Canadian Regional Meetings

Editorial
Regions, Challenges and Awards

Topical Medical Issues
Canadian Regional Rheumatology Meetings
The Northwest Rheumatism Society
The Canadian Pediatric Rheumatology Association
The Laurentian Conference of Rheumatology
The Ontario Rheumatology Association
The Quebec Association of Rheumatologists
The Society of Atlantic Rheumatologists
The Western Alliance for Rheumatology

2005 Awardees
2005 Young Investigator: Robert Ferrari, BSc, MD, FRCPC
2005 Distinguished Rheumatologist: David Hawkins, MD, FRCPC
2005 Distinguished Investigator: John Esdaile, MD, MPH, FRCPC

CRA Interim Statement About Anti-inflammatories, March 2005
Early Inflammatory Arthritis Cohorts in Canada
The Federation of National Specialty Societies of Canada (FNSSC)
Provincial News (Vancouver Island)
Campus News (University of Manitoba)

The CRAj is online! You can find us at: www.stacommunications.com/craj.html
The CRA is pleased to announce the launch of AIR (Assessment In Rheumatology program).

AIR will provide you, CRA members, with a unique opportunity to:

- Learn more about your daily practice
- Compare collected information to that of your peer community
- Record and access data confidentially

State-of-the-art Software

Using a Personal Digital Assistant (PDA), you will be enabled to:

- Follow a comprehensive step-by-step questionnaire format
- Track and compare practice patterns
- Record referral and treatment history for New and Follow-up RA patients

Foundation for Change

Aggregate information collected will help you and the CRA develop strategic solutions:

- For future initiatives within government and hospitals
- To support resourcing and patient care
- Helping provide overall improvements within Rheumatology!

Enroll today at: www.cra-scr.ca

The AIR program falls under Section 5 of the Continuing Professional Development framework. Participating physicians earn Maintenance of Certification Credits (2 credits/hour) from the Royal College of Physicians and Surgeons.

The AIR program has been sponsored by an unsolicited educational grant from Amgen Canada Inc. and Wyeth Pharmaceuticals.
The annual meeting of the Canadian Rheumatology Association (CRA) had a record attendance in excess of 380 people this year. Many Canadians also attended the American College of Rheumatology in the autumn. It is hard to imagine that with the large attendance at these two important meetings there would be much need or time for more educational retreats. However, the tremendous success of the Canadian Regional Rheumatology Meetings clearly proves this not to be the case. In this issue, each of the Canadian rheumatology meetings, from coast-to-coast, is profiled (pages 4-14); and I sense more than a little pride and competition between these events.

The CRA annual meeting was a great success educationally and socially. Canada’s distinguished rheumatology awards were again conferred at the annual banquet of the CRA. Interviews of the recipients can be read in the Northern Highlights section (pages 15-19). The next meeting will take place February 17-21, 2006 in Cancun, Mexico with our colleagues from the Mexican College of Rheumatology (MCR). Careful planning by both national organizations will be realized as a premier educational experience. The social program will allow us to interact with new friends. A soccer challenge has been issued by the MCR to the CRA. If you have an interest in playing for the Canadian side, let us know (gthomson@ciads.ca). In the unaccustomed tropical climate, the only hope for the Canadian side is to have a large enough bench and frequent changeovers. Start hydrating—now!

Our colleagues from Mexico are living through the same uncertain times as Canadian physicians, subsequent to the recall of rofecoxib. Several years ago, the CRA labelled itself as “The Arthritis Experts.” In times of difficulty, experts must lead. In this issue, the “Interim Statement About Anti-inflammatories” (page 20) tangibly demonstrates the leadership of Michel Zummer and the CRA executive and the diligence of Vivian Bykerk and the therapeutics committee. It is also a demonstration of the good corporate citizenship and responsible attitude of the sponsor of the CRAJ. Pfizer has always respected the institutional independence of the CRA and its committees and the editorial independence of the CRAJ.

The editorial board of the CRAJ appreciates having the opportunity to provide this publication to rheumatologists and the wider audience of physicians who are interested and involved in arthritis care in Canada. We encourage your feedback and participation. Once again, this summer we would like you to tell us “what you did this summer” by way of a photograph of you and your copy of the CRAJ in an “exotic” location. A fabulous battery-powered official CRAJ laser pen could be yours for the effort. And if you or someone you know has eclectic and/or fascinating pastimes/hobbies outside of office hours, then you/he/she may qualify to be the second annual recipient of the “Fickle Finger of Fame Award,” which celebrates Canada’s Most Interesting Rheumatologist. Send us a brief note stating who you think may be worthy of this distinction and why. Please send nominations with a note to Stephanie Costello (managing editor) of the CRAJ at stephc@sta.ca. The recipient of the Fickle Finger of Fame Award receives a tasteful, framed certificate—and all their wildest dreams come true. And also, if applicable, the nominator of the awardee will receive a coveted, limited-edition, intense, state-of-the-art, world-class, laser-powered CRAJ pointer (similar to the one noted above), along with the gratitude of our nation of readers.

– Glen T.D. Thomson, MD, FRCP
Editor-in-Chief, CRAJ

Mont-Tremblant, Quebec, March 2005
Courtesy of Tony Russell, Photographer
Canadian Regional Rheumatology Meetings

The focus of this issue is on Canadian regional rheumatology meetings in order to provide our readers information about all the rheumatology educational events accessible to them throughout the year. The questionnaires presented below discuss where and when the different meetings take place, as well as the mission, objectives and history of the various meetings. It is hoped that this focus on the Canadian regional rheumatology meetings will encourage participation from each region and also encourage Canadian rheumatologists to travel and experience these unique educational opportunities.

The Northwest Rheumatism Society (NWRS) Meeting

By: Kam Shojania, MD, FRCPC
President, NWRS

When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
This meeting takes place the first weekend in May. This year the meeting is being held from the evening of April 29, 2005 through to the morning of May 1, 2005.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
This year the meeting is being held in Seattle, Washington. It typically moves between Vancouver, British Columbia, Seattle, Washington and Portland, Oregon. Sometimes it is held in Victoria, British Columbia.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education? Is this meeting restricted to individuals from a certain region or can anyone register?
The target audience for this meeting includes rheumatologists from British Columbia, Alberta, Saskatchewan, Alaska, Washington, Oregon, Montana, and Idaho. Recently, we have been inviting allied health professionals. Fellows from the local centres are subsidized.

What are the objectives/mission of the meeting?
The objectives are to provide educational updates on topics that are important to practicing rheumatologists. This is primarily a clinical meeting. This meeting also hopes to encourage cross-border collaboration and knowledge-sharing in a more informal atmosphere.

When was this meeting first held? Tell us about the history of the organization and the creation of the meeting?
The NWRS was formed 31 years ago to improve cooperation and camaraderie between fellow rheumatologists. Its membership is comprised of rheumatologists from five states in the United States (i.e., Oregon, Washington, Idaho, Montana and Alaska) and three Canadian provinces (British Columbia, Alberta and Saskatchewan). The NWRS meetings are popular for their informal and cordial atmosphere where colleagues from adjoining states and provinces participate.

What are the future plans for the meeting?
To continue doing as we have been doing.

