CRA

The Journal of the Canadian Rheumatology Association

Volume 16, Number 4 • Winter 2006

FOCUS ON
Provincial Differences in Therapeutics and Trainees

The ACR Annual Scientific Meeting, Washington DC, November 2006

PUBLISHING STAFF

Paul F. Brand
Executive Editor

Russell Krackovitch
Editorial Director,
Custom Division

Maeve Brooks
Managing Editor

Dana Wittenberger
Editor-proofreader, French

Donna Graham
Production Manager

Dan Oldfield
Design Director

Jennifer Brennan
Financial Services

Robert E. Passaretti
Publisher

EDITORIAL

"I am Canadian:" Provincial Differences in Therapeutics and Trainees

By Glen Thomson, MD, FRCPC

I am Canadian-but that doesn't matter much if you have arthritis. What matters more is where you live. A new therapy available in the province next door may take years to become available to your patient, if the patient can get it at all. Many Canadians fall under the federal regulations in terms of their access to medications. Federal rules are no less arbitrary than those of provincial ministries of Health. Frequently, First Nations patients cannot gain the same access to a new therapy through the National Indian Health Board (NIHB) compared to their non-aboriginal fellow citizens. The ethics are dubious when we allow anonymous medical bureaucrats to deny access to necessary treatments and suggest alternative therapies (always with an eye to cost not safety and efficacy) without ever even seeing the patient or reviewing a complete medical chart. I thought this is why co-signing "internet pharmacy" prescriptions was proscribed. In this issue, Dr. Michel Zummer details the discrepancies between our provinces in this matter. From almost a continent away, Dr. Catharine Dewar comments on our patchwork quilt of Medicare.

The CRAJ also looks at the graduates of 2006. Each province is addressing their local needs with great variability. Grads completing training are staying in the provinces in which they were educated usually within the university in which they train. The recruitment slogan is certain not to be: "Join Rheumatology and See Canada."

The final issue of the year makes us reflect upon the past year. The CRAJ has presented to you the important issues that you have identified in the 2006 Needs Assessment. We appreciate your many encouraging comments about the vignettes from the regions, provinces and universities across this country. In our sadness, we celebrate in memoriam the lives of our comrades who have left us this past year. A unique rheumatologist, Dr. Howard Stein is remembered in this issue.

Wanted: New Rheumatology Grad for Dog River.

Our thanks to the publishing and editorial staff of STA Communications Inc., and especially to Stephanie Costello. Stephanie has been the managing editor of the CRAJ since the autumn of 2003 and has contributed much to make the CRAJ a success. All of us who have had the pleasure of working with her know that she is certain to have a very bright future in her new endeavours. We wish her all our best.

The Board of Directors continue to fuel CRAJ with creative energy. Pfizer Canada has continued their stalwart support of this CRA initiative. All of us involved with the CRAJ thank sincerely the readers for their interest, commentary and critique. Merry Christmas, Happy Hannukah, and best wishes for all of your individual celebrations. From the CRAJ and its many contributors, all the best for 2007!

- Glen Thomson, MD, FRCPC
Editor-in-Chief, CRAJ

Greeting from the CRA President

By Gunnar Kraag, MD, FRCPC

This is our annual holiday issue of the CRAJ so let me begin by extending best wishes to everyone for the holiday season and I hope that you all get a chance to rest, reflect and have lots of time to enjoy family and friends.

I have been President for about 8 months now and as far as I can tell the organization has not collapsed and our treasurer assures me that we remain financially solvent. So much for some of those negative predictions circulating when I became President. The secret is that the CRA is very lucky to have superb individuals who run our committees and projects with no fuss or bother and just go out and get the job done. We will once again have an outstanding annual meeting in Lake Louise thanks to Dr. Janet Pope and her committee and we are all looking forward to the beautiful new facilities and more efficient meeting space. The new CRA website is outstanding and continues to evolve under Dr. Andy Thompson's leadership. There are some exciting, educational opportunities on the web that Heather and the Education Committee are exploring. Dr. Janet Markland and the Human Resources Committee are doing everything possible to improve the exposure of students and trainees to rheumatology as early as possible. Space prohibits me from mentioning everything that is going on and everyone involved, but our strength is truly our members who continue to demonstrate commitment and excellence.

Dr. Glen Thomson is the strength behind the CRAJ and he assures me that he will stay on until Hugh Heffner retires. Dr. Michel Zummer has been successfully weaned to about 200 emails a day but is a bit despondent since he is not getting the speaking invitations or fees that other past presidents such as Bill Clinton command. Dr. John Thomson, the beloved Vice-president, has recovered from the injuries he received in Mexico after being struck by a killer wave and looks forward to the black diamond runs at Lake Louise. Witnesses say the wave almost came to mid-calf.

See you all in Lake Louise!

A scene from the CRA presidential inauguration ceremony in Mexico.

Two crazy Canucks having fun at Lake Louise.

…….so it goes

- Gunnar Kraag, MD, FRCPC
President, CRA

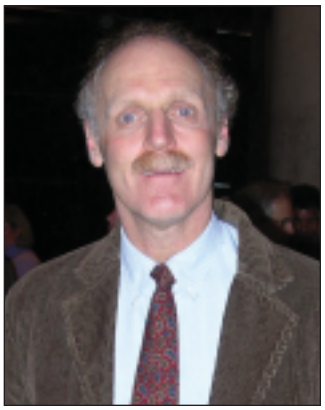
Vice-Presidential Greetings

By John Thomson, MD, FRCPC

As I write this short piece I, and I'm sure many of you, are preparing to head off to the ACR conference in Washington, DC. For many years I took a miss on the American College of Rheumatology (ACR) conference, finding it an almost mind-boggling and unwieldy affair. With my CRA executive duties, I am expected at a number of meetings that occur at the ACR conference. Last year's meeting in San Diego, my first in many years, was exciting, fast-paced and, yes, somewhat mind-boggling and unwieldy. One thing for sure, excitement was in the air, the excitement that I think most of us feel as we practice modern-day rheumatology.

