FOCUS ON
Metro Ogryzlo

EDITORIAL
Optimism and the Farm

TOPICAL MEDICAL ISSUES
The Life and Legacy of Metro Ogryzlo

NORTHERN (HIGH)LIGHTS
The Ogryzlo Fellowship and Past Fellows: Dr. Vinod Chandran, Dr. Sergio Toloza and Dr. Desiree Tulloch-Reid

HALLWAY CONSULT
Q&A: Biologic Therapies and Potential for Infections

JOINT COUNT
TB or not TB: That is the Question!

IN MEMORIAM
Adel Fam
Dale McCarthy

CRA NEWS
CRA Committee Reports
Potential Purchase of *The Journal of Rheumatology*

The CRAJ is online! You can find us at:
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Mission Statement
The mission of the CRAJ is to encourage discourse among the Canadian Rheumatology community for the exchange of opinions and information.
Dauphin Manitoba is a large farming community situated a good four-and-a-half hours drive northwest of Winnipeg. A number of things make this a noteworthy community. It is home to Canada’s Ukrainian National Festival every summer. It is a short drive north of Riding Mountain National Park. Being on the escarpment, it has a slightly milder climate and better than average growing conditions for wheat and other grains. It is also the hometown of Metro Ogryzlo.

Almost by definition, farmers must be optimists. They must eternally have a vision for next year and must have a big dream about the elusive bumper crop. Farmers know that even after all of the planning and all the best work to prepare the land, that luck still plays a large role in how things turn out. Perhaps that’s why most farmers are humble people—even when they win, they are grateful for all the right things falling into place.

A standard joke among expatriate prairie people is that “Manitoba is a great place...to come from.” Metro Ogryzlo, like many before and since, saw his dream in Toronto. I never had the pleasure to meet the man, but long ago had the good fortune to meet his wife, brother and sister. They led me to believe that despite the accomplishments of this visionary Rheumatologist, he remained humble and thankful for all the opportunities that came to him. I would like to think that while Metro Ogryzlo left the West, some aspects of the optimistic farm culture remained with him to guide him in his career.

In this issue, we celebrate the founder of The Journal of Rheumatology. There will be a report later in this issue of the potential new role that the CRA might play in the future of The Journal of Rheumatology.

In addition to the lectures held in memory of Dr. Ogryzlo at University of Toronto and University of Manitoba, the Ogryzlo Fellowship is a living reminder of Dr. Ogryzlo’s contributions. The fellowship has had a very positive impact on a number of our international colleagues. Some of their stories appear on the following pages.

This issue also reports on the future directions of the CRA. Chairs of the various subcommittees of the CRA presented their annual reports on the present achievements and future vision at the executive retreat in Vancouver in May. The CRA, under President Gunnar Kraag, has continued to demonstrate unprecedented growth of the annual meeting as well as in its many other initiatives.

We salute two more colleagues who have departed from us. Dr. Adel Fam was secretary-treasurer of the CRA from 1984 to 1986 and president from 1988 to 1990. I personally owe him a debt of gratitude for encouraging me to become involved with the CRA. He had a vision for the CRA and was a constant optimist through the sometimes difficult changes in the early 1990s which made the new CRA. He always made a difference—in a quiet and effective way. The University of Toronto will miss this exemplary teacher and clinician.

It is also with sadness that the University of Toronto has lost another singular personality with the passing of Dr. Dale McCarthy. His service did not only include the Toronto area but also remote communities he reached by air. All have lost a dedicated Rheumatologist. He will not soon be forgotten by his many students and colleagues.

The greatest legacies come from those with an earnest desire to serve others in an efficient and humble fashion. The reward for the sincere comes in the doing, not in the recognition. It is important to thank those who have given us so much and have asked for little in return. Our celebration of their accomplishments should encourage each of us to go out and make a difference—just like the man from Dauphin Manitoba.

Dr. Thomson is the Editor-in-Chief of the Journal of the Canadian Rheumatology Association.
Metro? He was charming, spontaneous, generous and amusing; but also an inventive, relentless, driven perfectionist.

A pioneering rheumatologist in Canada and abroad, Metro Ogryzlo was a professor, a researcher, a policy-maker, but above all a clinician who cared for his patients and sought to understand Rheumatology for the benefit of their treatment.

He was born in Dauphin Manitoba in 1915. He earned his medical degree at the University of Manitoba and was awarded the Manitoba Medical Association Gold Medal in 1938. His work and residency were interrupted by the Second World War, when in 1941 he enlisted to serve in the Royal Canadian Air Forces Medical Services.

Ogryzlo resumed his medical work in 1945 at Sunnybrook Veterans Hospital in Toronto, where he became interested in Rheumatology. He continued his residency and was named Chief Medical Resident at Toronto General Hospital. In 1952, he was also the first research fellow funded by the newly-formed Canadian Arthritis and Rheumatism Society.

Undoubtedly, these were the “glory days” of Rheumatology: the discovery of rheumatoid factor and the LE cell tests allowed for better diagnosis, cortisone dramatically changed treatment, while advancements in the treatment and control of Gouty arthritis were also being made. A World Congress in Rheumatology was held in Toronto in 1957, centered not at the Toronto General Hospital, but at Sunnybrook Veterans Hospital. Debate rather than conformity was the ticket to international recognition.

Sunnybrook, an impressive teaching hospital, had 90 patient-care beds in Rheumatology which Ogryzlo supervised from 1955 to 1966. It featured the first Clinical Investigation Unit in Canada, modeled after Ward 4 of the Massachusetts General Hospital. Sunnybrook was capable of conducting metabolic “balance” studies, with careful measurement of all intake and output, and associated metabolic changes; perfect for studies of steroid effects. Ogryzlo, through his work as a clinical investigator, developed new ways of quantifying changes in serum proteins by electrophoresis, studying the formation of LE cells, the control of hyperuricemia and understanding corticosteroid metabolism. Favoring no specific sub-specialty, he published more than a 100 scientific papers contributing to the diagnosis, and treatment within these areas.

While conducting his research, Ogryzlo determined to make changes, also became chairman of the medical advisory board of the Canadian Arthritis and Rheumatism Society. Ogryzlo and board members focused on the disparity between the excellent resources available to veterans with arthritis, and the obstructed access to teaching beds for nonveterans with arthritis. This challenge was met by the evolution of the Rheumatic Disease Unit concept.
While teaching hospitals, scarcely resourced, were initially reluctant to participate in the creation of a facility, Ogryzlo was undeterred. An agreement was met between the Directors of the Arthritis Society and those of the Wellesley Hospital. It was agreed that Wellesley would rent a ward from Sunnybrook between 1963 and 1966. When the new facilities were completed, these included a 40-bed ward and a separate Clinical Investigation Unit with staff offices sandwiched between. There were four laboratory units in the research wing housing Ogryzlo, Gordon, Pruzanski and Smythe. Ogryzlo directed and soon Murray Urowitz was recruited, in part because Ogryzlo (characteristically) offered him the Lupus program, Ogryzlo’s prime interest until then.

This new unit led to the realization that similar units should be established in all Canadian medical schools. Furthermore, to ensure that all medical students should have bedside training in Rheumatology, divisions of the Toronto Rheumatic Diseases Unit were established in other teaching hospitals under Ogryzlo’s coordination. He also fought to have the qualifications and training of rheumatologists accredited and became the first Chairman of the Rheumatology Committee of the Royal College of Physicians and Surgeons of Canada. He was charged with developing and assessing training programs and organizing a national certification examination. In 1972 the first fellowships were awarded in Rheumatology.

