasure of interviewing Rotem Tal and Itamar Shani, the owners of Chickpea.

In October, our Chatty Celiac group had looked forward to trying a relatively new Vancouver plant-based food restaurant, Chickpea. Despite having phoned several times to ensure they could accommodate celiacs, we were very surprised to find that the server felt due to cross contamination, they could not meet our needs. This was not a pleasant experience, but it was one that was a learning experience. When you are unsure that your food is going to be safe, it is best to be safe and use your feet to find something more suitable. The server had been very courteous and seemed very concerned about our well being. Although disappointed we enjoyed a lovely meal at Meet on Main, where we had dined previously.

The following day, the owners of Chickpea followed up with Lizbeth Wall, our Chapter President, to ask what had happened, the prior evening. They were obviously concerned. Liz, met with them in person and as it turned out, they could have easily met our celiac needs. Server knowledge had been the issue and Rotem and Itamar were very willing to rectify the situation. Liz provided information on Celiac Disease that they were going to use to help train staff. The
fact they cared about the service we had received was much appreciated. I followed up with them to learn more about their restaurant.

Food has always played a major role in Rotem Tal \& Itamar Shani's lives. Originally from Israel, they both experienced the fresh, spicy, homemade flavours of the Mediterranean first hand.

As boys, before ever meeting, they each separately began experimenting with their own cooking styles.

Rotem, a rugged traveler at heart, left home at the age of 22 in search of new culinary experiences. His travels took him from India to Australia, Amsterdam to Thailand, and many places in between. When he finally arrived in Vancouver, he fell in love with the mountains, yoga classes and the laid-back atmosphere and decided to stay.

At the same time, Itamar, a self-taught chef and Renaissance man, began cooking up new fusion dishes, incorporating many of the techniques he learned from working at Israeli restaurants.


At the age of 24, Itamar, his beautiful wife Jordana and their cat Wesley moved to Vancouver to be with family and take advantage of the healthy West Coast lifestyle. Jordana met Rotem at the non-profit that he was working at and they soon became friends and shared their love of food.

Although Rotem and Itamar loved their life in Vancouver, they both felt something was missing. Working at various jobs unrelated to food, they yearned for a proper hummus or falafel place in the city.

In order to fill the gap, they each began cooking their own Mediterranean dishes at home and sharing them with friends and family. Each one dreamed of opening a restaurant with a cozy, funky BC atmosphere that featured delicious plant based Israeli food.

## Featured Local Business: Chick Pea

Their mission was to provide a safe place for everyone to eat.

In 2016 and a lot of hummus later, the Chickpea Food Truck was born. You can find the truck downtown during the week and cruising through festivals, farmer's markets and local breweries on the weekends.

Following the great response to the truck, in the Summer of 2017, a storefront was added to the Chickpea mix. Nestled in the bumping Riley Park neighbourhood, the restaurant is a great addition to Main Street.

Both Rotem and Itamar believe in connecting with the world through people's stomachs. Using wholesome ingredients, prepared with love, Chickpea is quickly changing up the plant-based scene in Vancouver.

Their mission was to build a safe, inclusive atmosphere to eat and enjoy family and friends. The menu would "build the DNA" of the venture. They started researching the ten most common allergens and used the gluten-free chick pea and chick pea flour as the replacement for many of the common allergens, so all would feel welcomed at their restaurant.

Although their kitchen is not 100\% gluten-free, there are only a few items that contain gluten and they are kept separate from all gluten-free ingredients. A separate area and where required a frying pan are used for their pita bread, sausages, baklava and carrot cake. Any pita bread on the menu can be substituted with chickpea fries for a small fee. When someone identifies themselves as being celiac, the staff are to wash their hands and put clean gloves on to avoid any cross contamination. Again, safety and care for everyone is at the root of their service.

Staff education is a challenge, especially when servers are just starting.

I noticed something different on their menu - kefir water. When I asked what it was, they said that it was on the menu thanks to lovable, hippie-farmer friends in Oregon. Kefir is a grain. The kefir water was unlike anything they had ever tasted before. Their friends passed on their knowledge and Chickpea experimented to come up with their own recipes.

Today, when you take a sip of Chickpea's Kefir water, you're not just drinking an incredibly healthy mixture of probiotics, vitamins, minerals and amino-acids, you're drinking up years of friendship, passion and a small attempt to leave the world a little bit happier and healthier than it was before. Their menu is healthy with a good mix of protein, fibre and vitamins.

