

An Interview with Dr. Jean-Pierre Pelletier

Dr. Jean-Pierre Pelletier was honored with the CRA Distinguished Scientist Award this past season for his contribution to the field of rheumatology research in Canada. Through his experiences, we reflect on this specialty.

Q *Dr. Pelletier, what encouraged you to choose rheumatology as a career?*

During my medical-school training at the Centre Hospitalier de l'Université de Montréal (CHUM) in the late '70s, I did a rotation in rheumatology. It impressed me that there was still so much to be done to alleviate the suffering of patients with arthritis.

My bachelor's degree from the Université de Montréal was in biochemistry, and I found that research into osteoarthritis was still, at that time, a fairly virgin field. It was also being postulated that arthritis was more of a biochemical disease and, because of my background, this piqued my interest.

An opportunity for training arose with Dr. David Howell in Miami, Florida, supported by the Arthritis Society. Dr. Howell was pioneering research into the pathophysiological pathways of OA, and the role of proteolytic enzymes. He was discovering that the target for OA treatment was the inhibition of proteases. This provided a wonderful opportunity for me as a trainee and, as a MD scientist, was particularly compelling.

Such a start afforded me involvement in the scientific community, which later allowed me to contribute to the global understanding of the pathophysiology of OA.

Q *How has the practice of rheumatology itself evolved (academic or community settings) since you started?*

When I finished my medical-school training in 1980, patients were still being treated as they had been for years, and research was only beginning to

target the mechanism of action of this disease. Between 1970 and 1995, the only new addition to our treatment arsenal was nonsteroidal anti-inflammatory drugs (NSAIDs), and I tend to think of this time as a continuation of "the dark years" for the treatment of rheumatological diseases.

The research that was being done during these years, however, has recently come to fruition with the advent of the biologic agents and the COX-II inhibitors. New agents may hopefully help make this field more appealing to young physicians starting out, as we can now provide the patient with very effective treatments, offering light at the end of the tunnel for many sufferers.

Q *How has rheumatology in Canada changed over the course of your career?*

The field has changed in this country but, I'm afraid, not for the better.

Over the last 10 years, Canada has seen a decrease in both academic rheumatologists and scientists. The development of academic rheumatologists, which has traditionally been driven by university support, seems to have dried up. I personally feel that it will be difficult for academic rheumatology in this country to survive the current trend. At our Center (the Arthritis Center of CHUM), we train on average only one new rheumatologist per year. How will this replace the number of rheumatologists who will be retiring in the next 10 years? If we can't be more proactive in bringing training candidates into the field, patients may not have access to a rheumatologist when they need one.

This lack of academic support is further affecting our ability to draw MD scientists to the field. The comprehensive knowledge and direction an MD scientist brings to a research team are indispensable.

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Dr. Jean-Pierre Pelletier, MD

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CRA News

MISSION STATEMENT

The mission of the CRA is to represent Canadian rheumatologists and promote their pursuit of excellence in arthritis care and research in Canada through leadership, education and communication.

UPCOMING RHEUMATOLOGY MEETINGS

Mark your calendar! The next Annual Winter Meeting of the CRA will be held in Mont Tremblant, Quebec from Feb 21-24, 2001. **Dr. Paul Haraoui** (paulharaoui@ibm.net) of Montreal is the Program Chair. Also, note that ILAR (Intl League of Associations for Rheumatism) will be held in Edmonton Aug 21-25, 2001, with **Tony Russell** as President of the Meeting and **Paul Davis** as Program Chair.

NEEDS ASSESSMENT IN 2000

In 1993, the CRA, with **Paul Davis** as President, undertook the first comprehensive needs assessment of the CRA membership, which led to the CRA of today. This year, a follow-up needs assessment will be developed by **Glen Thomson** and **Denis Choquette** with the assistance of **Paul Davis**. This new assessment is being undertaken to ensure that the CRA continues to meet the needs of its members. Please be sure to complete the survey when it arrives in the mail!

INDUSTRY COUNCIL ESTABLISHED

The CRA has established an Industry Council, with the assistance of **Jean-Claude Dairon**, who will act as a consultant in strengthening the CRA's relation-

ship with industry, especially at the time of the Annual Meeting but also throughout the year. The Executive anticipates new initiatives and opportunities to be presented to the membership during the upcoming year. If you have any suggestions please contact the Secretary.

COMMITTEES

Do not hesitate to contact your committee chairpersons (below) with concerns, suggestions or assistance. The CRA website continues to evolve and mature; for access to the site, contact **Steve Edworthy** or the Secretary.

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Research opportunities like the one I benefited from following my medical training are gone. In the last 10 years, only one of our trainees has decided to go into research. This is definitely affecting the impact of Canadian rheumatology on the global scientific community.

Q *How do you see the future of rheumatology evolving in Canada?*

We will have to take the bull by the horns and look critically at where this field will be in 10 years. This is not a financially glamorous field, and fees for clinical rheumatologists have not increased in the last five years in many provinces. As a result, we have

lost a handful of rheumatologists to other professions over the income issue alone, at a time when more manpower is tremendously necessary. And, as I noted, we're not getting the new rheumatology candidates we need. The lack of funding for research is also going to have to be addressed.

Q *What advice would you give to those following in your footsteps?*

I would suggest to new rheumatology scientists that they be cautious, and to make sure they enter this field working with a group where there is opportunity and potential to become an independent investigator.