Throughout his career, Ogryzlo continued to work within an academic setting in order to teach a younger generation of rheumatologists. He was first appointed in 1952 as a clinical Teacher to the University of Toronto and became Professor of Medicine in 1968, teaching until his death. An avid photographer, he amassed an outstanding collection of teaching slides which brought lectures and presentations to life. A true mentor, he inspired in his students a genuine interest in clinical investigation long before the value of research became widely appreciated in Canada. Undoubtedly, his impact on patient care and education carries on in those he taught and trained.

Working closely with the Canadian Arthritis and Rheumatism Society, his impact was also seen through policy making and the promotion of his ideals. He served as the chairman of its national Medical and Scientific Committee for 15 years, and as a member of the national Board of Directors from 1956 until his death.

By September 1973, he achieved his most impressive goal yet, the establishment of The Journal of Rheumatology, with an Editorial Board, 32 investors, and a slender $16,000 in capital. This was one of his more controversial projects, and he was apprehensive that his friendships within the American Rheumatism Association and the Canadian Rheumatism Association might be damaged. However he felt even more strongly that there was a need for another forum for rheumatological opinion, independent from national organizations, expressing concerns of international interest. The editorial board was expressly international, as were the invited contributors to Volume 1, number 1, published in June 1974 to launch at a Pan-American Congress of Rheumatology, held in Toronto.

This was not the extent of his international endeavours however: Ogryzlo was Chairman of the review panel for the Gairdner Foundation which saw thirteen of its award winners become Nobel-Prize winners, President of the Pan American Congress held in Toronto in 1974 and had returned from a meeting of the European League Against Rheumatism at the time of his death in 1977.

There was much more that cannot be described in detail. There was the phagocytic lymphocyte at Atlantic City; the insulin-secreting pseudoadenoma, his collection of “odd” technicians, and “No matter how you pull, jump about and dance …” [I won’t give the last line]. Ogryzlo, the Chair of the Department of Medicine, recognized the unique facility of rheumatologists to communicate while all talking at once; an early form of efficient multitasking. Those who worked with him know that he rejected all bigotry or barriers. He ensured that students and residents had primary access to patients, while staff, the reserve guarantee of quality, ensured that patients understood the lines of communication. There was also the distinctive team of collaborators, here not appropriately acknowledged. Finally, there was Gertrude Ogryzlo, Unit Manager, who somehow managed to keep us from falling off the virtual trampoline.

While Metro Ogryzlo’s life and work represent a landmark in Canadian medicine, his legacy lies not only within the work he accomplished, but the work and dedication he inspired within others and that which continues in his name.
This issue of the CRAJ focuses on Metro Ogryzlo (1915-1977), who was one of the true giants in Canadian Rheumatology.

He spearheaded the concept of the Rheumatic Disease Unit (RDU) and was the Director of the first such unit at the Wellesley Hospital in Toronto. His leadership led to the creation of RDUs in academic centres across Canada. He worked hard to have Rheumatology recognized as a distinct medical subspeciality and succeeded as the first Chairman of the Rheumatology Committee at the Royal College in 1971.

He was the founding editor of The Journal of Rheumatology in 1974, which continues to have enormous stature and impact.

He attracted outstanding individuals to Rheumatology and became a role model and mentor to countless students, fellows and aspiring young consultants. Without his vision and commitment, Rheumatology might be much different than it is today. He made it a front-line specialty and made sure that RDUs were prominent in major teaching hospitals.

Dr. Duncan Gordon, the current editor of The Journal of Rheumatology, and Dr. Hugh Smythe knew Metro better than anyone and were shoulder to shoulder with him in the contributions he made to Canadian Rheumatology. They share these experiences in this issue.

Members of the CRA recognized Metro’s enormous impact on Canadian Rheumatology and shortly after his death, created the Metro A. Ogryzlo International Fellowship to honour his memory. The Fellowship was designed to provide advanced clinical training to an international physician who would take these skills back to his native country and set the groundwork for the development of Rheumatology in that country. It was expected that CRA members would make annual contributions to provide the funding for the award and that it be recognized as a CRA sponsored Fellowship.

This issue also has interviews with former Ogryzlo Fellows who share their experience and the impact the Fellowship had on them and their country of origin.

I think that it is extremely important to continue to recognize “forefathers” such as Metro Ogryzlo. This is an important award which has had major impact just as Metro had on Canadian Rheumatology.

Gunnar Kraag
President, CRA

The Ogryzlo Fellowship and Past Fellows

Vinod Chandran, MD

1. Please tell us about yourself: Where are you from? What was your medical and Rheumatology training prior to coming to Canada?

I am from Kerala, one of the states on the south-western Malabar Coast of India, well known for its scenic beauty and high-human but low-economic development (known world-wide as the “Kerala Paradox” or the “Kerala Model of development”).

My training in medicine before coming to Canada was accomplished at three large medical institutions in India. My basic medical training was at Medical College Calicut, Calicut, Kerala, the place where the famous Portuguese explorer Vasco da Gama first landed in India by sea. My training in Internal Medicine was at the Postgraduate Institute of Medical Education and Research in Chandigarh, India, a modern city built in the 1960s as a city—quoting Jawaharl Nehru, India’s first Prime Minister—“unfettered by the traditions of the past, a symbol of the nation’s faith in the future.” My subsequent training in Rheumatology-Immunology was at the Sanjay Gandhi Postgraduate Institute of Medical Sciences at Lucknow, India, a medieval capital city under the Nawabs of Awadh, and the birthplace of the British singer Sir Cliff Richard. Subsequently, for a brief period of about 10 months, I was an Assistant Professor of Rheumatology-Immunology at the Kasturba Medical College affiliated with the Manipal University, a centre of academic learning, healthcare, industry and finance. Thus, I had spent 15 years in medicine (5 years in Rheumatology) before coming to Canada.
2. How did you come to learn about the Ogryzlo Fellowship?

I learned about the Ogryzlo Fellowship from my colleagues and peers in India. Most rheumatologists in India know about the Ogryzlo Fellowship as an opportunity to train further in Rheumatology in Canada and to get first-hand experience in patient care and research in the “first world.” I subsequently, requested Dr. Dafna Gladman in Toronto to accept me as a trainee and support my application for the fellowship, as I was interested in long-term outcomes in Spondyloarthritis, especially Psoriatic Arthritis. She agreed to become my supervisor and whole-heartedly supported my application to the Arthritis Society for the fellowship.

3. What opportunities did the fellowship give you?

The Ogryzlo Fellowship gave me the opportunity to undergo further training and research in outcomes in Rheumatic diseases, especially Psoriatic Arthritis, at the Centre for Prognosis Studies in the Rheumatic Diseases, located at the Toronto Western Hospital. The reason I chose this centre is that this centre runs one of the largest open dynamic observational cohorts of patients with Psoriatic Arthritis and Systemic Lupus Erythematosus in the world. Most of the knowledge about long-term outcome of these diseases has come from studies conducted at this centre. During the fellowship period, I worked as a clinical research fellow with the Psoriatic Arthritis and Lupus programs. I learnt how standardized patient assessment is done and how longitudinal databases are maintained. I was able to complete two studies: one on the effectiveness of methotrexate in psoriatic arthritis and the other on the validity of FACIT-fatigue in psoriatic arthritis. The fellowship also provided me with support to present my work at the 69th Annual American College of Rheumatology meeting at San Diego, California.