What is the format for the meeting?
Mainly short lectures with extensive time for discussion.

What are the non-educational events featured at the meeting?
Local attractions in the three cities are frequently highlighted.

What is the cost of registration?
About $25-$50 USD, depending on membership.

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
The meeting is sponsored by industry. There are usually no industry-sponsored lectures or seminars.

Are all the educational sessions registered for Maintenance of Competence (MOCOMP) hours?
Yes. Both American and Canadian continuing medical education credits can be obtained.

How does one register to attend the meeting (contact information)?
Contact: Sarah Rice
200 Broadway
Seattle, WA 98122
Tel: 206-621-9396 Fax: 206-621-9455
Email: rices@kcmsociety.org

Why should someone attend your meeting?
This meeting is a unique and informal meeting with American and Canadian rheumatologists. There is no other regular informal meeting with our American colleagues. Interesting discussions take place regarding differences with respect to treatment approaches, drug prescribing and imaging use.

By: David Cabral, MB, BS, FRCPC
Clinical Associate Professor (Pediatric Rheumatology)
University of British Columbia (UBC)

The upcoming meeting will be titled:
Old Challenges and New Directions in Pediatric Rheumatology: A Tribute to Dr. Ross Petty

When does the meeting occur? Is it an annual event? What are the dates of the meeting this year?
This one-off, single event in the year of Dr. Ross Petty’s retirement from UBC is in recognition of Dr. Petty’s contributions to the local and international community of pediatric rheumatology. This meeting will be held on April 2, 2005. It also incorporates the 2nd Annual Meeting of the Pacific NorthWest Pediatric Rheumatologists (PNWPR)—an ad hoc group of academically minded pediatric rheumatologists from Washington, Montana, Oregon and British Columbia.

Where is the meeting being held?
The meeting is being held at the Chan Centre of the British Columbia Children’s Hospital, 4480 Oak Street, Vancouver, BC. As mentioned above, the meeting will be held April 2, 2005 (07:45 to 17:00).

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education? Is this meeting restricted to individuals from a certain region or can anyone register?
The meeting is for pediatric rheumatologists and associated allied health professionals, adult rheumatologists, pediatricians and any other health professionals interested in pediatric rheumatology.

What are the objectives/mission of the meeting?
As stated in the title of the meeting (above), this meeting’s objective is to be a tribute to Dr. Ross Petty, discussing the challenges and new directions in pediatric rheumatology.
What are the future plans for the meeting?
As mentioned, this is a one-off meeting, but the PNWPR will continue to have annual meetings alternating between Washington state and British Columbia.

What is the format for the meeting?
Brief, moderated presentations (20 minutes each), followed by questions and answers.

What are the non-educational events featured at the meeting?
There will be a dinner in tribute to Dr. Petty on the evening of April 2, 2005.

What is the cost of registration?

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
The meeting is sponsored, in part, by educational grants from Wyeth Pharmaceuticals and Amgen Canada Inc.; there are no specific sponsored lectures or seminars.

Are all the educational sessions registered for Maintenance of Competence (MOCOMP) hours?
The symposium will be accredited for Royal College of Physicians and Surgeons of Canada (RCPSC) maintenance of certification.

How does one register to attend the meeting (contact information)?
Contact Georgia Petropoulos (gpetrop@cw.bc.ca) if you wish to receive information about the symposium and registration details.

Why should someone attend your meeting?
If you have an academic interest in pediatric rheumatology and/or you would like to pay tribute to Dr. Ross Petty, you should attend!

---

By: Boulos Haraoui, MD, FRCPC (President, Laurentian Conference of Rheumatology) and Carol-Anne Yeadon, MD

When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
The meeting is held annually, usually in May. This year the meeting will be held from May 12-14, 2005.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
The meeting has always been held in the Laurentian mountains north of Montreal, except for one year (2001), when it was held in nearby Montebello. This year the meeting will be held at the Château Fairmont in Mont-Tremblant, Quebec.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education? Is this meeting restricted to individuals from a certain region or can anyone register?
The target audience for the meeting includes rheumatologists, orthopedic surgeons, physiatrists, rheumatology and internal-medicine fellows, basic scientists working in the field of rheumatology, allied health professionals, medical students, basic science graduate students and residents from other programs. There is no geographic restriction, although traditionally, the audience has come mainly from eastern Ontario, Quebec and the Maritimes.

What are the objectives/mission of the meeting?
The objective is to provide a venue for clinicians, basic and clinical scientists, and others interested in rheumatic diseases to meet on an annual basis, in pleasant surroundings, and carry out fruitful exchanges of ideas and knowledge on the recent progress made in research and in the treatment of rheumatic diseases. The meeting program also aims to reflect the work of local researchers and the preoccupations of local clinicians. The presence of nationally and internationally renowned guest speakers has always been an integral part of the conference, along with the opportunity to have discussions in a convivial atmosphere.
When was this meeting first held? Tell us about the history of the organization and the creation of the meeting?
The Laurentian Conference of Rheumatology has a long history, going back to the days before rheumatology was recognised as a specialty. It stems from the expansion of an earlier association, called the Section of Rheumatology, which was a division of the Medical-Chirurgical Society (Med-Chi), which was founded in 1947 by Drs. H.P. Wright and R. Dandurand, the pioneers of rheumatology in Quebec. The Section of Rheumatology was in place until 1965, at which point the name changed to the Laurentian Conference of Rheumatology.

The conference was held yearly in the Laurentians for five years and then experienced a five-year hiatus before its revival in 1974 by Dr. Roger Demers. That year the meeting was held at the Mont-Tremblant Lodge. Since then, there have been no further interruptions with the yearly meetings in the Laurentians. More recently (since 2002), the conference has been returning to Mont-Tremblant each spring and has now acquired a solid reputation as the major annual eastern-Canadian rheumatology meeting. This year marks the 36th annual edition of the Laurentian Conference of Rheumatology.

What are the future plans for the meeting?
To continue holding the annual conference well into the 21st century...as long as it continues to “age gracefully.”

What is the format for the meeting?
The meeting consists of a mix of lectures, abstract presentations (from original, basic and clinical research), clinical case presentations and discussions, workshops and symposia.

What is the cost of registration?
$150 per registrant (includes the scientific sessions, meals and breaks) and $100 for spouses (includes meals).

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
The meeting is industry-sponsored but there is no industry involvement in terms of the topics or speakers (as per the Canadian Rheumatology Association).

Are all the educational sessions registered for Maintenance of Competence (MOCOMP) hours?
Yes, through the University of Alberta.