I feel very fortunate to be practicing rheumatology in 2006. Intellectual stimulation abounds. While technological advances are certainly evident, we remain one of the most clinically based specialties, depending perhaps more than most specialties on our clinical skills and experience. With our armamentarium of new drugs, we are able to change the course of disease in our sickest patients as never before.

I believe that as rheumatologists practicing in Canada, we have much for which to be thankful. Undoubtedly, significant challenges remain to providing optimal care for patients. We are, however, making progress and we are making a real difference to arthritis patients in Canada.



We look forward to our annual meeting in Lake Louise. Dr. Janet Pope and her scientific committee are finalizing the program. With a little inside information, I can tell you that this year's meeting looks outstanding. There will be much rheumatologic excitement in the cool Alberta mountain air in February.

I would like to take this opportunity to wish all of you and your families a wonderful and relaxing Holiday Season. I look forward to seeing many of you at our annual meeting in February.

Sincerely,

- John Thomson, MD, FRCPC
Vice-president, CRA

Letter to the Editor
Sir,

As a regular subscriber to your journal, I read with interest and some considerable concern the report by Dr. John Thomson (CRAJ 2006; 16(3):14) in which he outlines the travel plans and proposed budget of our beloved president. While some might argue that he comes by it honestly in emulating the activities of his predecessors, Dr. Kraag does appear to be taking his responsibilities rather too seriously and to excess. Should we be concerned? The answer is to be found on page 20 of the same edition where Dr. Kraag is seen discussing the unusual colour of his urine specimen with two distinguished maritime colleagues. The explanation is clear: porphyria. This unfortunate malady of kings is known to cause port wine discolouration of the urine and to be associated with a variety of different personality traits which might explain the aspirations and behavioural pattern of Canada's self-proclaimed "leading rheumatologist." Now that all is made clear, I, for one, will have no hesitation in supporting a motion to increase CRA dues in the future.

Yours sincerely,
Paul Davis, MD, FRCPC, MRC, MB ChB

Unequal Access to Therapies- Canada Giveth and the Provinces Taketh Away

By Michel Zummer, MD, FRCPC

The Summit on Standards for Arthritis Prevention and Care (SAPC), held from October 31st to November 2nd, 2005, identified 12 definitive standards for equitable prevention, care and treatment for arthritis across Canada. Access to medications was one of the priority standards designated by the Alliance for the Canadian Arthritis Program (ACAP). The Access-to-Care Committee of the Canadian Rheumatology Association (CRA) has reviewed the variations in access to medications in order of importance to rheumatologists and their patients. We focused on biologics, anti-osteoporosis drugs and cox-2 inhibitors.

Typically, individuals with private drug coverage are able to access new medications shortly after the drug has received its notice of compliance (NOC). The public drug formularies have always lagged behind the private insurers, an initial bias to our patients. The first biologic to receive NOC was etanercept (Enbrel®) for rheumatoid arthritis (RA) in December 2000. The first provincial formulary to cover the drug was Saskatchewan, in September 2001, but patients in Newfoundland had to wait an additional 44 months (April 2005). Table 1 illustrates the various delays from NOC to provincial formulary listings for the three biologic drugs for RA. Coverage for psoriatic arthritis (PsA) and ankylosing spondylitis (AS) has lagged further behind.

A second hurdle to drug access has been the actual criteria for eligibility which also vary widely for each province. The variations include the requisite that a rheumatologist prescribe the biologic, the number of disease-modifying antirheumatic drug (DMARD) failures, the sub-cutaneous use of methotrexate, the requirement for leflunomide failure, and the number of active joints (Table 2). Estimated minimum time from the start of the first DMARD to eligibility for the biologic drug varies from three to seven months.

A patient with osteoporosis must demonstrate failure to etidronate (with or without a previous fracture) in order to have access to alendronate, risedronate or raloxifene (Table 3). Teriparatide has no coverage in any province but

Table 1
Months From NOC to Provincial Listings - Biologics

		NOC	BC	AB	SK	MB	ON	QC	NB	NS	NF	PEI
RA	Etanercept	1/12/00	16	28	10	29	20	22	28	16	52	44
RA	Infliximab	27/09/01	25	19	10	18	10	13	19	7	43	43
RA	Adalimumab	24/09/01	10	13	10	12	8	13	16	7	7	NL
RA	**Average**		**17**	**20**	**10**	**20**	**13**	**16**	**21**	**10**	**34**	**44**
RA	Rituximab	16/06/06	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
RA	Abatacept	29/06/06	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
PsA	Etanercept	08/01/04	NL	8	23	Yes	Pre-NOC	8	26	14	14	NL
PsA	Infliximab	07/06/06	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
PsA	Adalimumab	20/06/06	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL
AS	Etanercept	06/05/05	NL	NL	NL	Yes	4	9	NL	NL	NL	NL
AS	Infliximab	24/06/05	NL	NL	NL	NL	7	8	12	NL	NL	NL
AS	Adalimumab	17/10/06	NL	NL	NL	NL	NL	NL	NL	NL	NL	NL

NL = Not listed RA = Rheumatoid arthritis PsA = Psoriatic arthritis AS = Ankylosing spondylitis

may be reimbursed as a "*patient d'exception*" in Quebec.

Coxibs (*e.g.,* celebrex) are restricted in all provinces except Quebec and New Brunswick and are not listed in Prince Edward Island.

Access to medications varies widely across the provinces. When presenting therapeutic options for our patients, should informed consent also include the option to consider moving to another province?