My experience during the Ogryzlo Fellowship period helped develop in me a strong interest in the genetics of complex diseases such as psoriatic arthritis and made me consider doing a formal degree course in the same. Dr. Gladman enthusiastically supported my endeavour. I was successful in enrolling into a doctoral program with the Institute of Medical Science, University of Toronto in 2006, with Dr. Gladman as my supervisor and Dr. Robert Inman (an expert in Spondyloarthritis) and Dr. Shelley Bull (an expert Statistical Geneticist) as advisory committee members.

The Ogryzlo Fellowship was for a period of one year and was held in conjunction with an award from the Arthritis Centre of Excellence. Subsequently, I was awarded a Krembil Psoriatic Arthritis Fellowship, a Canadian Arthritis Network Fellowship, Arthritis and Autoimmunity Research Centre Postdoctoral Fellowship and most recently, a Canadian Institutes of Health Research/Clinical Research Initiative Fellowship.

4. How has the experience obtained as an Ogryzlo Fellow influenced your career in rheumatology?

The Ogryzlo Fellowship has had a major impact on my career in Rheumatology. Prior to becoming an Ogryzlo Fellow, I was in an academic medical centre in India and was involved primarily with medical education and patient care with little time for research, although I knew that research was my calling. The situation in India is such that high patient-care commitment and absence of protected time for research makes it impossible to do any quality research. The Ogryzlo Fellowship gave me my first break and helped partially fund my research training in Canada. It gave me an opportunity to work with leaders in the field of rheumatology and outcome studies and gave my research interests the needed focus. I am now on a path to become an independent researcher in the genetics and outcomes of rheumatic diseases.

My long-term career goal is to take up an academic position at a university teaching hospital. I will become a Clinician Scientist and will establish or continue to run longitudinal observational cohorts of patients with psoriatic arthritis and other arthritides. I will conduct independent genetic epidemiologic and outcome studies in rheumatic diseases. The training I have received in conjunction with this fellowship award has allowed me to make a major change in my career path and focus my research interest in outcomes of rheumatic diseases.
Sergio Toloza, MD

1. Please tell us about yourself: Where are you from? What was your medical and Rheumatology training prior to coming to Canada?
I was born and raised in Catamarca, N.W. Argentina. Before being awarded with the Metro Ogryzlo Fellowship I completed my residency in Internal Medicine at the Hospital Nacional de Clinicas, National University of Cordoba, Argentina and I was carrying out a fellowship in rheumatology at the same University Hospital.

2. How did you come to learn about the Ogryzlo Fellowship?
While carrying out a clinical rotation in trauma and critical care at Washington Hospital Center, Washington, D.C. in 1995 I had the opportunity to read an issue of The New England Journal of Medicine where a notice for this prestigious fellowship award was advertised. It caused me a strong impression the fact the fellowship funding for this award came from the generous support of colleagues of Dr. Metro Ogryzlo from the Canadian Rheumatology Association and that it was designated to provide training in rheumatology to non-Canadian trainees.

3. What opportunities did the fellowship give you?
I have been fortunate to have been trained and supervised by Dr. John Esdaile and other outstanding rheumatologists like Drs. Stein, Chalmers and Klinkhoff at the University of British Columbia (UBC) whom with their numerous teaching hours helped me to acquired strong clinical and scientific skills in clinical rheumatology; more importantly, they also helped me to conduct myself properly in a lifetime (both personally and scientifically). I also had the opportunity to make friends and to learn from other numerous colleagues at UBC. This experience truly enriched and diversified my previous clinical experience by learning the proper assessments of complex diseases like systemic lupus erythematosus and rheumatoid arthritis (from review of disease manifestations and major organ involvement to the impact of these conditions on quality of life and other important outcomes).

4. How has the experience obtained as an Ogryzlo Fellow influenced your career in rheumatology?
Upon my return to Argentina, I practiced clinical medicine and rheumatology in the province where I was born. Inspired by the successful model developed by Dr. Metro Ogryzlo in Canada I helped to set up the first rheumatology unit in our local hospital to aid patients and to collect data systematically at the point of clinical care by using quantitative measures to describe patient’s status and events. Practicing rheumatology in a poor community it became evident the role of socioeconomic-demographic and biologic-genetic factors in the expression, clinical course and outcomes of the chronic rheumatic diseases. To learn more about the role of the interaction between genetic and non-genetic factors in the phenotypic expression of diseases such as lupus and rheumatoid arthritis I pursued further clinical and postdoctoral fellowships at McMaster University, the University of Alabama at Birmingham (Lumina Study) and at the CHORD (Centocor Health Outcomes in Rheumatic Diseases) program and currently at the University of Toronto Lupus Clinic under the guidance of Drs. Dafna Gladman and Murray Urowitz where I learned that the assessment of complex diseases must not be merely limited to the review of disease manifestations, major organ involvement, disease activity or damage but also to take into consideration the impact of ethnicity-genetics, socioeconomic status, behavioural and psychological factors as determinant of outcomes. I was fortunate to be mentored by prominent clinician-scientists and to participate from data collection to the write-up of papers and book chapters. It was an honour to write a chapter in Koopman’s textbook of rheumatology “Arthritis and Allied Conditions” and subsequently in a Spanish textbook edited...
How did you first hear about the Ogryzlo Fellowship?
I first learned about the Ogryzlo Fellowship while investigating fellowship training opportunities for Rheumatology in Canada. As a non-Canadian medical graduate, a source of funding was required, both for acceptance by the institution and for obtaining a visa. The Ogryzlo Fellowship was the only source of funding available to non-Canadians that could be applied to training at any Canadian Centre in any branch of Rheumatology, including, as in my case, basic training in the field.

What is your background?
I am from Jamaica. I am a specialist in Internal Medicine and a Rheumatologist-in-training. I received my Medical Training from the University of the West Indies and graduated in 1999. Following my internship I spent two years as Medical Officer at the Government Health Department in the capital, Kingston, before going on to residency training in Internal Medicine at the Temple University/Western Pennsylvania Hospital in Pittsburgh. I was fully certified by the American Board of Internal Medicine in 2005. Currently I am part of the Rheumatology Fellowship training program at the University of Toronto, which I will complete in June 2007.

Desiree Tulloch-Reid, MD

by the former Dr. Donato Alarcon Segovia, a prominent Latin American rheumatologist from Mexico. Additionally, I authored and co-authored papers published at Arthritis and Rheumatism and other major rheumatologic journals. Since the establishment of our rheumatic disease unit, our patients with rheumatoid arthritis have participated in two multicenter studies, the QUEST-RA (acronym for Quantitative Patient Questionnaires in Standard Clinical Care of Patients with Rheumatoid Arthritis) study that assesses clinical status in rheumatoid arthritis, the first report has been published in Annals of Rheumatic Diseases and a national study (GenAr) in collaboration with Uppsala University examining the association between specific genetic polymorphisms and disease susceptibility and expression among patients with the same disease. I am indebted and always will be to the Metro Ogryzlo Fellowship for broadening my horizons and knowledge and for helping me with the pursuit of my dream to provide and organize a better rheumatology care to patients in a developing community like Catamarca, Argentina. Without the legacy of Dr. Ogryzlo and his colleagues from the Canadian Rheumatology Association it would have been impossible to achieve the dreams of giving hope and to include patients from a developing community in clinical research; a dream that is now continued by my colleagues at the Hospital San Juan Bautista.
How has your experience as an Ogryzlo Fellow contributed to your evolution as rheumatologist to the present?