During the day, the restaurant caters to local families with a kid's area and at night, the kid's area is replaced for family
and friends dining. Rotem and Itamar have learned that by putting their heart and soul into the business, their dreams come true. They are growing with the community and businesses in the area. They consider themselves, not just a restaurant, but part of the culture of the area and part of the need of belonging to the community. Expansion will be in the future, but only one chickpea at a time.

They would not change anything that has happened to date. They have learned from their mistakes and appreciated their successes. They would not be where they are today if it were not for the journey. They are expanding by adjusting to meet the needs of the community. They cater for weddings, birthday parties, office staff parties, and several organizations that are community driven. Come visit the restaurant at 4298 Main Street or check out the food truck ( truck locator) and help change the world one chickpea at a time. Because the world needs more Chickpeace!


Restaurant 4298 Main St.

Food Truck
M-F from 11-3 884 W. Cordova

Catering catering@ilovechickpea.ca

Follow us
@ilovechickpea

# 10 Communication Strategies to Decline GF Food 

By Selena De Vries, RD - Reprinted with Permission<br>Published June 29, 2018 /in Gluten-Free News Celiac Scene /<br>Having to turn down well-intentioned family member's gluten free food or interrogate family members or friends on the ingredients used to make a gluten free dish, is by far, the most dreaded conversation a celiac will encounter. Am I right? I know this topic tops the list for me, hands down, for sure.

About Selena De Vries, RD


Selena is a Registered Dietitian living with celiac disease who helps individuals that struggle with digestion find food freedom. At Healthbean Nutrition, Selena understands that celiac disease not only effects our physical health but also effects our emotional health. As such, Selena uses an integrative approach in the management of digestive health conditions. She offers free group support for those with celiac disease/gluten sensitivity as well as offering nutrition coaching for digestive health conditions. Services are offered both online and in the beautiful Okanagan valley.

Get Selena's Top 21 Simple and Energizing, Gluten Free Snack Ideas Delivered to Your Email!

It's awful when friends or family have put in so much time and effort and then you find out that you need to tell them that, unfortunately, you cannot eat it. You know you need to decline the food item for your health but coming up with the right communication can be very difficult.
Here are 10 communication strategies you can use to politely decline risky, gluten-free food.

## Situation \#1:

Potluck dinner or BBQ with friends stating "oh yes, it is gluten free. Not to worry, you can have some" or "This is gluten free, you need to try it!"

Communication strategy \#1: "Thanks. It certainly looks good." Or, "Yes, it does look delicious!" (bypass the whole celiac conversation and keep walking past the food item or get up and leave your current location and grab a glass of water or drink and go back to your spot.)

I use this strategy ALL the time. Sometimes, I don't want to talk about celiac. I get sick of always having to talk about cross contamination and the importance of the GF diet. I know you guys can relate too!
Communication strategy \#2: "I have celiac disease and even tiny, tiny crumbs of gluten can make me very ill. I have a (insert family function or work event) tomorrow and I really can't afford to be sick for it. But, thank you!"

Communication strategy \#3: "I have celiac disease and food even cooked on the same surface or cut on the same surface as gluten containing food is enough to make me very sick for
days. So, l'd rather not chance it. It certainly does look good though!"

## Situation \#2:

Family lunch/dinner made by family members/friends who do not take celiac and the gluten free diet seriously.

Communication strategy \#1: "I brought my own meal and/or ate before as I got quite sick last time and it took me a few days to get back to feeling like my old self (you can say this even if you do not develop typical symptoms). I'm happy to just come see you guys and catch up on visiting! Next time, we should do the dinner at my place. Would you be interested in coming over and helping me make the dinner?" If they agree, it is a good chance to help provide education on the GF diet and introduce them to some of your favourite GF products.

Communication strategy \#2: "We actually can't make it on (insert date of family dinner event). We are free, however (insert another date). How about we do the dinner at our place instead at (insert time). It would be great if you can come over and help make it too. Are you available? If not, we will see you on (insert date and time)." If they agree, it is a good chance to help provide education on the GF diet and introduce them to some of your favourite GF products.