Table 2
Provincial Criteria for Biologic Agents for RA

Criteria	BC	AB	SK	MB	ON	QC	NB	NS	NF	PEI
Minimum number of DMARD Failures	3	2	2	3	3	2	3	2	2	2
MTX sub-cutaneous	Yes	Yes	NL	No	No	No	NL	No	NL	NL
Must include LEF	No	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes
Must use combo	Yes	Yes	Yes	yes	Yes	No	Yes	Yes	Yes	Yes
Estimated minimum number of months*	6	6	NL	No	6	3	6	3	7	3
Minimum number SJC	NL	DAS	NL	No	5	8	NL	NL	NL	NL
Requires rheumatologist	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	Yes

NL = Not listed DAS = Disease activity score SJC = Swollen joint count LEF = Leflunomide failure MTX = Methotrexate
*minimum time from start of DMARD to start a biologic

Table 3
Osteoporosis Medications

	NOC	BC	AB	SK	MB	ON	QC	NB	NS	NF	PEI
Alendronate (10)	8/12/95										
Alendronate (70)	04/02/02	Apr 2002	Jan 2003	Jan 2003	Jul 1996	Jan 2003	Oct 2002	01/05/03	Nov 2002	NL	Jan 2003
Months from NOC		2	11	11		11	8	15	9	NL	11
Restrictions		EF	EF	EF	EF	EF	Open	Open	If Fx	EF	EF
Risedronate (5)	17/07/00	28/05/02	01/01/01	12/01/00	07/03/01	03/07/01	01/01/01	08/12/00	11/01/00	12/01/00	
Risedronate (35)	9/12/02	21/03/03	07/01/03	07/01/03	9/15/03	4/16/03	06/01/03	30/04/04	06/15/03	11/01/05	NL
Restrictions		EF	EF	EF	Yes	EF	Open	Open	If Fx	EF	NL
Raloxifene	06/11/98	Oct 2000	Jan 2001	Jul 2001	May 2003	Nov 2000	Jan 2000	01/12/00	Nov 2000	Apr 2000	NL
Restrictions		NL	EF	EF	Yes	EF	Open	Open	OK ?	EF	NL
Teriparatide	03/06/04	NL	NL	NL	NL	NL	Res	NL	NL	NL	NL

NL = Not listed EF = Etidronate first If Fx = if Fracture Res = Restricted

Commentary: Where Do We Go From Here?

By Catharine Dewar, MD, PhD, FRCPC

A few years ago I had to give my patient the hard facts about her rheumatoid arthritis (RA). I showed her the algorithm I must follow to get her onto biologics in British Columbia (BC), and I estimated at least another 6 months of delay. I told her the drugs cost $400-500 per week on average. She looked at me and asked "when can I start the drug?" I started to explain again, and she laughed and said she won the Lotto—money was no object. A true story. A sad story EXCEPT she is in a remission on "her" biologic.

Do we need national standards guiding the use of the biologics for RA? Isn't arthritis the LEADING cause of disability in this country? The data presented by Dr. Michel Zummer show us how disparate the provincial guidelines are, not just for the biologics (!) and how one's geography will determine one's fate with RA. Rheumatologists fighting for access to biologics must convince provincial authorities that RA is deserving of a bigger slice of the resources, just as cardiologists and oncologists are promoting their patients' needs. The provinces receive their share of Federal transfer patients…but is the "sharing" fair? The monies returned are based on the population and not the demographics such as the age or the disease burden/diagnoses of the citizens. BC and Prince Edward Island (PEI) are destinations for retirees seeking respite from pollution, crowds or climate, all of which have an impact on health. Any province with more elderly citizens struggles with the rising costs of health, as the bulk of one's costs occur in the last years of life. Dr. Zummer talks of patients moving for access to therapies including the biologics. That may not help: all provinces enforce a few months' delay before the individual is transferred to the health-care budget of the new province. Those months early in the course of RA are critical in the disease outcome as we know.

Many of our patients will become disabled if we cannot practice to the standard of care, in our managed health-care system. We have tools such as the hand magnetic resonance imaging (MRI), the cyclic citrullinated peptide antibody (CCP) test, the genetic profile and functional assessment to help us create our own algorithm of those at high risk of disability; and greatest need of new drugs. We must also advocate to get useful prognostic tools covered by the provinces. We have a challenging road ahead but it is nothing compared to the journey our patients' face. We owe it to them to improve their fate.

- Catharine Dewar, PhD, MD, FRCPC
Head, Division of Rheumatology
Lions Gate Hospital
North Vancouver, BC

The Bored

Serious delliberations at the Canadian embassy reception

Generation Next: Staying Close to Home

By Glen Thomson, MD, FRCPC

The CRAJ surveyed program directors across Canada to determine how many graduates in Rheumatology are emerging from the various programs. Ten program directors responded to our survey. Three of the 10 programs will not graduate a rheumatologist in 2006.

However, 16 new rheumatologists will complete training programmes. It should be no surprise that the University of Toronto continues to be the factory for rheumatology, producing seven of this number; five will continue in further postgraduate education or research training. It should be noted that all of the University of Toronto Canadian trainees had at least one year of funding from The Arthritis Society (TAS). This funding was not reported by any of the other program directors. It was pointed out that TAS's funding is not permitted by the Québec provincial Ministry of Health. All three of University of Montréal's graduates will continue in further postgraduate research.

Nine of the sixteen trainees who have completed their training in 2006 come from Canadian medical schools. All of the trainees will take the Royal College Certification Examination in Rheumatology. Three trainees will take the American certification examination. Five of the international rheumatologists will be leaving Canada to begin academic appointments.

Dalhousie University is poised to take on a new graduate into a full-time academic practice. Manitoba will get another community-based rheumatologist. The plans of the other trainees are as yet uncertain although British Columbia is likely to retain one graduate.