My year as the Ogryzlo Fellow, 2005-2006, was the beginning of my training as a Rheumatologist and so constituted a completely new horizon in my career as a physician. At one of the largest Centres of Rheumatology in North America, I had the opportunity to participate in a busy Consultation Service at four different hospitals, a Rheumatic Disease Inpatient Ward and a variety of outpatient clinics. I benefited from formal courses in Immunology/Basic Sciences, Rheumatic Disease Pathogenesis and physical examination techniques. Above all I had the opportunity to interact with and learn from some of the most accomplished Clinicians and Researchers in the field. Not only was I receiving excellent clinical training, but I confirmed a longstanding interest in Clinical Research in Lupus, and within 6 months had started my first research project in Rheumatology, under the guidance of Dr. Dafna Gladman and Dr. Murray Urowitz. It was an intense but very exciting year.

Has being an Ogryzlo Fellow changed the path of your career in Rheumatology?

Without question—the Ogryzlo Fellowship was the beginning of my career in Rheumatology. In fact, without the Ogryzlo Fellowship I might not have been able to train in Rheumatology in Toronto.

In June I will come to the end of my formal training as a Rheumatologist, and will also begin a fellowship in Lupus with Drs. Gladman and Urowitz here at the University of Toronto. I look forward to honing my skills in the clinical evaluation and management of complex cases in Lupus as well as in Clinical Research, and will also begin a masters course in Clinical Epidemiology. So from this opportunity provided by the Ogryzlo Fellowship have come many other opportunities. I feel that I have been placed on a path to becoming the sort of competent and confident rheumatologist—clinician, manager and researcher—who can make a meaningful contribution in tackling the problem of Rheumatic Diseases in Jamaica and the Caribbean, where I look forward to returning next year.

It has been my impression that this is very much the legacy of Dr. Ogryzlo, about whom I have heard so much. On my first interview at the University of Toronto, the then program director, Dr. Dafna Gladman, talked about her days as a fellow under Dr. Ogryzlo, when she was part of a very international group. She spoke about his vision of “training Rheumatologists for the world.” It seems to me that this fellowship in his name has very much fulfilled this principle. I believe if Dr. Ogryzlo were alive today he would be very pleased to see the opportunities this programme has created for non-Canadians like myself to gain access to the excellent research and clinical training available in Canada. There is no question that in this way the Ogryzlo Fellowship continues to make a significant impact on the care and understanding of the Rheumatic diseases all over the world.
Q&A: Biologic Therapies and Potential for Infections

By Glen Thomson, MD, FRCPC and John Thomson, MD, FRCPC

Not all clinically significant questions have been definitively answered by randomized double-blind placebo-controlled trials. The Hallway Consult by-line in the Journal of the Canadian Rheumatology Association will seek a consensus answer from rheumatologic experts for your difficult questions.

Please forward questions for future issues to: Maeveb@sta.ca.

Question 1: I have a patient with severe rheumatoid arthritis who has failed standard disease modifying drug therapy (including methotrexate, sulfasalazine, hydroxychloroquine, and aurothiomalate both alone and in combination). The patient has expressed interest in starting a biologic DMARD. A chest x-ray and Mantoux test are negative for tuberculosis screening. The patient has no evidence of open ulcerations or other skin infections. However, the patient is a borderline diabetic been treated only with "diet" and is a 40-pack-a-year smoker with evidence of COPD on x-ray. Is it reasonable to start a biologic DMARD?

Dr. Glen Thomson: There is a significant risk of infections with all biologic anti-TNF agents. This risk is increased by concomitant use of other potent immunosuppressive agents. Underlying disease processes which also predispose to alteration in susceptibility to infection like uncontrolled diabetes will also potentially increase the risk of infections. Individuals who smoke and especially individuals with chronic obstructive pulmonary disease (COPD) are at greater risk for respiratory tract infections. It has been my experience that this population is at much greater risk for the development of episodes of bronchitis and pneumonia after starting biologic DMARDs. It would be my advice that the patient's diabetes should be brought under tight control and that the patient should stop smoking for a period of at least three to six months before considering biologic DMARD.

Dr. John Thomson: I accept that there is an increased risk of serious infections in patients taking anti-TNF agents. Patients with a history of frequent and/or severe infections might not be appropriate candidates for these agents.

In this patient with COPD and diabetes, I would have concerns regarding increased infections, respiratory and otherwise. I advise smoking cessation and good diabetes control, realising that these ideals might well not be attained. Most importantly, prior to commencing an anti-TNF agent, I would inform the patient and primary-care physician that infection was a risk and advise that a low threshold for use of antibiotics and a strategy of "holding" the agent during infectious episodes be employed. If infectious episodes became frequent and/or severe while taking these agents I would advise discontinuation.

Question 2: A 50-year-old male patient with rheumatoid arthritis is stable on a combination of etanercept 50 mg per week and methotrexate 20 mg per oram (p.o.) per week. Total knee arthroplasty is planned in the next couple of months. Should these medications be held preoperatively to reduce the risk of infection?

Dr. Glen Thomson: There is a significant risk of infections with all biologic anti-TNF agents. This risk is increased by concomitant use of other potent immunosuppressive agents. Underlying disease processes which also predispose to alteration in susceptibility to infection like uncontrolled diabetes will also potentially increase the risk of infections. Individuals who smoke and especially individuals with chronic obstructive pulmonary disease (COPD) are at greater risk for respiratory tract infections. It has been my experience that this population is at much greater risk for the development of episodes of bronchitis and pneumonia after starting biologic DMARDs. It would be my advice that the patient's diabetes should be brought under tight control and that the patient should stop smoking for a period of at least three to six months before considering biologic DMARD.

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Answered by: Dr. Glen Thomson

Sponsored by an unrestricted educational grant from Pfizer Canada.
This issue’s Joint Count asked your opinion about one of the major conundra in the use of biologic anti-TNF therapy. Tuberculosis is not widespread in Canada but is endemic in certain limited communities. Active tuberculosis is a contraindication to therapy with biologic DMARDs. Almost all of our respondents routinely screen their patients for evidence of current or pre-existing Tuberculosis. The consensus is that treatment with isoniazid should be given to those with latent tuberculosis before treating the patient with anti-TNF therapy. However, there is no consensus about how long a period of isoniazid therapy is appropriate before initiating the biologic DMARD. Reactivation of latent tuberculosis appears to be uncommon in Canada but routine screening test for TB after a year or two of biologic therapy is not routine.

The Canadian Rheumatology Association Therapeutics Committee under Vivian Bykerk is working on TB and Biologic Therapy Guidelines. Look forward to seeing their recommendations in a future issue.

Biologics and Tuberculosis

1. When you are planning to start a patient on a biologic therapy, do you routinely order a chest x-ray and Mantoux test?

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Source: Survey Monkey “Biologics and Tuberculosis,” May 2007

2. If a patient has evidence of latent tuberculosis (positive Mantoux test or chest x-ray) do you routinely treat the patient with isoniazid (or other) prophylaxis before initiating a biologic therapy?