How does one register to attend the meeting (contact information)?
Dr. Carol-Anne Yeadon
CHUM, Hôpital Notre-Dame
1560 Sherbrooke East
Montreal, Quebec
H2L 4M1
Tel: (514) 890-8000 ext. 28800
Fax: (514) 412-7630
E-mail: carol-anne.yeadon.chum@ssss.gouv.qc.ca

Why should someone attend this meeting?
Because it is “just right”: at a day-and-a-half duration, it is not too long, not too short; it is big enough to bring together people with varied interests relating to rheumatic diseases, yet small enough to allow for much interaction and cordial debate. There is a mix of “hot” research presented by close neighbours, as well as stimulating and challenging clinical case presentations. There are opportunities to sit back and listen to several renowned guest speakers, as well as to get up close and interact professionally and socially. It is an opportunity to celebrate the excellence of individuals who contribute to contemporary rheumatology in an outstanding way by giving awards in memory of three outstanding Montreal rheumatologists. Finally, in May, Mont-Tremblant is lovely, quiet, not too cold, not too hot, and mosquito-free.
When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
The ORA meeting takes place annually, usually the weekend after Mother's Day. This year marks the fourth annual meeting which will take place May 13-16, 2005.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
The location for this year is not yet confirmed but for the past couple of years the meeting has taken place at the Taboo Conference Center in Muskoka.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education? Is this meeting restricted to individuals from a certain region or can anyone register?
This meeting is for Ontario rheumatologists—community-based and university-based.

What are the objectives/mission of the meeting?
The meeting hopes to enhance clinical practice by:
1. emphasizing issues related to the business of clinical practice;
2. discussing clinical advances as they relate to clinical practice;
3. presenting and discussing “political” issues affecting clinical practice;
4. having an annual meeting of the ORA.

When was this meeting first held? Tell us about the history of the organization and the creation of the meeting.
The meeting was first held in May 2002. It came into development through a provincial continuing medical education event organized by a pharmaceutical company. Attendees were enthusiastic about the format and a steering committee was put together. The “antecedent” organization was the Rheumatology Section of the Ontario Medical Association (OMA); this group was non-functional and historical attempts to bring rheumatologists together had been unsuccessful.

The current format has attracted increasing numbers of Ontario rheumatologists (60 last year, which exceeded our target). The ORA has now subsumed the OMA Rheumatology Section and our Chair now holds the additional position of Chair of the OMA Section.

The ORA is attempting to be recognized by the Ontario Ministry of Health as the experts in arthritis care in Ontario and is attempting to forge links with other providers, including the Ministry of Health and The Arthritis Society.

What are the future plans for the meeting?
To develop a mission statement and strategic direction/objectives.

What is the format for the meeting?
Similar to the format for the Canadian Rheumatology Association meeting.

What are the non-educational events featured at the meeting?
Hiking, golf, relaxing, cycling, wine tasting.

What is the cost of registration?
$250 (plus extra for family). The $250 covers registration and hotel costs.
Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
The meeting has multiple sponsors, with three levels of sponsorship, which are recognized by signage and number of representatives permitted. There are no specific industry-sponsored events.

Are all the educational sessions registered for Maintenance of Competence (MOCOMP) hours?
Yes, through the Canadian Rheumatology Association.

By: Mark Hazeltine, MD

When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
The first meeting was last year and was held from November 26-27, 2004. The next meeting is planned for November 2005.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
The first meeting (last year) was held at the Sheraton Centre in Montreal, Quebec. No decision has been taken yet for the location of the next meeting.

Are there any restrictions in terms of who can register for the meeting?
No.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education?
The target audience of the meeting includes rheumatologists, residents-in-training for rheumatology and internal medicine specialists.

What are the objectives/mission of the meeting?
To bring together rheumatologists from across diverse sectors, permitting the exchange of knowledge and ideas among the experts.

What are the future plans for the meeting?
To repeat the experience in 2005 and to maintain the quality of the presentations.

What is the format for the meeting?
The meeting includes educational conferences, Continuing Medical Education needs assessment evaluations, large-group discussions, including “Meet the Professor” sessions and interactive question-and-answer sessions.

What are the non-educational events featured at the meeting?
There are no non-educational events featured at the meeting, except the dinner Friday night.

What is the cost of registration?
The cost of registration is $125.

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
Yes, the meeting is sponsored in part by industry, however, there are no industry-sponsored educational lectures or seminars at the meeting.

How does one register to attend the meeting (contact information)?
Registration can occur through general email broadcast, direct mail and/or fax broadcast.

Why should someone attend your meeting?
For a number of reasons: collegiality; networking; family-oriented; “familiarity.”
When does the meeting occur? Is it an annual event?
The meeting last year was held September 17-18, 2004. The next meeting is planned for November 2005.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
The first meeting (in 2004) was held at the Manoir des Sables (Estrie). In 2005, the meeting will be held at Auberge le Baluchon (Mauricie).

Is this meeting reserved for individuals from a certain region or can anyone register? Are there any other restrictions in terms of who can register for the meeting?
The meeting is restricted to members of the QAR, rheumatologist-pediatricians and residents in rheumatology.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education?
The target audience includes members of the QAR, rheumatologist-pediatricians and residents in rheumatology.

What are the objectives/mission of the meeting?
To address all the Continuing Medical Education (CME) needs of the members of the QAR and to discuss clinical cases.

How did this meeting get started?
This meeting was organized by the general board of the QAR and then an evaluation was held to identify the needs of the members.

What are the future plans for the meeting?
We want to preserve the same objectives/format, as this has been extremely appreciated by the participants.

What is the program for the meeting?
Friday morning: Annual general assembly
Friday afternoon: Discussion of the clinical cases
Saturday morning: Symposium

What are the non-educational events featured at the meeting?
Only the dinner.

What is the cost of registration?
To be determined.

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
The meeting is sponsored in part by industry, however, all the conferences are organized by the QAR. The QAR has 100% control over the agenda.

Are all the educational sessions registered for Maintenance of Competence (MOCOMP)/Continuing Professional Development (CPD) hours?
Yes.
By: Gilles Boire, MD

When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
The meeting this year was held March 19-20, 2005. This year marks the fourth annual meeting and it is always scheduled for mid-March.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
This year the meeting took place at the Hotel Chéribourg, Villégiature & Spa, 2603 chemin du Parc, Magog/Orford, Quebec, J1X 8C8. All the indoor meetings have been held in Magog/Orford, but mainly at the Manoir des Sables instead of the Hotel Chéribourg.

Is this meeting reserved for individuals from a certain region or can anyone register? Are there any other restrictions in terms of who can register for the meeting?
All residents from Levels I and II (R1 and R2), registered in the Programme tronc commun de médecine within the four medical faculties of Quebec (Laval, Montreal, McGill and Sherbrooke), are invited. This year, medical students who are completing their last year of training and who are selected by a Director of the Division of Rheumatology of the Faculty of Medicine, may also participate in the activity.

The residents who are registered are asked to contribute towards their accommodations, food and educational activities.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education?
The target audience includes all residents from Levels I and II (R1 and R2) registered in the Programme tronc commun de médecine within the four medical faculties of Quebec (Laval, Montreal, McGill and Sherbrooke).

What are the objectives/mission of the meeting?
The objectives are to complete the basic rheumatologic training of the junior residents registered in the Programme tronc commun de médecine and to facilitate the orientation of certain residents towards specialized training in rheumatology.

How did this meeting get started? Please provide a brief history of the meeting.
The first meeting was held in 2002 as an intervention attempt due to the lack of recruits for rheumatology training from the various Quebec medical faculties. The organizing committee, under the direction of Dr. Denis Choquette (2002 to 2004), and now Dr. Gilles Boire (2005), was composed of rheumatologists representing each Faculty of Medicine of Quebec, as well as community rheumatologists implicated in education, a rheumatology resident and a representative of Pfizer Canada Inc.

