

My thanks to all of the committee members for their contributions. In particular, thanks to Dr. Paul Dancey; the viewpoints of pediatric rheumatology and your overall insights were invaluable. As always, it has been a great pleasure to be working with the CRA, and I would encourage all members to take an opportunity to spend time on a committee or in an executive position.

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The brainstorming session was so intense that many of us developed alopecia.

Pediatric Section Committee

By Lori Tucker, MD

The Pediatric Section met this year at the American College of Rheumatology (ACR) meeting in Atlanta, Georgia, and again at the Canadian Rheumatology Association (CRA) meeting in Cancun, Mexico. The pediatric sessions at the CRA-Mexican meeting were interesting, and provided an opportunity for us to hear different aspects of pediatric rheumatology from Mexican colleagues, as well as a chance to showcase Canadian pediatric rheumatology research. Our Scientific Committee is already planning for the CRA meeting in Victoria next year, and I have no doubt that it will be fantastic.

The Pediatric Section has endorsed an educational resource developed by the Division of Pediatric Rheumatology at the Hospital for Sick Children (SickKids) in Toronto, called “A Resident’s Guide to Pediatric Rheumatology (2011).” This guide was prepared by the pediatric rheumatology fellows at SickKids (supervised by Drs. Ron Laxer and Tania Celluci) and is intended to provide a brief introduction to basic topics in pediatric rheumatology. The guide includes excellent general information in the areas of juvenile idiopathic arthritis (JIA), systemic lupus, vasculitis, inflammatory myopathies, systemic sclerosis and associated syndromes, fever syndromes, uveitis, infection-related conditions, pain syndromes, and medications. Additional references are provided for more in-depth reading. The guide, completed in early 2011, has been distributed to the pediatric rheumatology centres for use in teaching. CRA members who would like to have a copy of this guide should contact Dr. Laxer (ronald.laxer@sickkids.ca) or Dr. Celluci (tania.celluci@sickkids.ca) at SickKids.

The Pediatric Section has also been working on determining the availability of biologic therapies for children with rheumatic diseases in Canada, the access and reimbursement programs of different provinces, as well as the experience of pediatric rheumatology centres. Our group is preparing a manuscript describing the results of this project. Highlights include the following:

- Access to biologic therapies varies by province, leading to inequities depending on where the patients live.
- Overall, coverage of biologics is quite limited, with etanercept being approved for coverage in nine provinces for JIA, but only for polyarticular-subtype disease in 45% of these.
- Most coverage is on a case-by-case basis. Thus, every biologic prescription requires significant work on the part of the pediatric rheumatologist, who must write a request letter outlining the case, often needing to provide references supporting the use of the medication with every application.
- Coverage and access to biologic medications for children with rheumatic diseases is significantly less than the access for adults with similar conditions.

We hope to publish a manuscript with our findings later this year, and use this information in advocacy efforts provincially and federally in support of improved care for children with rheumatic diseases in Canada.

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