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<tr>
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<td>127</td>
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Source: Survey Monkey “Biologics and Tuberculosis,” May 2007
3. If you did start a patient on isoniazid prophylaxis, for how many months would you treat the patient before you would initiate a biologic therapy?

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<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 months</td>
<td>6.9%</td>
<td>10</td>
</tr>
<tr>
<td>1 month</td>
<td>36.1%</td>
<td>52</td>
</tr>
<tr>
<td>3 months</td>
<td>29.2%</td>
<td>42</td>
</tr>
<tr>
<td>6 months</td>
<td>11.8%</td>
<td>17</td>
</tr>
<tr>
<td>9 months</td>
<td>16.7%</td>
<td>24</td>
</tr>
</tbody>
</table>

answered question 144

Source: Survey Monkey “Biologics and Tuberculosis,” May 2007

4. In your practice, how many patients have reactivated latent tuberculosis while on biologic therapy?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 patients</td>
<td>87.6%</td>
<td>127</td>
</tr>
<tr>
<td>1 patient</td>
<td>9.7%</td>
<td>14</td>
</tr>
<tr>
<td>2 patients</td>
<td>2.8%</td>
<td>4</td>
</tr>
<tr>
<td>3 patients</td>
<td>0.0%</td>
<td>0</td>
</tr>
<tr>
<td>&gt;3 patients</td>
<td>0.7%</td>
<td>1</td>
</tr>
</tbody>
</table>

answered question 145

Source: Survey Monkey “Biologics and Tuberculosis,” May 2007

5. Do you repeat chest X-rays and Mantoux tests on patients who are on biologic therapy within the first year or two years of study?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td>37.9%</td>
<td>55</td>
</tr>
<tr>
<td>almost never</td>
<td>27.6%</td>
<td>40</td>
</tr>
<tr>
<td>unsure</td>
<td>11.0%</td>
<td>16</td>
</tr>
<tr>
<td>sometimes</td>
<td>17.9%</td>
<td>26</td>
</tr>
<tr>
<td>all of the time</td>
<td>6.2%</td>
<td>9</td>
</tr>
</tbody>
</table>

answered question 145

Source: Survey Monkey “Biologics and Tuberculosis,” May 2007

Thank you to all those who participated and congratulations to Dr. Arthur Karasik of Etobicoke, Ontario who won the draw for a CRA Mountain Backpack!
Almost a year ago to the day, on the eve of his retirement from academic medicine, friends, family, and colleagues celebrated the illustrious career of Adel Fam at the McLean House on the Estates of Sunnybrook. The day was much like today—hot, sunny, and the spring gardens were in full bloom. Friends recalled his generosity of spirit, his commitment to community service and his deep interest in their careers, family’s lives, health and well-being. Family and adopted family regaled us with stories that reflected Adel’s formal manner and perfectionistic character, his fortitude when challenged as a young man by political issues, and his passion for scientific inquiry. His colleagues appreciated his good counsel, his commitment to their learning and career development, his teaching excellence, and his innumerable contributions to the field of rheumatology. Silently, we appreciated the dignity with which he managed the hardship of living with a chronic, disabling disease. He faced his own mortality with serenity, grace and optimism.

Now we are mourning his loss and yet daily we feel his presence. He is present in every patient encounter when we ask ourselves “Have I thought of everything?”, each teaching session when we kindly address the needs of each level of learner and ask especially difficult questions to our Rheumatology trainees, at journal club when we review the details of the scientific work, and at home when we listen carefully to our spouses and children. I think we all deeply understand that this kind, humble, highly committed man made a significant impact on us as individuals, families, divisions, and communities.

Some of us have had the privilege to know the man—the doting grandfather of Ella, the very proud father of Neil, Mark, and Paul, the soul mate of Denise, and the hidden artist who had a passion for all things European including classical music and art. You had to hang around a long time to see the private side of this phenomenal individual because publicly he was always focused outward—on you, medicine, the world.

Now we reflect on a life well-lived. Adel changed who we are, subtly, effectively, quietly and we owe him a lot. He didn’t look for fame or fortune. He expected no repayment for his kindness, service, or caring. He was satisfied when we did our best.

Mary Bell, MD, FRCPC

Adel Fam, MD, FRCPC
(1936-2007)
Dale died on April 26th, 2007 in his 77th year following a five-year struggle with lung cancer, and a short illness at home. He leaves his children: Beth McCarthy (Philip Burge), Megan McCarthy (Kirstin Lurtz), Sean McCarthy and Kirsten McCarthy (Mark Bullen).

Born March 6th, 1931 in Kapuskasing in Northern Ontario, Dale graduated from the University of Toronto in 1955 in Medicine and went on to complete internships and residencies in Victoria, B.C., Toronto, and New York. In 1961 he and his wife, Margaret, moved to Edinburgh, Scotland where he completed a Fellowship in Rheumatology at the Northern General Hospital. In 1966, the family moved back to Toronto where Dale accepted an appointment as a specialist in Internal Medicine and Rheumatology in the Department of Medicine at the University of Toronto. During his career, he also worked extensively with the Ontario March of Dimes conducting northern clinics. After retiring from medicine in 1999, he worked as a trainer and administrator for the University of Toronto’s Standardized Patient Program, serving both the University and the Medical Council of Canada.

Dale was a member of the Alpha Omega Society. He received the Roy Essex Award and the Honorable Paul Martin Award from the March of Dimes. The Arthritis Society bestowed him with an Award of Distinction, their highest honor. He was the recipient of undergraduate teaching awards from Toronto General Hospital in 1987, 1990, and 1992. Dale was also a community activist. He chaired or sat as Executive of the Toronto Counselling Centre for Lesbians & Gays, The AIDS Committee of Toronto and AIDS Support. He was a best-selling author. He loved Hart House on the University of Toronto campus, where he chaired the Graduate Committee.

Those of us who worked with Dale had a high respect for his clinical skills, his quiet strength and his civility. He flourished in his individuality and was never a slave to conformity. He acted, he loved classical music, and he defied social convention. His handlebar mustache, his leathers, his tiny spectacles and his tall lean frame capped his wry quiet sense of humor. He taught many of us who did our undergraduate and core years in the Toronto system, and he will be remembered for his kindness.
We are pleased to report that the Pediatric Section of the CRA has become a reality over the past year. The inaugural meeting of the Section took place at the ACR in Washington, D.C., in November 2006. The first annual meeting of the Section was held in Lake Louise in February 2007 at the CRA annual meeting. Members of the Pediatric Section worked closely with the CRA Scientific Committee to increase the pediatric content of the CRA annual meeting in Lake Louise in 2007. Each of the three workshops included a pediatric topic, and a pediatric poster session with oral presentations was also well attended and enjoyed.

There are currently 36 members of the Pediatric Section of the CRA. Members of the section can be contacted through Christine Charnock, Executive Coordinator of the CRA. Potential new members of the Section should contact one of the members of the Pediatric Section Executive Committee.