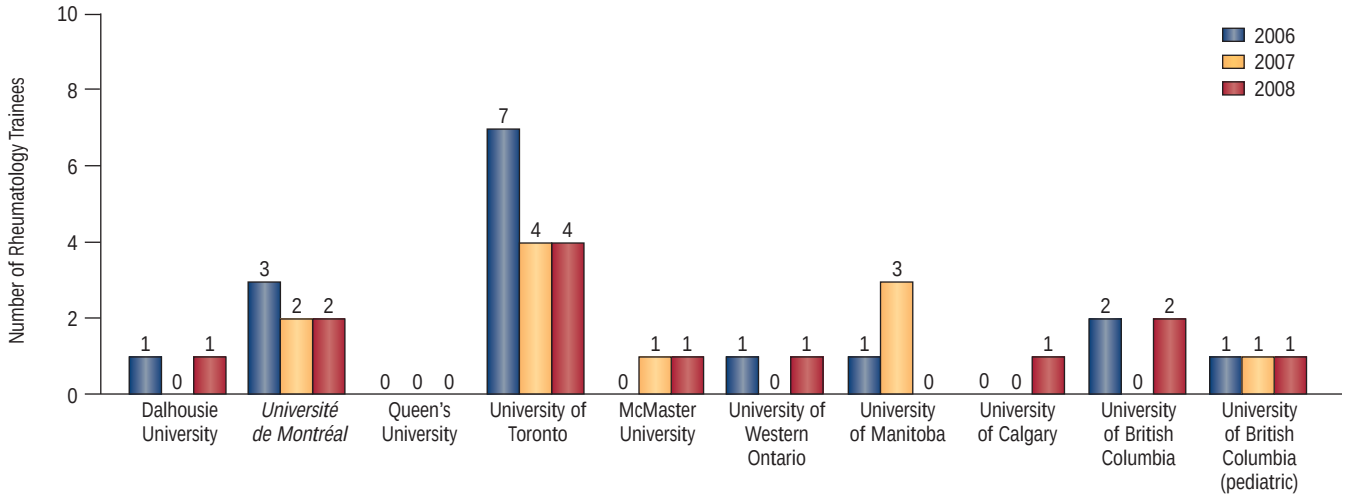
2007 has the potential of graduating 11 more trainees. Fourteen more may emerge in 2008. Pediatric rheumatology data was only available from the University of British Columbia which will graduate a pediatric rheumatologist in this year and each of the next three years.

There is a preponderance of interest in these recent trainees in pursuing rheumatology careers inside the university setting. This will no doubt go a long way to ease the burden of upcoming retirements within many faculties. What remains very concerning is the low interest in trainees for a career path in independent community practice. While major population centers may be well served from the clinical service perspective by their teaching hospitals, smaller communities without university affiliation do not appear to have a ready source of rheumatologists to replace those who are planning to retire in the near future. It was also interesting to note that trainees within a given province will either move internationally at the end of training (usually to their original country of origin) or stay within the province in which they were trained. There appears to be little or no mobility of graduates across the country from province to province.

Hopefully, our next survey will have a more complete response from all of the program directors across Canada. Your comments about these results are welcomed.

Glen Thomson, MD, FRCPC
Editor-in-Chief, CRAJ

Cumulative Number of Rheumatology Trainees graduating in Canada



HRC Activities Update

By Janet Markland, MD, FRCPC

At the present time in Canada, there is a shortage of rheumatologists countrywide. Unfortunately, as the needs of the aging population are growing, the number of new rheumatology recruits is not keeping up proportionally.

According to the CRA website, there are currently 429 Canadian members, almost 30 of whom identify themselves as pediatric rheumatologists. At the time of the 2004 CRA Needs Assessment (NA) survey (CRAJ Summer 2004), of the 408 Canadian members sent questionnaires, only 1% of rheumatologists were under the age of 30, compared to 5% in 2000. Also at that time, 47% were aged 50 years or older, compared to only 36% in 2000. According to the results of the 2004 NA survey, one in seven rheumatologists planned to retire in the next five years. Using these numbers, there will be approximately 60 rheumatologists that will be retiring in the next five years. It has been estimated by The Arthritis Society in 2004 that Canada was deficient by at least 80 rheumatologists. There are currently about 34 training positions available each year across the country, but only approximately 20 clinical fellows are entering rheumatology each year.

Over the last year, the Human Resources Committee (HRC) has been working hard to recruit potential rheumatologists from the current medical student population. Some of the initiatives undertaken by the HRC include a promotional brochure published in both English and French (thanks to Marie Préfontaine, and Dr. Gilles Boire for their translation skills) outlining the benefits of choosing rheumatology as a subspecialty. A lot of work was put into the production of this publication by my staff and by Dr. Christine Peschken,

including acquiring publication rights for images from the American College of Rheumatology, modeling and photography talent that was hired, and many, many hours designing and formatting all the little details in the brochure.

Some of the incentives mentioned in the brochure include cutting edge medical science and practices, revolutionary biologic therapies, sharpened internal medicine skills kept by working with multi-organ diseases. There is also the advantage of ambulatory care-based practices for career and personal life balance, the ability to work with patients of all ages and potential for long-term relationships, and opportunities for clinical practice, research, and medical education.

The CRA has obtained and is providing some excellent publications to division heads for distribution to first year medical residents who are rotating through rheumatology. These include "A Primer on Musculoskeletal Examination" by Evelyn Sutton and the French equivalent, "*Guide Practique de la Rhumatologie*" by Mark Hazeltine.

In the meantime, the "Canadian Residents' Rheumatology Handbook," edited by Lori Albert, is an extremely useful, detailed publication that was provided to all first-year residents in Canadian medical programs. As well, "Thompson's Rheumatology Pocket Reference" has been brought out in its third edition by Dr. Andy Thompson and is proving to be very handy. (All the residents say "Andy's book is handy!") We plan to have all of the above books listed on the CRA website.

Some of the efforts of CRA board members to recruit rheumatologists include entertaining residents through the "rheumatology Jeopardy game" developed by Dr. John Sibley, weekend rheumatology retreats which will happen annually at Thanksgiving in Vancouver, the Gate Analysis Locomotor Screening (GALS) exam used at McMaster University and developed by Dr. Alf Cividino, who also organizes rheumatology boot camps, and revision of the website by Dr. Andy Thompson, which readers should visit at *http://www.rheum.ca*. We would like to encourage all rheumatology sites to use these activities in their programs.

And finally, special thanks to Dr. Doug Smith for organizing the special combined student recruitment task force.

Bill 37: An Unfair, Coercive, Abhorrent and Perverse Act

By François Couture, MD, FRCPC

Despite the many long months of negotiations between the Federation of Medical Specialists of Quebec (FMSQ) and the *Ministère de la Santé et des Services Sociaux*, despite the Letter of Agreement (No. 146) signed in 2003, in which the government recognized that it "is responsible for ensuring and maintaining a competitive level of remuneration in order to enable the retention and recruiting of medical specialists necessary to the proper functioning of the health system" and "undertakes to correct the disparities acknowledged by the parties," despite the lack of measures interfering with health care, Minister Couillard imposed a bill (Bill 37) upon all medical specialists in Quebec on June 13, 2006, an act as abhorrent as it is perverse.