Communication strategy \#3. "You can think of celiac disease like a peanut allergy but with gluten instead. The difference is that you can visibly see the reaction with a peanut allergy. With gluten, you cannot see the severity of the reaction from the outside, but it's still doing the damage on the inside. It's hard to wrap your head around it, if you can't see it, I know. But, as you can imagine, I really can't take the chance with residual amounts of any gluten crumbs and I just can't risk it."

Communication strategy \#4: "We can't make it, unfortunately. But, we are doing a games night on (insert date) (or see this post on other activities you can do with family and friends that do not involve food). We would love to have you, can you make it?"

Communication strategy \#5: "We can't make the dinner as we are busy until (insert time). But, are you guys playing cards or going for a walk after dinner like you usually do? Because I think our event will be over by (insert time) and we could pop by after for a bit."

## Situation \#3:

## Friend made you a GF baked item for your birthday.

Communication strategy \#1: "Thanks. It looks delicious!" (Bring it home and give it to your non-celiac family members).
Communication strategy \#2: "Celiac is like another level of gluten free. It goes beyond gluten free ingredients and includes avoiding cross contamination with things like using dedicated baking equipment and, often, a fully gluten free kitchen. It can be overwhelming even to me! So, I certainly don't expect others to bake that way for me. But I definitely appreciate the effort. Thank you so much!

## Myth Busters

## Contributed by Amy Leger of www.thesavvyceliac.com

## Does coffee contain gluten?

No, coffee is safe for people with celiac disease to consume, per Dr. Stefano Guandalini. *As a side note I would add, if you are adding multiple flavors and additives to your fancy coffees, you will need to check on those.

## Gluten makes you fat

Technically no it does not. Claims from books like Wheat Belly are incorrect, per Dr. Stefano Guandalini. *He did add you may want to check your lifestyle if you are concerned about your weight.

I can have genetic tests done to confirm my non-celiac gluten sensitivity

No, you can't. There is no gene to test for NCGS, per Dr. Stefano Guandalini. *Don't let a company or medical practitioner convince you otherwise.

I can eat gluten and just take an over-the-counter glutenase product and I won't get the effects of the gluten.
tective barrier to keep gluten from permeating into the body. The same holds true for hair follicles which have a protective barrier. A break in the skin will allow absorption.

## Celiac caused my eczema because it improved on a

 gluten-free dietActually, the gluten-free diet may have helped the eczema, but celiac doesn't cause eczema or psoriasis according to dermatologist John Zone. If you are in an inflamed state (after eating gluten perhaps), your other skin condition (like eczema or psoriasis) could flare up. Dermatitis Herpetiformis is the skin condition treated by the gluten-free diet. You must ingest gluten for DH to appear. According to Dr. Zone, gluten touching the skin will not prompt a DH reaction.

## I work in a bakery, but I don't eat the gluten-containing

 food. I am okay.That may not be okay. Dr. John Zone, a dermatologist, says he has seen cases where celiacs can get sick from breathing in large amounts of gluten in the air. What you breathe (like flour in the air at a bakery) is often ingested. While it is not all that common, it can happen.

Wrong. There is no evidence that the current glutenasestyle products that are available on the market right now work, per Dr. Stefano Guandalini.

## People with celiac are always thin

This is a serious myth that I know even medical practitioners believe. According to Melinda Dennis a Registered Dietitian at Beth Israel, $40 \%$ of people diagnosed with celiac are overweight at their time of diagnosis. $4-5 \%$ are underweight.

I will lose weight on the gluten-free diet
Again, wrong. Overall, according to Melinda Dennis, RD, most patients tend to gain weight when their gut heals, and they can absorb nutrients again. Better absorption of food + same caloric intake $=$ weight gain .

My tTG test is in the normal range after going gluten free. My gut must be healed!

Unfortunately, that is not the case. Melinda Dennis, RD says research shows $30-60 \%$ of celiac patients on a glutenfree diet still have damage to their small intestine.

All my cosmetics, lotions, hair products must be gluten free because the skin absorbs gluten

No. Dr. John Zone, who is a dermatologist says the skin has stratum corneum which is like a "Saran Wrap" or a pro-
 ThankYou

## VOLUNTEERS NEEDED

Do you have a few hours to help out for these worthy causes? If so, send us an email at info@vancouverceliac.ca or contact us at 604-736-2229.

Restaurant Information - Do you go out to eat and would you be willing to provide information to the restaurant regarding the Gluten Free Food Program and safe dining for celiacs? If so, please provide your name and contact information and state you are interested in communicating to restaurants. We would like to distribute information during 2019.