Over the past number of months, we have concentrated our efforts in developing a subcommittee structure for the newly created Section. We hope that these subcommittees will allow us to focus our activities in a number of areas, including advocacy, education and human resource planning, as well as facilitate close cooperation with the corresponding CRA subcommittees. The subcommittees established to date and their membership are listed below:

**Executive Committee:** Bianca Lang (Chair), Ciaran Duffy, Rayfel Schneider, Rosie Scuccimarri

**Advocacy Committee:** Lori Tucker (Chair), Brian Feldman, Sarah Campillo, Shirley Tse, Janet Ellsworth, Bianca Lang

**Education Committee:** Rayfel Schneider (Chair), Rosie Scuccimarri, Ross Petty, Ciaran Duffy

**Human Resources Committee:** Paul Dancey (Chair), Ron Laxer, Nicole Johnson, Janet Ellsworth

**Scientific Committee:** Bianca Lang (Chair), Paivi Miettunen, Rae Yeung

Our plans for the next six months include developing short- and long-term goals and objectives for each of these subcommittees. In addition, the chairs of the subcommittees will be in contact with the corresponding CRA subcommittee chairs to look at ways to work together to improve the lives of all patients — young and old — with arthritis and other rheumatic diseases.

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**The Access-to-Care Committee**

The CRA and the Mexican College of Rheumatology are continuing to explore collaborative efforts. The success of the combined 2005 meeting in Acapulco has encouraged the two organizations to consider planning another meeting.

We are also piloting two new projects. The first is a resident exchange where one resident from each organization will cross over and spend four weeks in the other country. The Canadian rheumatology resident will be exposed to a wide variety of rheumatologic pathologies and levels of care in Mexico City, whereas the Mexican resident will acquire new skills in laboratory and imaging. We are looking for residents and interested hosting groups.

The second is to plan a meeting of collaborators (or near collaborators) probably just prior to the ACR in November 2007. The goal will be to share information across interest groups as well as to allow for time for collaborators to meet.

For more information you may contact me directly. I am very interested in receiving feedback from all members on these three projects (zummer@attglobal.net).

**Chair:** Michel Zummer

**Members:** Dianne Mosher
Diane Lacaille
Arthur Bookman
Lori Tucker
Gilles Boire
Carter Thorne
The Education Committee of the CRA has been active this year. There are several new projects being presented to the membership during 2007.

Firstly, the committee has recommended that CRA will now have an award at the Annual Meeting to recognize a fellow rheumatologist who has proven him or herself to be an exemplary teacher. The awardee can be nominated for excellence in teaching at any level—continuing medical education to family doctors or colleagues right down to medical students. You will see more about this in the fall when the nominations open for all of our awards of honour.

The major project of the committee has been the preliminary development of some web- or distance-based education projects for our members. Recognizing that getting to CME activities including the Annual Scientific Meeting of the CRA can be difficult for some of the membership, the Education Committee has worked with industry partners to bring some rheumatology educational activities to the CRA website.

Under the Educational Resources heading on the members’ home page, you will see a heading for CME Activities. If you click on this, you will find our first accredited, web-based program—The Role of Emerging Therapies in the Contemporary Management of Rheumatoid Arthritis. Sponsored by BMS, it is a great learning or review opportunity while sitting in the comfort of your home or office! Additionally, coming soon, there will be on line availability of selected components of the academic presentations from the Annual Scientific Meeting, which was held at Lake Louise in February. Through a generous educational grant by Amgen Wyeth, over eighteen hours of video from the meeting will be accessible for your review. You will be able to see the slides, see the presenter via video and hear the accompanying audio component. For those who were there, it will allow you to catch those clinical pearls that you might have missed first time round and for those of you who didn't travel to Lake Louise (or may have been on the ski hills at the time of one of the sessions), the learnings are not lost.

While we hope that these ventures are of interest and value to the membership, we do ask that you be vocal – let us know if this type of activity is of benefit to you! Short survey questionnaires will be attached to the educational programs so that we can find out if this is meeting your needs or if there are other educational activities that you think the Education Committee could be investigating on your behalf. Alternatively, feel free to send your observations and suggestions to me directly via email and I will be happy to bring your feedback to the Education Committee for consideration.

Chair:  Heather McDonald-Blumer
Members:  Evelyn Sutton
          Sue Humphrey-Murto
          Janet Pope
          Lori Albert
          Christopher Penney
          Kam Shojania
          Avril Fitzgerald
          Paul Davis  (CME representative)
          Alf Cividino
          Dana Jerome
          Jerry Tenenbaum
          Andrew Thompson
          Mary Bell
          Michael Aubrey
          Kim Northcott
          Mark Hazeltine
The Human Resources Committee

Over the last year the HRC has had the opportunity to provide books for second year medical residents to encourage them to consider Rheumatology as a subspecialty.

These books have been donated through a generous donation from Roche.

Distribution of the books will be done once the program directors notify Christine Charnock, the CRA Secretary, of the numbers and names of the residents. Please get your list in early. Even an estimate of the numbers will do with later provision of the names. The reason for the names is to see how effective the books are in attracting young recruits.

The books include Andy Thompson’s Complete Handbook of Rheumatology, Evelyn Sutton’s beautifully illustrated Rheumatology Physical Examination, and Lori Albert’s practical Summary of Rheumatology. In French we have found a very useful CD by Marc Hochberg.

We now have a Pediatric member of the Committee as well, Paul Douchey, who is checking out the availability of similar material for our Pediatric counterparts.

We recognize that medical students are making their choices very early and look forward to distributing these books even earlier, perhaps during systems lectures if we can get adequate sponsorship.

This year at the Annual meeting in Lake Louise through a very generous donation of one of the authors, Dr. Ross Petty, a Textbook in Pediatric Rheumatology was the prize for the best poster and abstract in pediatrics.

Efforts also include a Residents week-end in Rheumatology. Finally considerations are being made to have a week-end summer Boot Camp to try to encourage young recruits.

Chair: Janet Markland
Members: Janet Pope
         Doug Smith

The Management Committee

The management committee is sometimes referred to as the “Star Chamber” by fellow board members. Its mandate is to oversee the finances of the association and set the investment principles with our broker. Our priorities have been to maintain steady growth in the investment portfolio with low risk investments for the most part. Only 25 % of our investments are in equities at the present time. The board has passed a resolution recently that forbids our organization from running a deficit and it would be this committee that would have to enforce this. The committee will review our situation on a yearly basis and make recommendations as needed.

Chair: Jamie Henderson
Members: Carter Thorne
         Michel Zummer
         Cory Baillie
         John Thomson
         Gunnar Kraag
March 5th-8th 2008. Reserve the date for the CRA annual meeting. The planning process is underway with the addition of some new members to the scientific program committee.

The current members working on your behalf include Janet Pope, Stephanie Ensworth, Kam Shojaia, Paivi Miettunen, John Thomson, Glen Thomson, Sindhu Johnson, Proton Rahman, Majed Karhai, Gilles Boire, Cory Baillie, Joanne Homik, Marlene Thompson and Shahin Walji with Alf Cividino as chair.

Janet Pope steps down as chair after three successful years.

Journal club has been well received over the years with Hy Tannenbaum and Duncan Gordon at the helm. We thank them for their contribution. This year we will have a clinical update session chaired by Shahin Walji. The focus of these sessions will be brief reviews of current interest to the practising rheumatologist. Dr Walji will be reaching out to community and academic rheumatologists for participation.

Workshops have always been popular and we will continue to provide a valuable learning resource for attendees.

Industry symposia deemed of educational interest to the membership will provide yet another avenue for learning.