The organizing committee defines the educational activities, the objectives of each activity and the weekend agenda. The committee also identifies the rheumatologists responsible for each educational activity. The aim in choosing the rheumatologists responsible for the educational activities is to utilize the maximum number

Why should someone attend this meeting?
It is interesting to attend to this meeting due to it’s educational aspect.
of QAR members throughout the year and to effectively represent the geographic and facultative distribution of the QAR members.

What is the format for the meeting?
Teaching takes place on the Saturday and Sunday mornings and involves two concurrent series of three work activities (a total of six work activities). The residents are divided into six groups and move from one work activity to another. Three work activities discuss the targets of the musculoskeletal exam (hand, shoulder and knee) and enable participants to practice on Patient Partners—resources for immediate practical exercises. The three other work activities target the proper approach towards peripheral arthropathies, spondyloarthropathies, collagen diseases and lab tests.

There are also short presentations to the whole group on the current developments in the fields of vasculitis, systemic lupus erythematosus, and ankylosing spondylitis. A dermato-rheumatologic quiz (“Sherlock Holmes for Rheumatologists”) is given to test the knowledge of the participants and the solutions are provided in an interactive fashion at the end of the day on Saturday.

Last, but not least, a representative of the residents specializing in rheumatology talks with the group about his/her personal motivations and the benefits of this training. Other less formal activities allow the participants to meet with practicing rheumatologists as well as representatives from each of the rheumatology training programs.

What are the non-educational events featured at the meeting?
During the afternoon on Saturday, the participants can take advantage of alpine skiing, cross-country skiing, skating, tobogganing and snowshoeing around Chéribourg and Mont Orford. At the end of the afternoon, all the participants and teachers regroup to play broomball. This year, there was a dinner and dance planned for the Saturday evening.

What is the cost of registration?
The cost for participants is $100, which includes accommodation (shared rooms), registration and meals. If accommodation is not required, the cost is $25.

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
This activity is sponsored in part by Pfizer Canada Inc., however, no pedagogical activities are industry-sponsored.

Are all the educational sessions registered for Maintenance of Competence (MOCOMP)/Continuing Professional Development (CPD) hours?
This does not apply as the activity is addressed to the residents in training.

How does one register to attend the meeting?
All residents from Levels I and II (R1 and R2) registered in the four Quebec programmes tronc commun de médecine receive a personal invitation. To register for this event, please contact Ms. Nancy Fortin of the QAR by phone (514) 350-5136, fax (514) 350-5152 or email amrq@fmsq.org.

Why should someone attend this meeting?
This meeting is essential for all the Level I and II residents described above.

The Society of Atlantic Rheumatologists (SOAR) Meeting

By: Jamie Henderson, MD
Secretary-treasurer, Canadian Rheumatology Association

When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
The meeting is an annual event taking place each summer. It is traditionally held over the second weekend in June. This year’s meeting will be our 22nd annual meeting and will take place June 10-12, 2005.
then, the resourceful members have switched the venue
to high-quality resort destinations throughout the
Maritimes to allow for the participation of spouses,
family and, recently, grandparents.

At last year’s meeting, held in Prince Edward
Island, the members were so enamoured with the
facilities that it was unanimously agreed the next two
meetings will be held at the same facility. Thus, the
next SOAR meeting (June 10-12) will once again be
held at Shaw’s Cottages on Brackley Beach in Prince
Edward Island.

What is the target audience for the meeting? Is it just for
rheumatologists or can other physicians or allied health
professionals benefit from the education? Is this meeting
restricted to individuals from a certain region or can
anyone register?
The event is targeted towards rheumatologists. Other
specialties participate as invited speakers. Residents-in-
training also attend. We have enjoyed the participation
of several rheumatologists from the state of Maine in the
past several years. No upper Canadians have ever
expressed an interest in attending other than as invited
guests. There are currently no “laws in the books” to
prevent upper Canadians from attending, but the
facilities do have physical restrictions on how many
people can be accommodated.

What are the objectives/mission of the meeting?
The objective of the meeting is to have invited speakers
provide state-of-the-art lectures on topics of interest to all
members. The topics and invitees for the subsequent
year’s meeting are settled at the business meeting each
year. The mission is to keep the meeting fun.

When was this meeting first held? Tell us about the
history of the organization and the creation of the
meeting?
Our first meeting was held in 1983 and was the
brainchild of Dr. John F. Woodbury. He personally
conceived the idea and hosted the first meeting. It has
been enthusiastically embraced by members since then
and the turnout is generally excellent. The movement
from the hospital setting to the resort setting has made it
a must-do event for the Maritime contingent.

What are the future plans for the meeting?
The future plans are to keep it going and stay below the
radar.

What is the format for the meeting? What are the non-
educational events featured at the meeting?
On Friday night, there is a welcome dinner. On Saturday
morning, the meeting starts at 08:00 with a lecture from
one of the invited guests. Usually, two guest speakers are
invited and each gives two talks (one on Saturday and
one on Sunday). The remainder of the weekend is filled
by members presenting problem cases, illuminating
cases, reviewing relevant topics, etc. Saturday afternoon
is free time with many members opting to participate in
the annual golf tournament (best-ball scramble). There
are craft shops nearby to please the most discriminating
shoppers. The venue this year will be only minutes away
from the North Shore National Park. There will be a
dinner on Saturday evening and the meeting closes after
the Sunday-morning session.

What is the cost of registration?
No registration is charged but early registration for
accommodation is recommended.

Is the meeting sponsored in part by industry? Are there
industry-sponsored educational lectures or seminars at
the meeting?
The meeting is industry-sponsored but the educational
content is at the discretion of the members only. Industry
representatives attend but there are no booths or other
commercial activities.

Are all the educational sessions registered for
Maintenance of Competence (MOCOMP) hours?
Yes, there is accreditation for MOCOMP.

How does one register to attend the meeting (contact
information)?
Since “non-Maritimers” have never sought to attend this
meeting, there has never been a need to designate a
contact person. If someone was misguided enough to
wish to attend this dull and lifeless meeting, I suppose
they could send their curriculum vitae to myself [Jamie
Henderson] and we could consider their attendance.

Why should someone attend your meeting?
I can’t think of a single reason why someone would want
to come to Prince Edward Island in June and share this
meeting with us. Past faculty have been sworn to
secrecy. If there is a large contingent of “out-of-towners”
who decide to attend, then I could foresee the need to
organize a Screeching-In to try and deter them.
The Western Alliance for Rheumatology (WAR) Meeting

By: Paul Davis, MB, ChB, MRCP, FRCPC
Associate Dean and Director of CME
University of Alberta

When does the meeting occur? Is it an annual event?
What are the dates of the meeting this year?
The WAR meeting is held annually in the spring (April, May or June). This year the meeting will be held from May 20-22, 2005.

Where does the meeting take place? Does it move from location to location each year? Where is the meeting being held this year?
The meeting has a permanent venue and takes place at the Manteo Resort in Kelowna, British Columbia.

What is the target audience for the meeting? Is it just for rheumatologists or can other physicians or allied health professionals benefit from the education? Is this meeting restricted to individuals from a certain region or can anyone register?
The meeting is restricted to practicing rheumatologists (community or academic) and trainees from the four Western provinces.