Care Homes - In 2019 we would like to do a test of contacting Care Homes with information about serving individuals who have Celiac Disease or gluten sensitivity. If you are interested in assisting with this, please provide your name and contact information and state you are interested in communicating to Care Homes.

Assist with the Newsletter - Find interesting articles/ topics and assist in writing of articles for our quarterly Celiac News.

## Thank You to Our Volunteers!

Help one another; there's no time like the
community
celebrate
Handon present and no present like the time. ~James Durst

The Canadian Celiac Association - Vancouver Chapter has no paid staff! Everything we do is a result of the generosity and kindness of our volunteers. This year we would like to thank all volunteers who gave of their time to help others.

| Amy Romanas | Jessica Mooney | Paul Magnus |
| :--- | :--- | :--- |
| Andrea Muzzin | Jessica Pirnak | Phyllis Lane |
| Betty Wong | Julie Clement | Pushpa Kapadia |
| Cathy Tostenson | Julie Luciani | Sarah Makepeace |
| Cynthia Loveman | Liz Kennedy | Shirley Lawson |
| Doris Duncan | Lizbeth Wall | Susan Braverman |
| Eugenia Mooney | Luisa Cecconello | Ute Tindorf |
| Geraldine David | Lynda Neilson | Val Harding |
| Gloria McCormack | Mary Hart | Val Vaartnou |
| Jane Skipsey | Melanie ter Borg |  |
| Jasmine Sidhu | Mollie Clement |  |

## Schedule of Events

## Cookie Exchange

When: Sunday, December 2nd, 2018 (1p.m. - 4p.m.) Where: Tommy Douglas Library, 7311 Kingsway, Burnaby

Special Guest Speaker: Pam Baxter, President of the Small-Scale Food Processor Association. See poster in this newsletter for details.