The activities of the FMSQ calculated the disparity of remuneration with the Canadian average to be 44%-10% with the government and 36% with the opinion of independent experts. The act does not take into account any monetary compensation, and under the pretext that we must comply with the same measures as public services, it forces us to accept 0% for the first two years (2004-2005) and 2% per year for the following four years (2006-2009).

This unfair and anti-democratic act is definitely very binding: it prohibits all medical specialists from participating in concerted action to stop, reduce, slow down or modify his/her professional activity, or becoming a professional who has withdrawn (i.e., a non-participating professional); the FMSQ and the associations are prohibited from undertaking or continuing concerted actions and must take the appropriate means to induce their members not to participate in such concerted actions; no person may prevent or impede the provision of medical services, nor help or encourage a medical specialist or any other person to contravene any provision of this bill.

Administrative, civil, penal and disciplinary measures may be imposed on any medical specialist who is presumed to have participated in a concerted action, as well as the associations presumed to be responsible for the offence: the remuneration is reduced by an amount equal to twice the average daily remuneration of medical specialists in that specialty, a fine of $1,000 to $5,000 for each day in the case of a medical specialist, $25,000 to $125,000 in the case of the FMSQ or associations, $7,000 to $35,000 in the case of executives or employees, representatives of class actions. The presumption of innocence is usually rescinded and it is up to the medical specialist, the association or the Federation to prove that they have not contravened the legislation.

This bill, which is as unjustified as it is perverse, wants to silence medical specialists.

Meanwhile, taking advantage of the gag order of this coercive legislation, the government has used it to its advantage to launch a charming promotional campaign, for election purposes, to commend its healthcare administration.

In response, the FMSQ Delegates' Assembly, held on September 14, 2006, made recommendations to the FMSQ Board of Directors to stop all current negotiations with the government for as long as the bill is not withdrawn. The FMSQ recommends all its medical specialists to:

1. fully respect the bill and not change our professional activities in any way;
2. refuse to continue carrying out activities that are not remunerated;
3. refuse to continue carrying out certain activities that are not sufficiently remunerated and
4. speak out against any unacceptable conditions of practice, as well as unacceptable conditions of healthcare.

The Quebec Association of Rheumatologists encourages its members to:

1. not jeopardize the quality of services offered to patients but, at the same time, to keep them well informed on the current situation and the long-term risks of a healthcare system that is managed exclusively by health administrators and excludes all negotiated participation and fair remuneration for its medical specialists;

2. inform their patients on the risks of external exodus which is incessantly downplayed by the government, as well as the risks of internal exodus which is much more significant. During the Quebec Association of

Rheumatologists Assembly, held on October 6, 2006, we presented figures which revealed that over 25% of our members have migrated internally over the last five years due to poor remuneration of their clinical activities;

3. denounce conditions of practice and healthcare services that are unacceptable to the FMSQ. The Federation invites its members to speak out against aberrations that they and their patients experience (waiting lists, cancelled surgeries, refused exception drugs, delayed tests or medical consultations, etc). The FMSQ urges its members to explain to their patients the importance of lodging complaints to the local commissioner of their medical institution by using the form provided by the FMSQ. The law obliges the Complaints Commissioner to respond to ALL petitions submitted; and

4. apply these measures on an individual basis, based on their personal legal obligations, but also with the firm intention to show solidarity with our colleagues in other specialties. In Quebec, 75% of rheumatologists are remunerated according to a combined method of remuneration which includes certain teaching and medical-administrative activities that they cannot modify in a concerted fashion, contrary to the majority of colleagues who are remunerated mainly according to the activity and excluding their usual practice.

The future of specialized medicine in Quebec and the population's accessibility to our healthcare services depends on the FMSQ strongly reinforcing the message. The future also depends on the liberal government (which is disconnected from our reality) realizing that, by no means, have we forgotten. Specialized medicine in Quebec is undergoing a major shift which risks never being carried out unless our patients and stakeholders realize how much our rights and freedoms are being abused. It is imperative that this disgruntlement be heard and that all medical specialists remain united and persistent.

François Couture, MD, FRCPC
President, Quebec Association of Rheumatologists

News from the CRA Therapeutics Committee

By Vivian Bykerk, MD, FRCPC, Chair of the CRA Therapeutics Committee

Over the past year, the Therapeutics Committee has put a significant effort into focusing on patient information, safety and guideline development. This includes the development of updated or new patient information sheets for the Canadian Rheumatology Association (CRA) membership and their patients thanks to the hard work of Dr. Andy Thompson. New patient information sheets are now available for the two new biologic agents, abatacept and rituximab. These can be accessed from either the CRA website or by *www.rheuminfo.com*. The CRA has also partnered with The Arthritis Society (TAS) to put together an all-new patient information section on drugs for arthritis. This will be coming shortly to the TAS website. On the recommendation of the CRA executive and Therapeutics Committee, Dr. Walter Maksymowych has gone forward to develop guidelines for the management of spondyloarthropathies. These guidelines will update those published in the past in the Journal of Rheumatology. They have been done in consultation with experts in the spondyloarthropathies. Updated guidelines regarding pharmacotherapy for rheumatoid arthritis are also being planned. Finally, the Therapeutics Committee is planning to make a patient safety card available for patients receiving biologic agents. The card will provide instructions on what to do in case of infection and patients can keep the card in their wallet, handy for viewing by their other healthcare providers. More details will follow after the American College of Rheumatology meeting.

Vivian Bykerk and Steve Edworthy

Report from the RCPSC Rheumatology Specialty Committee

By Avril Fitzgerald, MD, FRCPC

Many of you may wonder what the Royal College of Physicians and Surgeons of Canada (RCPSC) Specialty Committee does between the brief presentations at the annual Canadian Rheumatology Association (CRA) business meeting. The committee does, in fact, have multiple functions, such as:

- advising the Accreditation Committee on accreditation of rheumatology training programs
- advising the Credentials Committee on objectives of training and training requirements for the specialty
- advising the Evaluation Committee on the format of the exam and examination board appointments
- revising specialty-specific documents as needed
- advising the Committee on Specialties on matters including specialty status
- liaising with the National Specialty Society (NSS) on educational matters

The nucleus membership consists of up to six members, including the Chair and one member selected from the five geographical regions of Canada. Rheumatology program directors are corresponding members of this committee, which holds its annual meeting in conjunction with the CRA meeting.