What are the objectives/mission of the meeting?
1) To promote communication and collegiality between Western-Canadian rheumatologists.
2) To provide an accredited (Royal College of Physicians and Surgeons of Canada), clinical, Continuing Medical Education event.

When was this meeting first held? Tell us about the history of the organization and the creation of the meeting?
The meeting was first held in May of 2003, after extensive and careful planning by John Esdaile and Paul Davis (and their wives) over several bottles of wine at Lucy Mae Brown’s restaurant (a converted brothel!) in Vancouver.

What are the future plans for the meeting?
To keep it going as long as possible, have fun and learn.

What is the format for the meeting?
The meeting is in a clinical content format: all attendees are given 15 minutes to present something (e.g., clinical care, journal article).

What are the non-educational events featured at the meeting?
Anything and everything Kelowna has to offer!

What is the cost of registration?
The cost to register is $25.

Is the meeting sponsored in part by industry? Are there industry-sponsored educational lectures or seminars at the meeting?
Industry is invited to donate an unrestricted grant of $5000—no more, no less. There are no industry-sponsored events.

Are all the educational sessions registered for Maintenance of Competence (MOCOMP) hours?
Yes.

How does one register to attend the meeting (contact information)?
Registration can be done through the five Western-Canadian rheumatic-disease-unit (RDU) academic offices.

Why should someone attend your meeting?
Because it’s a top-quality, accredited, continuing medical education event in a “class” location with fun people!
What do Star Trek, Philosophy and Martial Arts Have in Common with Rheumatology?
Meet the 2005 Young Investigator

Who is Robert Ferrari and where does he come from?
I was the first professional in a family raised by 1950s Italian immigrant parents. I was always told by my mother that it did not matter what I did for a living, so long as it was an honest job. Despite this advice, I went on to become a doctor. One of my earliest memories is a sense of enthusiasm that was fostered by the character Spock, from Star Trek, whom I watched in re-runs of the original Star Trek (I was too young to have seen the series when it first aired). The enthusiasm was fostered by the fact that I could hardly understand a word he was saying and therefore thought it was important. Only later would I learn that the problem was my limited vocabulary at the age of five years, especially considering Spock was speaking the language of science. I have no other recollection of a role model for a burgeoning interest and habit in science. This interest followed me throughout my education and it became clear that I was to be a science type.

What was your undergraduate training and how did it influence your decision to become a physician?
My undergraduate training was two years of university studying a mix of the sciences, as I was not yet fixed on one degree. I was probably meant to be a mathematician, as that was always my best subject. I took advanced calculus courses as a way to get an “easy A.” One day, someone told me I should apply to medicine. So I did. I got an interview. I got accepted. So I went. At first, I expected that medicine would be a reasonably valid place to hone a scientific enthusiasm, where the working body would be appreciated through scientific principles. I fully expected to become a bench-side researcher, until I became more and more awed by how illogically humans behave. I was discovering that people went to doctors for reasons that often did not make sense, and for reported pain that could not be found, and expected doctors to solve problems that doctors are not trained to solve. Eventually I left the research bench alone; sick people were much more interesting.

Have mentors or role models played a role in your career path?
When I was a fourth-year medical student, I met rheumatology specialists Dr. Percy, Dr. Davis and Dr. Russell in Edmonton. There was something odd about them: they were happy in their clinics. The other specialists I had encountered seemed to be grumpy old men and frazzled in their work. I could not really tell what it was that made the rheumatologists seem cheerful: were they on drugs? were they driving sports cars? were they synchronously in the manic phase of a collective manic-depressive disorder? Whatever it was, I knew I wanted a piece of their action. But what kept me in touch with the notion of rheumatology, and musculoskeletal medicine in general, was seeing that rheumatologists were the most traditional physicians: talking to patients, asking many questions, being much more hands-on and gathering clues. This traditional style appealed to my interest in the traditionalist Greek and Roman philosophers, such as Plato, Vesalius and others who taught that people had to be encountered to be understood. While other specialties were moving further away from patients and burying their heads in technological gadgets, rheumatologists sat opposite their patients and looked them in the eyes.

What led to your interest in whiplash injuries and their sequelae?
What struck me as most odd about patients with whiplash was not the patients, themselves, but the rheumatologists. These specialists were sharp and helped a lot of patients—even the most severe rheumatoid patients. These specialists were not only practicing rheumatology, but producing the research that helped define the practice of rheumatology. But they could not help these whiplash patients. That puzzled me. These
very astute rheumatologists did not have the answers to why these patients behaved the way they did and really could not solve their problems. Chronic-pain patients left the clinic the way they came in: as “souls living under a pall” (to use a “Hadlerism”)—looking in absolutely the wrong place for a solution to a desperate existence. I, therefore, began asking questions, and the more I looked, the less I understood. I was hooked.

What do you hope to be doing professionally in 10 years?
Winning the Canadian Rheumatology Association Senior Investigator Award.

Outside of medicine what are your goals?
I was always fascinated with martial arts, but never made the time for it. So, two years ago, I began using martial arts as a way to lose some weight and get fit, as I was getting soft around the middle. I have been privileged to be a private student under an old Chinese Master from Tibet. Over the past two years I have learned enough to soundly “beat the crap” out of black-belt students, but I have never competed in the ring. I feel too old to start now, although my Master reminds me that Genghis Khan began conquering the world at the age of 40 years...

What would you say to a medical student contemplating his/her future training options and career choices?
I never went into medicine for the money—never gave that a thought. But if I knew then how much money I could make as a doctor, I would have gone into medicine for the money.
summer, while I was sailing with the Royal Canadian Navy, I got a wire from my father indicating that I’d been accepted to Dalhousie, that he’d accepted their offer on my behalf, and that I was not to return to St. John’s. As of September 1955, I was a medical student. I’m not sure I was ever convinced I should become a physician, but I was clearly steered into it, and once there, I enjoyed it immensely. In 1971, I was in the Division of Clinical Immunology at the Montreal General Hospital when Dr. John Martin, then the Head of Rheumatology, was recruited to Memorial University. The Chairman of the Department of Medicine asked me if I would take over the Division of Rheumatology and build it into a strong academic unit. Since much of my interest lay in patients with connective-tissue diseases, this was a fairly easy transition.

Who and what were the major influences for your career in medicine?
A few people stand out as being important in some of the choices I made along the way:

– Dr. John Woodbury, a Halifax rheumatologist, was my second-year clinical skills teacher. When we didn’t have an appropriate patient he would use himself. He had fairly advanced ankylosing spondylitis and, accordingly, classical clinical findings.

– Dr. Robert Dickson, the Chairman of Medicine at Dalhousie University, encouraged me to take research training when I finished my residency in internal medicine, and this led to my fellowship in immunology and rheumatology.

– Drs. John Esdaile, Hyman Tannenbaum and Charles Bruneau, all of whom I was fortunate to be able to recruit to the Division at the Montreal General Hospital, and all of whom proved to be extraordinary colleagues. They all came with external awards for personal support and research and all have gone on to distinguished careers.