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SMALL SCALE
FOOD PROCESSOR
Association
SSFPA
```


## Annual General Meeting - Canadian Celiac Association - Vancouver Chapter

When: Sunday, February 10, 2018 (1 p.m. - 4 p.m.)
Where: Tommy Douglas Library, 7311 Kingsway, Burnaby

Watch monthly updates for details of meeting.

## Gluten Free Expo

When: Jan. 12 - 13, 2019; 10:00 am - 4:00 pm
Where: Vancouver Convention Center, East @ 999 Canada Place

Online Advanced Ticket Prices (until January 11th):

- Day Pass: \$12
- Weekend Pass: \$20
- VIP Weekend Pass: \$39

Box Office Prices at the Door:

- Day Pass: \$15
- Weekend Pass: \$25
- VIP Weekend Pass: Not available at the door

my
gluten-free

CANADIAN
CELIAC
ASSOCIATION


## CCA-Vancouver Chapter and National

## Board Highlights - CCA - Vancouver Chapter - August to October 2018

- The Board determined how the funds raised through the Scotia Bank run would be spent. Cheques were issued to: CCA National for the J A Campbell Research Fund, \$12,000; CCA National, \$3,000 for operational projects; Contingency held for other programs, $\$ 2,000$ (if unspent by year end, the funds will be sent to the J A Campbell Research Fund.
- The Vancouver Chapter will redo the promotional pullups for conferences and create tablecloths with the CCA logo and name also for conferences. Susan Braverman, President and owner of The Flag Shop has kindly volunteered her company's services to the creation of these promotional materials.
- Strategic Planning sessions were on two Sunday's this fall. Susan Braverman, President of the Flag Shop volunteered her time to facilitate these sessions. Revising the mission, vision and priority objectives for 2019 is the goal of these sessions. Thanks, Susan, for all your support!
- Chatty Celiac dinners were held at Iki Sushi, Meet on

Main and Taman in Burnaby.

## CCA National Update Membership and New Address

Members have had some difficulty renewing their membership. CCA National has worked with a technology consultant to streamline and improve the online member renewal and join pages in response to appreciated feedback.

Members are welcome to login and verify and update their address and email information on file with us. The web page is directly connected to the member database. There are steps for members to be able to retrieve their UserName and Password of they have forgotten them.
The CCA National office can be reached at:
Phone: 905.507.6208 Toll Free: 1.800.363.7296
Website: www.celiac.ca
Please note that they are moving! As of January 1, the new address will be 1450 Meyerside Drive, Suite 503, Mississauga, ON. L5T 2N5


## Awesome Breakfast - Wholesome Snack <br> Delieious Nutritious Celiae-Friendly Granola and Bars

Ingredients: organic quinoa flakes, organic peanuts, almonds, pasteurized Canadian honey, organic sulphur-free coconut, organic pumpkin seeds, organic Thompson raisins, organic sunflower seeds, cranberries, pure olive oil, sea salt. Nut-free versions are made on separate days with dedicated equipment.

Proud Sponsor of the CCA - Vaneouver Chapter
On-line store is closed, order by phone and email. Free shipping min. $\$ 39.00$
Available at select stores, see the web site
www.cascadiaglutenfreefoods.com 604-779-0483

From
Your
Leaders

## Messages From Your Leaders

Clarification: In the September 2018 Celiac News we recommended $44^{\text {th }}$ Street Ribs. The ribs that were confirmed to be gluten-free were the $44^{\text {th }}$ Street Ribs, Texas BBQ Style. These are GF however not all their ribs are glu-ten-free. As always, it is important to read the ingredients list, to ensure you have the gluten-free ribs.
North Vancouver Brunch: Eugenia Mooney will coordinate a brunch in North Vancouver where Jessica Pirnak, Registered Dietitian will be there to answer your nutritional questions.

Where: The Landing in the Pinnacle Hotel 138 Victory Ship Way, North Vancouver

When: January 19, 2019 at 11:00 am
Please contact Eugenia at 604-985-0719 by Wednesday, January 16 so she can make the reservations.

## Drop-In Groups

Chilliwack Drop-In - First Saturday of each month. Location changes each month. Contact: Geraldine David 604-792-2119 or gdavid@uniserve.com

Powell River Drop-In - Contact: Liz Kennedy: lizkennedy@shaw.ca or Val Harding: valhar@shaw.ca for location and time.

Richmond Drop-In - Second Monday of each month at 6:30 pm. The meeting is at Waves Coffee House in Steveston on Bayview and $1^{\text {st }}, 12311^{\text {st }}$ Ave, Richmond. Contact: Val at val vaartnou@telus.net. Tea, coffee and gluten-free cookies are available for purchase. There will be no meeting in December 2018.

South Surrey Drop-In - Meetings are the $3^{\text {rd }}$ Tuesday of each month, starting at 6:30 pm at the South Surrey Choices, 3248 King George Highway, Surrey. Please contact Pushpa Kapadia at pushpakapadia@gmail.com or phone her at 604-721-0098 to let her know you will be attending the meeting.

Vancouver Drop-In - Meetings are the second Thursday of each month at 6:30pm. The Gluten Free Epicurean - 633 East 15th Avenue, Vancouver, BC Contact: Val at val vaartnou@telus.net . Tea, coffee and goodies are available for purchase. There will be no meeting in December 2018.

Contacts for Newly Diagnosed in areas where there is no Group Meeting:

Abbotsford: Ute Tindorf will continue to support newly diagnosed in Abbotsford. If you are newly diagnosed and would like the assistance of someone with many years of being and supporting celiacs', contact Ute at 604-853-2610 or email at utet@shaw.ca .

North Shore Drop-In - Eugenia Mooney will meet those who would like help with the gluten-free diet or who have questions. Please contact her at 604-985-0719 to set up a convenient time and place to meet.
Eugenia also has a brunch meeting the first Saturday of every month. If you would like to attend call Eugenia for the details of the location, as it changes monthly.

If you have any questions, you can also phone our help-line at 604-736-2229 and leave a message and a volunteer will get back to you. The purpose of our helpline is to offer support to newly diagnosed celiacs and those who are having difficulty with the gluten-free diet. If you just feel the need to talk to someone with the same illness who has been on the diet and living well as a celiac, please leave a message with your name, phone number and a brief description of your inquiry.

# CLOUD 9 

## Only You'll Know It's Gluten-Free.

Whether it's from our pre-made mixes or a creation of your own made with our unique blends, we strive to deliver delicious in every bite you make with Cloud 9.

PICK UP CLOUD 9 AT YOUR FAVOURITE GROCERY STORE AND CONFIDENTLY MAKE GLUTEN-FREE THAT YOU'LL BE PROUD TO SERVE TO ANYONE.


Visit us at the Gluten-Free Expo-Booth 312


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[^1]:    www.silkeliciouspartytrays.com