To the end of September 2006, the nucleus members were as follows:

Region 1 - Dr. John Watterson
Region 2 - Dr. David Robinson
Region 3 - Dr. Mary Bell
Region 4 - Dr. Laeora Berkson
Region 5 - Dr. Dianne Mosher

The Chief Examiner is Dr. Jean Gillies; Dr. Jerry Tenenbaum served as NSS Observer. Last month, I completed my term as Chair of the Rheumatology Specialty Committee after four years. I am pleased to announce that Dr. Heather McDonald-Blumer accepted the position, starting October 1, 2006. We wish Dr. McDonald-Blumer every success in this role and know that the other members of the specialty committee will support her as she learns the intricacies of RCPSC educational matters.

CCAR News

By Doug Smith, MD, FRCPC

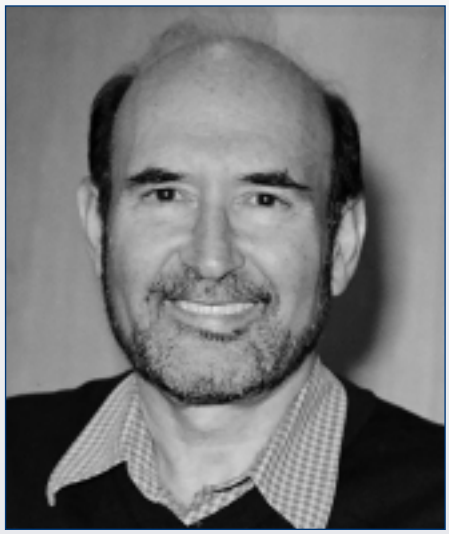
The Canadian Council of Academic Rheumatologists (CCAR) represents directors of academic arthritis centres and reports to the Medical Advisory Committee of The Arthritis Society (TAS). Throughout 2006, the agenda has been dominated by issues related to education of rheumatology trainees, and to the TAS programs for rheumatology residents and clinician teachers.

Schering Canada Inc. made a generous contribution through CCAR to support education of rheumatology trainees through the "Schering Proposal." In March, a unique and productive meeting was convened to look at implementation of the Schering proposal and at manpower issues. This gathering included program directors, arthritis centre directors, clinician teachers and members of the executives of the Canadian Rheumatology Association (CRA), TAS and CCAR. One of the most visible outcomes of this will be the first National Rheumatology Resident's Weekend being held in Montreal, January 26-28, 2007 under the capable leadership of Dr. Heather McDonald-Blumer. We are also looking at improving online educational opportunities for trainees through the CRA website.

CCAR continues to struggle with the issue of TAS-funded training positions and the recommendation that these be phased out and replaced with a true Clinical Fellowship program.

In November, Dr. Claire Bombardier will take over as Chair of CCAR for a two-year term. We are in good hands! The agenda will include further enhancements to education of trainees, manpower, additional sponsorship opportunities and, hopefully, resolution of challenges surrounding the Rheumatology Resident's program, Clinician Teacher/Educator program and a Clinical Fellowship program.

Howard B. Stein, MD (1946-2006)



Howard B. Stein-husband, father, honorary professor, rheumatologist, political advocate and ambassador for world peace—died September 21st, 2006 of myelofibrosis. He was 60 years old. Throughout the 17 years battling myelofibrosis he remained very involved in medicine, politics and world peace. Howard, affectionately known as "Howie," never stopped making a difference in our world.

He was an incredible man. Always good humored and interested in the views of others. To meet him made one feel fortunate. The response of others to Howard was always praise and admiration.

He created the Division of Rheumatology at St. Paul's Hospital in Vancouver, British Columbia (BC) and served as Division Head at St. Paul's until his illness made this impossible. He mentored a generation of young doctors and his teaching was recognized by a raft of awards. He led in creating medication-specific disease-monitoring clinics and performed landmark research around them.

Howard was the consummate clinician. His empathetic bedside manner made every patient feel that he/she was the only person in the world. His diagnostic acumen left even his colleagues suspecting he had a sixth sense. He was as gifted in management as diagnosis and much sought after for a second opinion.

Although for the past few years he was unable to carry on a full-time practice, he was ever present for patients and for the trainees-including his colleagues who never stopped learning from him. He set up a weekly course for the Rheumatology Residents Academic Half-Day where he taught week-in and week-out, passing on his insights won by decades of study. His answers for patients' questions on The Arthritis Society's web page were often brought to consultations with other rheumatologists. It was rare that both the patient and physician didn't benefit from his wise advice.

Howard was busy outside of medicine. He campaigned ardently for the BC Liberal party. He brought representatives from Jordan and Israel to Vancouver for a peace summit. Leaders of Jordan sent a telegram of sympathy and the Canadian parliament held a moment of silence upon his death. Howard quietly chartered his own campaign for world peace. His motto might have been, "One person can make a difference."

Yet, despite his myriad accomplishments, Howard was a humble man of great character and unwavering dignity. He never boasted or patronized. His main sources of joy in life were his wife Sunni and his precious boys Jaime and Jordan. He radiated happiness when he discussed his boys—he considered them his greatest accomplishment.

The rheumatology community has lost a "Great One." But, Howard Stein's legacy will certainly live on. We should memorialize him in our everyday lives by striving to make a difference for others.

Rhonda Shuckett, MD, FRCPC
John M. Esdaile, MD, FRCPC

News from British Columbia

By Stuart Seigel, MD, FRCPC

The southern interior of British Columbia (BC), with its mountains and lakes, continues to attract rheumatologists. Dr. Jackie Stewart, a long-distance runner from Toronto, endured culture shock moving to Penticton to join Dr. Bob Offer's practice. She happily discovered that it is the site of the ultimate marathon, the Canadian Iron Man. She has entered the New York Marathon, and has raised $8,500 for Joints in Motion.