Of course the Great Debate will be featured with the topic being “Who treats Rheumatoid Arthritis the best? East versus West!” Sharpen your DAS calculators. The winning team will be subjected to a lengthy questionnaire.

Let’s not forget the social events. There will be opportunities for skiing, skating and taking in the village at Tremblant.

Beyond this it is too early to confirm our keynote speakers but stay tuned for updates. It will be worth staying to the end.

Chair: Alf Cividino
Members: Joanne Homik
          Gilles Boire
          Sindhu Johnson – Abstract chair
          Janet Pope – past chair
          Glen Thomson
          John Thomson
          Kam Shojaia
          Majed Karhai
          Marlene Thompson
          Cory Baillie
          Paivi Miettunen
          Shahin Walji
          Stephanie Ensworth
          Proton Rahman

The Studentship Committee

The Canadian Rheumatology Association Abbott Summer Studentship is underway. We have had several successful years with our previous sponsor Merck and are indebted to them for their support. We are now embarking on a three year agreement with Abbott to support this valuable summer student program. We had approximately 40 applications and were able to accept 13 students this summer. The placements are truly throughout Canada with many students leaving their own university to experience their summer learning elsewhere. The studentship has been valuable to the trainees. We have to date been overwhelmingly positively evaluated by the candidates and more importantly to us, we have generated rheumatology trainees. We have had pediatric and adult rheumatology residents directly resulting from their summer experience. For instance, Mark Matsos did his summer studentship at UWO and is now a rheumatology resident at McMaster. Shirley Chow did a summer studentship and has done further research in rheumatology as a student in both Toronto and London, and is an applicant to rheumatology for the coming year. Both of these trainees were also nominated to attend our CRA meeting, which may have had a positive influence (especially if they ski!). The next steps are to determine our cumulative success rate and to have a process whereby the trainees can be further mentored after they complete their summer experience, particularly as first and second year internal medicine residents. I would like to wholeheartedly thank Abbott and Merck for committing to our rheumatology human resources crisis. Our future for Canadian rheumatology rests on experiences such as this unique clinical program.

Chair: Janet Pope
The Therapeutics Committee

Guidelines: Recently the CRA has kept you abreast of changing treatment guidelines with the use of NSAIDs/Coxibs. As therapeutic areas become increasingly complex for all areas of rheumatology and with the advent of new therapies for RA, SLE, scleroderma, etc., it is the goal for the CRA to develop guidelines in all these areas of rheumatology. The main focus of the Therapeutics Committee at present is to devise an updated set of guidelines for the pharmacologic management of RA. You will have recently received an invitation to participate in a survey, which will help the committee identify in what areas of RA management there is still controversy or uncertainty. Based on this specific areas will be researched by a systematic review and this will be used for the development of national guidelines. It is very important that all Canadian, practicing rheumatologists complete this. Thank you again or in advance for doing so!

Safety Card for Patients Receiving Biologics:
Frequently our patients are not reminded to stop biologic therapies while receiving antibiotics and/or their primary-care providers are not entirely aware as to how to handle their biologic therapies in the case of surgery. A wallet-sized card that patients can show to their physicians can facilitate understanding about safe use of their biologic therapies. You will see in the near future a template for such a patient safety card on the CRA website. You will be able to download this and print these on to pre-perforated business card sheets (available from business depot) or order them from the CRA directly. Patients will be able to carry in their wallets general safety information about their biologics.

If there are initiatives you wish to see the Therapeutics Committee pursue please email me at vbykerk@mtsini.ai.on.ca

Chair: Vivian Bykerk
Members: Andrew Thompson
          Sharon LeClerq
          Janet Pope
          Majed Khraishi
          Paul Haraoui
          Claire Bombardier

The Website Committee

As everyone is aware the new CRA website was launched on July 13th, 2006. Visits to our new site are up considerably with 40 visitors per day and over 11,000 visitors since our launch. This is much improved from the 5 to 6 visitors per day on the old site. Much of our work over the last year has been behind the scenes polishing up a few aspects of the site and getting our French side ready for launch (we are close).

Our next initiative, in partnership with our Education Committee, involves significant changes to the website in terms of continuing medical education. We will be moving the website to a new server with better video streaming capabilities to support CME initiatives. We encourage all of you to view our first CME, Emerging therapies in RA, which was posted in March 2007. We will soon have access to video and slide presentations from the 2007 CRA Annual meeting in Lake Louise.

Other planned projects include a quarterly website newsletter, a database for national job postings, and a database for trainees interested in a career in Rheumatology. Of course we will continue to develop our other academic resources and ask all of you to continue to upload your interesting pictures and power point presentations.

We will see further exciting changes to the website as we strive to better meet the needs of our membership. It is an exciting time to be a rheumatologist!

Chair: Andy Thompson
Members: Volodko Bakowsky
          John Watterson
          Cory Baillie
          Elisia Teixeira (Webmaster)
          Kam Shojania (Past Chair)
The 2007 CRA retreat was held in Vancouver in May with Stephanie Ensworth serving as a one woman organizing committee and social convenor. As expected she did an outstanding job.

Proton Rahman and Bob Offer attended their first retreat as new Board members and Alf Cividino participated as the new Chair of the Scientific Committee. He takes over from Janet Pope who served two terms and never failed to organize an outstanding program for the annual meeting. There is absolutely no doubt that Alf will carry the torch and continue to do the same. We have been blessed with never having had anything but excellence in this position. I can’t say enough about Janet’s contributions to all facets of CRA activity. Janet will continue to be involved in committee work and of course directs the Abbott summer studentship program.

The hot topic at this retreat was the possibility that the CRA might purchase the Journal of Rheumatology. In this issue, Art Bookman brings us up to date of exactly where we stand in the process. The topic is both exciting and a bit scary as it is a major financial commitment for the CRA, but also has great potential as a second income stream. Everyone agrees that it would be a prestigious acquisition for us.

You will see from the reports in this issue that the committees continue to be active and productive. Our needs assessment clearly indicates the having an outstanding website is a top priority for the membership, and although we have made great strides towards a better site, Andy Thompson’s report points out that we still need a major financial investment to make it outstanding, meet our objectives and attract sponsorship. The CRA remains committed to the web and will make a major effort to attract Industry support. Also very high on the list of important activities from the needs survey are the development of position papers and guidelines. Vivian and her committee continue to work very hard in this area as reflected in the therapeutics report.

Janet Markland outlines how we continue to try and attract students and residents to our specialty and this remains a priority for the CRA. I am pleased to report that our “new” section of Paediatrics is fully integrated and as happy to be part of the CRA as we are to have them with us. Our paediatric colleagues strengthen our organization tremendously and I would suggest make us “complete.”

We will continue to work closely with Industry Council. We have a wide array of projects and other sponsorship opportunities to present to them as they have requested and which we feel are mutually beneficial to the CRA and Industry. We also continue to collaborate in producing the best annual meeting possible.

The strength of our organization remains the people who work tirelessly on our behalf. The reports in this issue of the CRAJ give you some idea of the scope and quality of the work done by members who serve on the board and committees. They all have “day” jobs, but continue to support the CRA with passion and selfless hard work. We are indebted to them and very grateful.