– Finally, the year I spent in Denver, Colorado at the National Jewish Hospital and Research Centre allowed me to work with Roger Hollister, the only pediatric rheumatologist in the Rocky Mountain area at the time. I had a wealth of exposure to pediatric arthritis and connective-tissue disease during that year.

What lessons did you learn from rheumatology that had an impact on your life as a dean and as an administrator?
Rheumatology is a great teacher. It teaches one how to live with ambiguity and uncertainty, which is helpful in all kinds of roles. It has also given me great satisfaction, particularly in the last decade, in getting to know patients over the long term, and in the case of pediatrics, their families as well.

You have had a distinguished career in many aspects of medicine, from clinical to the highest administrative roles. What have been the highlights along this varied path? What do you view as your major contributions to Canadian rheumatology?
I think the highlights were my nine years as Director of the Division of Rheumatology at the Montreal General Hospital and my eight years as Dean of the Faculty of Medicine at Memorial University. Also, I have long been interested in student issues and my various roles have permitted me a fair bit of student interaction, even up to the present time.

If you had the chance to do it over again, what aspects of your career would you change?
If I had a chance to do it over again, I would probably choose to do pediatrics and pediatric rheumatology. I haven’t seen an adult patient for 10 years and doubt that I would go back to adult medicine.

What are your goals for the future?
I still have a fairly busy practice at the Children’s Hospital of Eastern Ontario. Given the fact that there are not too many pediatric rheumatologists in the pipeline, I will probably continue there as long as the hospital and my colleagues feel that I am making a worthwhile contribution. I’ve also been very involved in medical school accreditation, not only in North America, but in South America and the Middle East. I will probably continue to consult in this area over the next few years. I don’t contemplate retirement, or at least full retirement, for the short- to mid-term future.

Outside of medicine, what are your hobbies and passions?
I have a great love for the Laurentians. Five years ago, my wife and I built a house at Mont-Tremblant. We take advantage of the tremendous resources in the area and
go kayaking, cycling and down-hill skiing. These are indeed activities that I’m more than enthusiastic about. I also enjoy cooking and look forward to being able to do more of it when my workload is not quite as heavy. My wife and I play cribbage Friday and Saturday afternoons and on Sunday we complete the Herald Tribune crossword puzzle. We have three daughters who live close to us and we see them regularly in Ottawa, Montreal and Mont-Tremblant.

What message would you like to share with your colleagues in the CRA?
My wife has been exposed to the company of many physicians over the years, particularly during my time as Dean of Medicine. She has concluded that rheumatologists are among the most sophisticated, intelligent and amusing of physicians, and great company to be with. She never misses an opportunity to go to a rheumatology meeting. How could I possibly disagree with my wife?

The 2005 Distinguished Investigator: A Man on the Move Since Birth

Who is John Esdaile and where does he come from?
My parents were English. After the war, my father obtained a job with an oil company in the Dominican Republic, where I was born. Subsequent travels led to Trinidad, the United Kingdom, the United States and, finally, Canada, where I grew up in Montreal and then Toronto.

What were the influences that led you to medical school and later rheumatology?
At the age of 17 years, I decided I wanted to be a country doctor. I suppose I had been thinking about it, but I can recall making the decision. At the time, McGill University had a program that permitted acceptance into medical school straight from high school, thereby allowing for a year of schooling to be skipped. I applied and, fortunately, they accepted me. I had declined my acceptance to the University of Toronto and had to wait until August 21, 1965 to hear from McGill that I was accepted.

I never intended to go into rheumatology. In 1974, I was training in Clinical Immunology at the Montreal General Hospital (MGH). The MGH had the best Clinical Immunology program in the country and life was good. Then the Clinical Immunology division decided there should be an academic Division of Rheumatology at the MGH. David Hawkins moved from Clinical Immunology to head this new division. Edward Dunlop, the head of The Arthritis Society, encouraged “the Hawk” to hire rheumatologists. So I was sent to the Wellesley Hospital in Toronto (the epicentre of Canadian rheumatology training at that time) to spend a year as the Hunter Fellow and be transformed into a rheumatologist by Metro Ogryzlo, Hugh Smythe, Murray Urowitz and Irving Fox.

What would you like to share with your colleagues in the CRA?
My wife has been exposed to the company of many physicians over the years, particularly during my time as Dean of Medicine. She has concluded that rheumatologists are among the most sophisticated, intelligent and amusing of physicians, and great company to be with. She never misses an opportunity to go to a rheumatology meeting. How could I possibly disagree with my wife?

The 2005 Distinguished Investigator: A Man on the Move Since Birth

Who is John Esdaile and where does he come from?
My parents were English. After the war, my father obtained a job with an oil company in the Dominican Republic, where I was born. Subsequent travels led to Trinidad, the United Kingdom, the United States and, finally, Canada, where I grew up in Montreal and then Toronto.

What were the influences that led you to medical school and later rheumatology?
At the age of 17 years, I decided I wanted to be a country doctor. I suppose I had been thinking about it, but I can recall making the decision. At the time, McGill University had a program that permitted acceptance into medical school straight from high school, thereby allowing for a year of schooling to be skipped. I applied and, fortunately, they accepted me. I had declined my acceptance to the University of Toronto and had to wait until August 21, 1965 to hear from McGill that I was accepted.

I never intended to go into rheumatology. In 1974, I was training in Clinical Immunology at the Montreal General Hospital (MGH). The MGH had the best Clinical Immunology program in the country and life was good. Then the Clinical Immunology division decided there should be an academic Division of Rheumatology at the MGH. David Hawkins moved from Clinical Immunology to head this new division. Edward Dunlop, the head of The Arthritis Society, encouraged “the Hawk” to hire rheumatologists. So I was sent to the Wellesley Hospital in Toronto (the epicentre of Canadian rheumatology training at that time) to spend a year as the Hunter Fellow and be transformed into a rheumatologist by Metro Ogryzlo, Hugh Smythe, Murray Urowitz and Irving Fox.

What message would you like to share with your colleagues in the CRA?
My wife has been exposed to the company of many physicians over the years, particularly during my time as Dean of Medicine. She has concluded that rheumatologists are among the most sophisticated, intelligent and amusing of physicians, and great company to be with. She never misses an opportunity to go to a rheumatology meeting. How could I possibly disagree with my wife?

2005 Distinguished Investigator:
John Esdaile, MD, MPH, FRCPC

Had you not become a physician, what professional path might you have pursued?
It did not occur to me that there was another path.

Who were/are your mentors or role models for your career in medicine?
The Clinical Immunology group at the MGH was created and led by Samuel O. Freedman, who took me under his wing as a medical student. I never said “no” to Dr. Freedman and he never led me astray. He was a superb guide. The remaining members of the group—David Hawkins, Phil Gold and Joseph Shuster—had a great influence on me. David Hawkins, as Head of Rheumatology when I returned to McGill in 1978, did his utmost to keep me out of trouble. For the Royal College examinations in Internal Medicine he advised emphatically, “If it arises, don’t tell the examiners that you think they are stupid.” But I was not able to follow his advice. Some key advice that I did adhere to was, “Don’t speak to the Dean and don’t speak to the Chairman of Medicine until you check with me.” Finally, Alvan R. Feinstein at Yale taught me everything I know about Clinical Epidemiology and Clinical Research. He was the most clever man I’ve ever met; he was also the most demanding and among the most supportive.
You have distinguished yourself at both McGill University and the University of British Columbia. What would you see as your main career highlights at both institutions? Alvan Feinstein would have advised not to reply to this question. He would have said one could not be distinguished until one was dead and the whole page could be read. So, ignoring the distinguished bit, I have most enjoyed seeing trainees and colleagues perform research that has made a difference to people with disease.