A little bit north, Kamloops has three rheumatologists (Dr. Jan Navratil, Dr. Barbara Blumenauer, and Dr. Nancy Hudson). Kelowna, in the central Okanagan Valley, is becoming the tertiary center for the interior, and there are plans to establish another site for the University of BC medical school. Dr. Michael Puttick, Dr. Dan McLeod and Dr. Stuart Seigel all have fulltime practices in Kelowna.

Dr. McLeod is Chair of the local Medical Advisory Committee (MAC) when he is not in his office or practicing the bagpipes. Dr. Puttick, Dr. Offer and Dr. Stewart hiked the Inca trail to Machu Picchu after attending the Pan American League of Associations for Rheumatology (PANLAR) in Peru. Dr. Seigel spends his spare time ski touring (and avoiding avalanches) or kayaking the local rivers. Kelowna is also the site of the annual Western Alliance Rheumatology (WAR) conference, a chance for western rheumatologists from BC to Manitoba to gather and enjoy the best in Okanagan sun and wine.

Dr. Bob Offer on the Reed Island of Lake Titicaca in Peru.


From left to right: Dr. Jackie Stewart, Dr. Bob Offer and Dr. Stuart Seigel enjoying a hike to the Burgess Shale at BC's Yoho National Park in August 2005.


Lake Okanagan with views of Kelowna, BC in the distance.

News From Hamilton

By Alf Cividino, MD

In Hamilton, rheumatology is flourishing. Dr. Jonathan Adachi continues to lead the way in his 15th year as Division Head. Dr. Adachi has developed a network of graduate students and post-doctoral fellows such as Karen Beattie who have enhanced our research efforts. His body of work was recently acknowledged when he was presented with the North American Menopause Society Award for Innovation in Osteoporosis Research last month in Nashville, Tennessee.

We have had a major impact in musculoskeletal (MSK) teaching by developing a new curriculum for the undergraduate program. As we have expanded to welcome 150 students with an expectation of 170 students by next year, a new approach to teaching clinical skills was required. An objective structured clinical examination (OSCE) based approach to teaching clinical skills, with direct observation and opportunity for practice, proved very successful. Kudos go to the special efforts of Dr. Tulio Scocchia and Dr. Raja Bobba and the rest of the rheumatology group for a well-received program.

Dr. Nader Khalidi is the Rheumatology Program Director. Under his guidance, the rheumatology program has become a popular choice for internal medicine trainees. This year we have three rheumatology trainees with several applicants for next year from within our program. Dr. Khalidi has developed a Vasculitis clinic which continues to grow and provides regional sub-specialty expertise.

We have a new recruit with Dr. Margaret Larché joining us from Imperial College at the University of London (United Kingdom), with a special interest in MSK ultrasound.

Dr. Cividino preparing for his 1,902-metre ascent!

View of Mont Ventoux in Provence, France

Furthermore, among his varied research interests, Dr. Walter Kean is currently investigating the MSK problems of the 4,600-year-old Similaun Iceman with colleagues at the South Tyrol Museum of Archeology in Bolzano, Italy. Dr. Sam Pillersdorf continues to work closely with the Immunology program at the McMaster site while providing clinical service there.

From my perspective, I have been appointed Director of Medical Foundations Five in the MD Program. My major focus has been curriculum development in MSK medicine. Our innovative MSK Boot Camp experience continues to attract clerkship students for a four-week hands on experience with the rheumatology group, physiatrists and orthopedic surgeons alike.

An instructional DVD on the gait, arms, legs and spine (GALS) musculoskeletal screening exam done in conjunction with Dr. Paivi Miettunen will soon be distributed to all medical students across the country.

In a different vein, I have met some personal goals outside the field of medicine by cycling up Mont Ventoux, the giant of Provence, France last May. The ascent is a 1,902-metre peak, which beats anything east of the Rockies with a ten percent grade. For the cyclists in the crowd, a must-do event. The decent is as fast as the climb is arduous and the view is breathtaking.

P.S. Our new website is:
www.fhs.mcmaster.ca/medicine/rheumatology/faculty.htm

News From Newfoundland and Labrador

By Majed Khraishi, MD

Greetings from Newfoundland and Labrador! Well, things are most definitely on the up and up here in Newfoundland. The Arthritis Centre with a multidisciplinary team, was established in Newfoundland and has been up and running since September 2005.

We would like to extend a warm welcome to two new colleagues in rheumatology, Dr. Irene Vasiliu and Dr. Yatish Setti, both of whom practice out of St. Clare's Mercy Hospital. Dr. Vasiliu arrived in September 2005 and also holds clinics outside of the city of St. John's in Corner Brook, Stephenville and Goose Bay, Labrador. Dr. Setti came on the scene in March 2006. With the addition of our two new colleagues (giving us a grand total of five adult rheumatologists), in addition to Dr. Paul Dancey who is the pediatric rheumatologist in St. John's, the wait list is shortening despite the large population with rheumatoid arthritis (RA), osteoarthritis (OA), Psoriatic arthritis (PsA) and other arthritides.

On another front, the Newfoundland and Labrador Government is considering establishing a Central Provincial Ethics Committee (similar to that in Alberta). The research community in the province is somewhat concerned about the speed of approvals of studies in the future with the new committee.

A classic Newfoundland rose garden in the summer.

Dr. Khraishi's son, Zayd, in Western Brook Pond in Gros Morne National Park (a UNESCO world heritage site), Newfoundland and Labrador.

The Newfoundland and Labrador Medical Association (NLMA) and the Provincial Government finally came to an agreement in the last year with no increase in fees, unfortunately, and that continues to leave the rheumatologists' fee schedule one of the lowest in the country.