Gunnar Kraag
President of the CRA
The Potential Purchase of The Journal of Rheumatology

By Arthur Bookman, MD, FRCPC

Background
The shareholders of The Journal of Rheumatology want to sell because their editorial board is aging, and presumably, they want to cash out. They would like to sell in Canada to the Canadian rheumatology community. They would like to see the journal continue as a Canadian rheumatology legacy to the journal founder, Metro Ogryzlo.

The shareholders commissioned an “Estimated Fair Market Value” assessment from an accountancy consultant. This was based on healthy gross revenues from 1999-2004, rising from baseline to a pretty well plateau between 2003 and September 2005.

The estimate of worth was made as a multiple of EBITDA (Earnings before interest, taxes, depreciation and amortization.)

However, the net earnings for December 2006 have returned at somewhat less than the estimate based on December 2005. This year, gross revenue was down and expenses were up. This will change the EBITDA and estimated value, at least at this point in time.

The Journal of Rheumatology purchase committee (Arthur Bookman Chair, Gunnar Kraag, Michel Zummer, John Thompson, Andy Thomson, Cory Baillie) has commissioned Blue Hammock, a business consulting firm, to evaluate its website. They feel that there will be an immediate investment needed of $120,000 with an eventual investment of $400,000 over the next 4-5 years to upgrade the website.

Furthermore, a full-time webmaster would be required. The committee feels that web-based publication and journal access will become a major venue that must provide revenue if the journal is to remain healthy.

The committee subsequently hired Ralph Moxness, an expert in mergers and acquisitions from Ottawa to assist us in navigating these negotiations. Through Ralph, we have had a consultation with Terry Carter, a lawyer with expertise in not-for-profit organizations, and Jim Blackwell, an accountant from BDO Dunwoody, to give us an opinion on how we could legally structure purchase of the Journal, as we are a not-for-profit organization.

We have also hired, Richard Wise, of Wise-Blackman, a Montreal-based Chartered Accountancy firm, to give us an independent valuation of the journal, upon which we can structure a purchase offer. We have received a preliminary report from Wise-Blackman based on the limited information that The Journal of Rheumatology would make available to us at this time. We have currently extended a preliminary offer to the shareholders of The Journal of Rheumatology, and will be meeting with representatives of their board of directors very shortly for discussion. At the time of writing, we have no idea whether we will be proceeding further.

Terry Carter et al think that we may be able to purchase the Journal within the structure of the CRA. They will give us a final opinion in due course after reviewing our charter etc. Carter has suggested that we might be able to finance this by issuing a limited number of debentures. These would be structured in agreement with the lenders to give them a profit, and a share of net growth, with an agreement to allow the CRA to redeem the investment after a set time. Such debentures would have to be less that 50 in number, or else we would have to report expensively to the Securities Commission. Ten investors at $150,000 would give us $1.5 million. In fact, advertisers in the Journal of Rheumatology might find benefit in purchasing such debentures to stabilize the purchase of this “Canadian advertising vehicle.” Some of our members may be interested in a significant investment of this sort. This way, the CRA would end up with full ownership of shares, and a significant asset for future growth and development.

We also have the option of purchasing a percentage of the journal, but there may be laws preventing one shareholder from taking a dominant 51% position that would leave the minority shareholders unprotected. Also, this may not be possible within the structure of the CRA, as many shareholders are non-rheumatologists. Unfortunately, until we get into negotiations, we will have no idea whether this entire project is viable financially. We have limited our expenses to date until we can get to the bargaining table.

The Purchasing Committee is enthusiastic about obtaining ownership of The Journal of Rheumatology, and this enthusiasm is shared by the board of the CRA. However, we recognize our fiduciary responsibility to the CRA, and will not enter into an agreement that we cannot afford, or that will not give us value. At the time of writing, we do have a plan for purchase and financing that we think we can manage, but much depends on the success of future negotiations with the shareholders of the Journal.
CRA NEWS

2007 CRA Executive Retreat in Vancouver

The dynamic duo. The engine that drives the CRA.

“The dynamic duo. The engine that drives the CRA.

CRA party boat in the background. Great to be in Vancouver!

CRA party boat in the background. Great to be in Vancouver!

“So Janet, you are absolutely sure that organizing the Scientific Program is a piece of cake!”

“Hi! I’m Andy the web guy. Actually the webMASTER!”

Woman at work. We have no idea what the men are doing!

Woman at work. We have no idea what the men are doing!

We really don’t want to know what these guys are looking at.
Be assured it has nothing to do with the agenda.

We really don’t want to know what these guys are looking at.
Be assured it has nothing to do with the agenda.

Jamie and Gunnar just after awarding themselves hefty raises.

Jamie and Gunnar just after awarding themselves hefty raises.

“No Cory, I don’t think that Manitoba is as pretty as BC, but you are right it is flatter - I’ll give you that.”

“No Cory, I don’t think that Manitoba is as pretty as BC, but you are right it is flatter - I’ll give you that.”

“A serious discussion on how to increase womanpower, decrease manpower, and where to shop.

“A serious discussion on how to increase womanpower, decrease manpower, and where to shop.

Woman at work. We have no idea what the men are doing!

Woman at work. We have no idea what the men are doing!
Dr. Mary Bell, of the Sunnybrook Health Sciences Centre, has been selected to be the Director of Continuing Education and Knowledge Translation and Exchange, in the Department of Medicine, at University of Toronto.

Dr. Gregory Choy, of the Sunnybrook Health Sciences Centre, has been promoted to Assistant Professor.

Dr. Brian Feldman, of the Hospital for Sick Children, has been promoted to Professor of Medicine. He has been awarded the Canada Research Chair in Childhood Arthritis for a second 5-year term.

Dr. Dafna Gladman, of Toronto Western Hospital, was elected the first president of the Group for Research and Assessment of Psoriasis and Psoriatic Arthritis (GRAPPA). This is an international group of rheumatologists, dermatologists and methodologists who have come together to promote research in these conditions.

Dr. Gillian Hawker was awarded the Senior Distinguished Research Investigator Award from The Arthritis Society of Canada. She is currently the Physician-in-Chief at Women’s College Hospital and has been promoted to Professor of Medicine.

Dr. Allan Kagal has been appointed Lecturer Adjunct at the University of Toronto.

Dr. Louise Perlin, of St. Michael’s Hospital, has been promoted to Associate Professor. She has received the St. Michael’s Hospital “Values in Action” Award for Compassion.

Dr. Rob Rottapel, of St. Michael’s Hospital, has been promoted to Professor of Medicine.

Dr. Rachel Shupak, of St. Michael’s Hospital, has been awarded the Colin R. Woolf Award for Excellence in Continuing Education for the development of the Advanced Clinician Practitioner in Arthritis Care (ACPAC) program.

Dr. Rae Yeung, of the Hospital for Sick Children, has been promoted to Associate Professor.

Dr. Dana Cohen (Rheumatology Fellow) has recently married Andrew Levstein.

Dr. John Stein (Rheumatology Fellow) and his wife Beth Stein are pleased to announce the birth of their daughter Mira Stein.

Dr. Humaid Al Wahshi (Rheumatology Fellow) and his wife Iman Nasr are pleased to announce the birth of their son Mohammed Al Wahshi.

Dr. Paul Fortin, of Toronto Western Hospital, has been promoted to Professor.

Dr. Lori Albert, of Toronto Western Hospital, has been promoted to Associate Professor.

Publication of The Journal of the Canadian Rheumatology Association is made possible through an unrestricted educational grant from Pfizer Canada.