What lessons did you learn at McGill University that have influenced you in your new challenges at the University of British Columbia?
Firstly, McGill was a large university that was able to remain very small. One could call the Dean up at home and one could throw together a team for a research competition overnight. Everyone understood the university game. Individual faculty members might be competitors, but could work together with gusto when the need arose. Although there were politics, it was an internal thing. When the chips were down, everyone was on the same team. Yale was similar, but most universities are not.
Secondly, McGill had only one faculty. There was no designation of “clinical” faculty. Salaries differed, but titles didn’t. The clinicians always made more money than the full-time research faculty and rarely were promoted beyond Assistant Professor, but they were respected as the expert teachers and clinicians that they were.

What do you view as your major contributions to rheumatology research?
Determining the value of certain treatments and training a number of scientists who are already demonstrating how skilled they are.

What are your professional goals for the future?
I started my medical career as a country doctor, then went on to train as an immunologist and a rheumatologist, teach clinical rheumatology, train as a clinical epidemiologist, perform clinical research and help run an academic rheumatology division. I have no idea what will be next—I never have!

Is there life outside of rheumatology? Is there anything you do differently in the balmy climate of the West Coast vs. along the shores of the St. Lawrence?
I work hard or harder, but work doesn’t have to be Number One in life. I gave up shovelling snow and can barbeque outdoors and play tennis year round. Also, the West Coast has Cheryl Koehn and is closer to Whistler and Hawaii. Otherwise, I am at home in two great Canadian cities.

What message would you like to give to residents contemplating a career in rheumatology?
Only the best should apply! Being a rheumatologist requires intelligence, a “thinker”-type nature, the desire to develop great clinical skills, the desire to really want to make a difference and enjoying the company of great colleagues. If these attributes do not apply to someone, he/she should consider training in one of the many lesser specialties.
BASIC PRINCIPLES:
The benefits of treating a disease must be weighed against the potential risks of the therapy. The risk/benefit ratio varies from individual to individual. A decision about any given therapy must be made with the full knowledge of the individual’s medical history, concurrent medications, and appropriate investigations and in concert with the patient with full disclosure to the patient.

PURPOSE OF NSAID OR COXIB THERAPY IN PATIENTS WITH MODERATE TO SEVERE OSTEOARTHRITIS OR INFLAMMATORY ARTHRITIS:
Anti-inflammatory medications are used in the treatment of arthritis to relieve pain and stiffness and improve function. Traditional nonsteroidal anti-inflammatory drugs (NSAIDs) increase the risk of peptic ulcer disease, gastroduodenal bleeds and, to a lesser extent, lower gastrointestinal (GI) bleeds. Certain populations have been defined at greater risk for these GI complications. The risk in these individuals may be reduced with the use of a gastroprotective agent, such as full-dose misoprostil or a proton pump inhibitor (PPI) taken concurrently with the anti-inflammatory, or with the use of coxibs instead of traditional NSAIDs. To date, only coxibs have been shown to reduce the risk of lower GI bleeds, excluding patients with inflammatory bowel disease.

RISK FACTORS FOR CONSIDERATION:
Individuals taking anticoagulants, selective serotonin reuptake inhibitors (SSRIs), clopidogrel, or those with bleeding disorders may have their risk of bleeding increased by the use of traditional NSAIDs. This risk is not completely reduced with the use of gastro-protective agents. Therefore, in these patients traditional NSAIDs should be avoided. Further risk factors that need to be considered include advancing age and a previous history of peptic ulcer or GI bleeds. In patients taking low-dose acetylsalicylic acid (ASA), the risk of GI bleeding is increased with both traditional NSAIDs and, to a lesser extent, with coxibs; therefore, a PPI should be added whether a coxib or a traditional NSAID is prescribed. The decision to use a coxib or traditional NSAID should be based on assessment of the GI and cardiovascular (CV) risk factors.

COXIBS AND SAFETY:
Coxibs represent a new NSAID category and have less inherent risk of GI complications. Rofecoxib was withdrawn from the market because of an increased risk of CV events, including heart attack and stroke. There is a difference in the strength of the evidence on the risks of two other coxibs: celecoxib and valdecoxib. For celecoxib, one of two trials to prevent colorectal adenomas showed an increase in CV events in the celecoxib group. This increase was statistically significant at a dose of 400 mg twice daily compared to placebo (3.4 % vs. 1.0%); CV events were numerically increased but not significant at the lower dose of 200 mg twice daily (2.3%). In contrast, preliminary analyses of the second polyp prevention trial showed no increase in CV risk at a dose of 400 mg once daily, and an early analysis of an Alzheimer’s disease prevention trial also did not detect an increase in CV risk for celecoxib. Of note: the recommended daily dose for osteoarthritis is 100 mg twice daily or 200 mg once daily and 100 mg to 200 mg twice daily for rheumatoid arthritis.

For valdecoxib and parecoxib (not available in Canada), CV events and other adverse events were seen as early as 30 days in studies where the drug was given to high-risk patients to treat postoperative pain after coronary-artery bypass grafting (CABG). There is a paucity of long-term data to assess CV safety in other populations.

A Food and Drug Administration (FDA) advisory panel recently convened to review the totality of the evidence on CV risk of coxibs. The panel was unanimous in recognizing the CV effects of all COX-2 inhibitors and recommended strong warnings on their labels pending further long-term studies. The panel also recommended that COX-2 inhibitors should continue to be available in view of their favorable benefit-risk ratio in selected patients. In addition, given the limited long-term trial data and CV signals for some traditional NSAIDs, the panel recommended a CV warning for all NSAIDs except naproxen.

It is not yet known whether the addition of low-dose ASA abrogates the CV risk seen with some coxibs, but the addition of ASA appears to negate the benefits of gastric safety to some degree. While the absolute CV risk of coxibs appears to be low in randomized clinical trials, the use of these medications should be principally for those with risk factors for
GI complications. In those with bleeding disorders or who are receiving anticoagulants or SSRIs (but who really require an NSAID), traditional NSAIDs are relatively contraindicated and a coxib and a PPI should be considered. Those who are receiving clopidogrel and are presumably at the highest risk for CV events should not receive a coxib.

In all cases, the patient’s CV risk factors should be considered when deciding whether an anti-inflammatory (traditional or coxib) should be used. At this time, common sense would dictate that it is prudent to restrict use of coxibs and perhaps all anti-inflammatories (as most NSAIDs also inhibit COX-2) in those at high risk for CV events.

These interim statements are likely to change as knowledge of coxib and anti-inflammatory risks and benefits are made more complete over time.