Looking back over the past year, I still see that things are just rockin' here in Newfoundland and Labrador. Until next time…

University of Alberta

By Joanne Homik, MD, MSc, FRCPC

There have been many new changes within the University of Alberta Rheumatic Disease Unit (RDU) over the past two years and we are preparing for even more. We are happy to report that the longstanding testosterone/estrogen imbalance in the division has been corrected, and no one is happier than Dr. Paul Davis and Dr. Tony Russell. Dr. Elaine Yacyshyn and Dr. Stephanie Keeling have joined the RDU and are back at work after respective maternity leaves. We are welcoming the addition of Dr. Anna Oswald to the RDU in January 2007 after she completes her maternity leave. There has been a suggestion that "growing our own" may be the best way of recruiting new rheumatologists for the future! Current excitement is provided by our visiting Australian fellow, Dr. Anne Powell. She is determined to experience everything "Canadian," so hasbeen mountain-climbing, curling and even hit a deer while driving to Fort McMurray.

Within the division, we are finally entering the 21st century by incorporating an electronic medical record, an urgent patient clinic and a central triage system for new referrals using the "in house" tool ERASE. We are in the early stages and hopefully will have more to report at a later date. Dr. Walter Maksymowych and the other members of the Spondyloarthritis Research Consortium of Canada were the recipients of the first National Research Initiative award from the Arthritis Society. Dr. Maksymowych also continues to nurture our biologics registry which is now in its sixth year of data collecting and planning to go online. Dr. Elaine Yacyshyn will be taking over the reins from Dr. Stephen Aaron as Program Director for the RDU training program. She realizes she has big shoes to fill, but is looking forward to the challenge.

The "group north of the river" (Drs. H. Niall Jones, Dalton Sholter, and Alexander Yan) continue to be busy in the clinic and consulting at the Royal Alexandra Hospital and Glenrose Rehabilitation Hospital. They are conducting clinical trials with their research company: Rheumatology Research Associates Ltd., which is part of the Canadian Rheumatology Research Consortium (CRRC). Dr. Sholter took off nearly two months of parental leave this summer. One more potential trainee! Dr. Jones and Dr. Sholter are continuing to travel to ever-expanding Fort McMurray while Dr. Jones, along with Dr. Joanne Homik and Dr. Russell, continue to serve Red Deer one Saturday a month. Dr. Sholter will be celebrating his 10-year anniversary of traveling to the Northwest Territories next year. Dr. Yan has been in a community rheumatology practice for more than 17 years (surpassed in Edmonton only by Dr. Peter Chiu and Dr. Savitri Senaratne) and continues to enjoy the variety and variability of a general rheumatology practice.

Dr. Sharon Le Clercq has left Edmonton to pursue an academic appointment in Calgary. Dr. Sophia Kahn has opened her new rheumatology clinic deep in Edmonton's south side. Dr. Ken Skeith continues his busy clinical practice but still finds time to salmon fish and care for his orchard. Dr. Senaratne practices rheumatology and geriatrics in the community and Dr. Chiu single-handedly deals with the rheumatology needs in the west end of the city.

Once a year, all four corners of Edmonton are united at the Edmonton Rheumatology Retreat in Jasper, Alberta. Collegiality abounds and it is possible that the occasional elk has watched in fascination as the toga party goes outside for a conga line!

Joanne Homik, MD, MSc, FRCPC

Growing our own rheumatologists: Wren Oswald and Sophia Keeling.

Université de Montréal

By Eric Rich, MD, FRCPC

As Québec awaits (some with fear) for snow, and after a long summer in sandals, I have started sleeping with my ski boots just to get reacquainted with them…in order to beat the crap out of John Thomson in the Lake Louise moguls(!). My wife says my boots pose a serious challenge to our relationship. I'll have to pull my winning recipe: offer jewels to my wife while serving her many mellow cognacs by the fire with Barry White songs in the background.

While waiting for the "winter wonderland," there is another reason to rejoice at the *Université de Montréal* (UdM). In July 2007, our rheumatology program will have four residents, all raised as doctors in "*la belle province*." In the past four years (2004-2007), we will have trained nine residents, approximately the same number we've had from 1991 to 2003; 100% of the trainees are women: sign of the times?

With the likes of Jean-Luc Senécal, Paul Haraoui, Jean-Pierre Pelletier, Tamara Grodzicky, Jean-Pierre Raynauld, Denis Choquette, Jean-Richard Goulet, Dominique Bourrelle, Carol Yeadon, Anne St-Pierre and support from Michel Zummer's group (Jean-Pierre Mathieu, Sophie Ligier, Carole Bertrand, Suzanne Mercille, François Couture), we have a unique mix of expertise that offers a very solid training experience.

This year's crop of graduates will repopulate our university hospitals before they go on to repopulate the province's daycares: Edith Villeneuve at *Hôpital Notre-Dame*, Evelyne Vinet at *Hôpital du Sacré-Coeur* and Sai Yan Yuen at *Hôpital Maisonneuve-Rosemont*.

Our group remains active on many research fronts. We try softening hardness: Dr. Senécal has demonstrated entrepreneurial talents in setting up the UdM Scleroderma Chair. His lab moves ahead in clarifying the pathogenic role of autoantibodies and we are starting our first autologous bone marrow (no osso bucco here) transplant in scleroderma patients. The "JJs" (Pelletier and Raynauld) are tenaciously climbing Mount "OA-verest" with limping dogs and magnetic resonance imaging (MRI) technology; they found "cox-lox" bad for cartilage (no, it's not a kind of smoked salmon). Dr. Haraoui is more often in the air than on the ground (no, he does not inhale), sharing, learning, expanding and teaching new knowledge on rheumatoid arthritis (RA) worldwide.

But it's not always "*la vie en rose*" in Québekistan: on June 13, 2006, our government passed special legislation imposing specialist's compensation up to 2010 (8% total for six years). This shameful legislation was passed only to avoid any turmoil during the upcoming elections. As stiff fines will be applied if we attempt any concerted pressure tactics involving patient care, we are now turning to our universities and considering boycotting all teaching activities as a way to have our Health Minister (Dr. Philippe Couillard, neurosurgeon at Sherbrooke) reopen negotiations. Will we, academics, save the day? I think the answer is that we should all move to Alberta and make it an independent country.

Eric Rich, MD, FRCPC

CRAJ Photo Contest

Locate your Leica, nab your Nikon and load your Canon for the CRAJ Photo Contest. Submit your best candid and scenic photos from the CRA Annual Meeting at Lake Louise and win a fabulous CRA backpack. Details will be in your handouts at Lake Louise!