References

Early Inflammatory Arthritis Cohorts in Canada

Despite the many advances that have been made in the understanding and therapy of rheumatoid arthritis (RA), we are obviously still a long way from our common goal of eradicating this chronic destructive disease. There has been a feeling in the scientific community that if we can study these patients from a very early point in their disease history, we may be able to break through the barrier and determine more about the etiology and pathogenesis of this illness. To that end, a movement began in Europe, almost 20 years ago, and has now spread to North America, to establish cohorts of patients with early RA for research purposes. Because many of these patients do not, in fact, fulfill the American College of Rheumatology (ACR) criteria, it is perhaps more accurate to refer to the disease at this stage as early inflammatory arthritis (EIA).

In Canada, cohorts of EIA patients have been established at several centers. In fact, several of these cohorts’ directors have published a consensus statement regarding optimal therapy of EIA. To this author’s knowledge, the major cohorts of patients being followed are at the University of Sherbrooke (Dr. Gilles Boire), McGill University (Dr. Murray Baron), the University of Toronto (Dr. Vivian Bykerk) and the University of Manitoba (Dr. Carol Hitchon and Dr. Hani El-Gabalawy). Dr. Claire Bombardier is also following an international cohort that includes some Canadian patients.

The area of emphasis in the research of these cohorts is varied. In Sherbrooke, Dr. Boire has been particularly interested in the role of autoantibodies—specifically anticyclic citrullinated peptide (CCP) and anti-Sa—as prognostic markers. At McGill University, the interest is in validating and developing instruments for use in research, including self-administered comorbidity questionnaires, new health-related, quality-of-life questionnaires and a new range-of-motion index. There is also interest in various psychosocial aspects, such as various mediators of pain, the role of family distress in patient outcomes and the possible benefits of early intervention with cognitive behavioural therapy. Dr. Bykerk’s group has created a novel method of recording patient data in a database from the point of encounter and providing instant reports to patients and physicians to encourage use of the system and to enable other physicians to build their own databases in the future. In Winnipeg, Dr. Hitchon and Dr. El-Gabalawy have concentrated on studying pathogenic mechanisms by examining synovial tissue from EIA patients.

An exciting new development is that all these sites have now agreed to try to coordinate their efforts and create a national cohort, sharing patient data and resources across centers. This should greatly enhance the capacity for research by providing much more patient material—be it clinical data, questionnaire results, serum, tissue or deoxyribonucleic acid (DNA)—to any researcher interested in these areas. Hopefully, the congenital nature of the rheumatology community in Canada will prove to be the ideal ground in which to plant the seeds of an exciting future for investigation in EIA.

References

Murray Baron, MD, FRCP C
Chief, Division of Rheumatology
Jewish General Hospital
Montreal, Quebec
The Federation of National Specialty Societies of Canada (FNSSC)

I

n 2002, a survey of 48 national specialty societies identified two common issues: advocacy and organizational/business development. The FNSSC was formed in early 2004 to allow specialty societies to collaborate in areas such as organizational development, specialty care reform, human resources and continuing medical education (CME). The membership includes 39 organizations representing 30,000 specialists. According to its mission statement, “the FNSSC is a network of the national specialty societies of Canada that is dedicated to promoting accessible specialty care of a high standard within a comprehensive and coordinated health care system.” The administrative office is located at the Royal College in Ottawa. A website (www.fnssc.ca) has also been developed.

The FNSSC held a general membership meeting on January 29, 2005 and invited non-member organizations, such as the Canadian Rheumatology Association (CRA), to attend with a view to deciding whether or not to join. Strategic plan initiatives fall under two broad categories:

1) Policy Development and 2) Advocacy and Membership Services and Benefits. One priority is human/physician resources. A committee has been developed which is looking to collate data from individual specialty societies before developing a position paper. Another issue is patient safety and the FNSSC is working to ensure that it is represented as systems are developed and implemented to enhance medication safety.

The cost of membership in the FNSSC is nominal at $1.50/member. Meetings are held twice a year. The time commitment could be an issue, particularly as new committees are developed. At this point, the recommendation going forward is that the CRA should be represented in the FNSSC.

C. Douglas Smith, MD, FRCPC
Head, Division of Rheumatology
The Ottawa Hospital
Associate Professor of Medicine
University of Ottawa

Provincial News

Rheumatology on Vancouver Island

M ost Canadians have heard of Victoria, British Columbia and how beautiful it is and how great the weather is. In fact, many people would like to retire there. Surprisingly, while most people know that Victoria is on Vancouver Island, many do not realize that it is only one city on an island which is quite large. In fact, Vancouver Island is as large as England. It takes approximately eight hours to drive from the south end of the island to the north end, and about three hours to drive from the east end to the west end.

Victoria is situated at the south end of Vancouver Island. The city of Nanaimo is a 90-minute drive (north) from Victoria and is the second largest city on Vancouver Island. There are a number of other smaller cities on the island which have been rapidly growing in the last few years. These include Duncan, Courtenay, Comox, Campbell River and Port Hardy. Most of these cities are along the east coast of the island. The west coast of Vancouver Island is also very beautiful and quite rugged with lovely beaches. Tofino is situated on the west coast and is a major tourist attraction.

Nanaimo has a population of 77,000 people and is located on the east coast. There is access to Vancouver by ferry. There are numerous recreational activities available on the island, ranging from year-round golf, skiing on Mount Washington and other local mountains in winter, as well as hiking, biking, kayaking and fishing.

The weather on Vancouver Island is more temperate than the rest of Canada. The north end of the island tends to receive more rain, but winters are generally not very cold and summers not very hot.

The rheumatology services on Vancouver Island are provided by four rheumatologists in Victoria and one in Nanaimo. There is also a part-time rheumatologist in Parksville—a small town north of Nanaimo. Travelling rheumatology clinics established by The Arthritis Society (TAS) provide services for cities such as Campbell River, Port Alberni, Duncan and Comox. These services are offered every three months—sometimes even more fre-
University of Manitoba

The University of Manitoba Arthritis Centre has been fortunate to be the beneficiary of a fully endowed $2 million Rheumatology Research Chair that was funded jointly by multiple partners at the local and national levels. The first recipient of this Chair is Dr. Hani El-Gabalawy. A team of investigators, led by Dr. John Wilkins and including Dr. El-Gabalawy and eight other investigators, was successful in obtaining a Canada Foundation for Innovation (CFI) grant of $7.3 million to establish a Systems Biology Program at the University of Manitoba. The Systems Biology Program will focus, in part, on the application of proteomics to the study of rheumatic diseases.

- Hani El-Gabalawy, MD, FRCPC

Campus News

Maqbool Sheriff, MD, FRCPC

The University of Manitoba Arthritis Centre has been fortunate to be the beneficiary of a fully endowed $2 million Rheumatology Research Chair that was funded jointly by multiple partners at the local and national levels. The first recipient of this Chair is Dr. Hani El-Gabalawy. A team of investigators, led by Dr. John Wilkins and including Dr. El-Gabalawy and eight other investigators, was successful in obtaining a Canada Foundation for Innovation (CFI) grant of $7.3 million to establish a Systems Biology Program at the University of Manitoba. The Systems Biology Program will focus, in part, on the application of proteomics to the study of rheumatic diseases.

- Hani El-Gabalawy, MD, FRCPC