



The Journal of the Canadian Rheumatology Association

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***focus on* Canadian-Mexican Joint Congress**

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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.

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Canada Night at the American College of Rheumatology San Antonio, Texas, October 18, 2004



Erratum

With respect to the article by Dhany Charest, MD, FRCSC on page 7 of the Autumn 2004 issue (Volume 14, Number 3), the affiliations for Dr. Charest were listed incorrectly and should have been listed as follows: Department of Neurosciences, The South East Regional Health Care Corporation, Moncton, New Brunswick. We apologize for the error.

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Time Gentlemen, Please

The Holiday season, whether celebrated in a religious or sectarian manner, is a family time of year. One's victories and defeats as a researcher, clinician or teacher are not the basis on which your value as a member of your family are calculated. Long after one's greatest contributions to the profession are eclipsed by someone younger and brighter, the kids or grandkids will remember the day at the toboggan hill or help with their school projects. Recent articles in the medical press have focused on the reduced hours of younger physicians compared to their older, predominantly male counterparts. Gentlemen have traditionally spent 65 or more hours a week in their practices and this does not leave many waking hours for the pursuit of other facets of life. Changes in the overall work habits of newer doctors are being attributed to the increasing numbers of females in the profession wanting to have more time for family life. If this is so, then it is proof once again that women are smarter than men. Let us not forget that women physicians also spend more time per patient and have higher satisfaction ratings by patients.

The upside to this humanization of medical practice may be less work in the future for the "Physicians at Risk" helpline and the Provincial Colleges' complaints committees. The downside is even longer waits for access to rheumatologic care. The Canadian Rheumatology Association (CRA) has initiated and supported many activities to attract younger physicians to the profession. The bulge of baby boomers will retire within the next five to 15 years. There is likely to be a deficit in the absolute numbers of arthritis specialists unless there is a sudden and unexpected boom in new trainees. A major challenge for the CRA and other medical organizations will be how to keep our members still practicing and not opting for "Freedom 55" at the condo on the beach. Opportunities to slow, but not stop, one's practice or to travel to do locum tenens for other rheumatologists wanting to spend more time away from their work should be explored nationally. Keeping education fun and exciting, rather than a threat to one's professional existence (in the form of 400 hours of mandatory Royal College Maintenance of Competence [MOCOMP]), may also help to keep experienced rheumatologists working a little longer.



Left to right: Dr. Carlos Pineda, Dr. Jamie Henderson, Dr. Francisco Rosas, Dr. Michel Zumner, Mrs. Lanvin, Dr. Manuel Lanvin, Dr. Gunnar Kraag

In this issue of the *CRAJ*, we celebrate and congratulate rheumatologists who have interests outside of medicine and demonstrate how to live well and survive the trials and tribulations of life as a physician. The Fickle Finger of Fame Award goes to ... (see for yourself on page 12)!

The young rheumatologist is advised to read the reports on how rheumatology is thriving in the attractive communities of Thunder Bay, Saskatoon and BC's "Lotusland" (pages 18-22). John Hanly has a "help wanted" section for those wanting a university paycheck (page 14). Arthritis Centre reports from the University of Alberta and the University of Western Ontario (page 23), the always active CRA and CPRA events (page 13) and The Arthritis Society strategic plan by the CRA's man inside the committee rooms, Art Bookman (page 10), round out the news.

We are honoured to have an interview with our esteemed colleague, Carlos Pineda, the President of the Mexican College of Rheumatology (page 4). Many of the same issues that we face as rheumatologists in Canada are of concern to our colleagues in Mexico. We can share ideas and solutions when we meet together at Cancun in February 2006. Our President, Michel Zumner and Vice President, Gunnar Kraag send forth snowy holiday greetings to all (pages 8-9). On behalf of the staff and editorial board of the *CRAJ*, Happy Hanukkah, Merry Christmas and all the best for a healthy and happy 2005.

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

The Canadian-Mexican Joint Congress 2006: MCR President Carlos Pineda Extends a Warm *Bienvenida* to Canada

When and how was the Mexican College of Rheumatology (MCR) founded?

The lineage of our organization is related to cardiology. Back in 1939, a group of young and visionary cardiologists, who were handling the virulent epidemic of rheumatic fever, founded the Mexican League Against Rheumatism.

The first rheumatology department in our country was founded in 1944, also within a cardiology-based hospital (*Instituto Nacional de Cardiología*), and headed by Dr. Javier Robles Gil who was the pioneer in Mexican rheumatology.

In 1959, the League was reorganized and the new executive committee, comprised mainly of rheumatologists, took its first action: to transform the Mexican League Against Rheumatism into the Mexican Society of Rheumatology. The Mexican Society of Rheumatology was officially established in 1963 and had 48 members. Since then, the organization has met on a monthly basis (the last Tuesday of each month).

In October 2002, the Mexican Society of Rheumatology was transformed into the Mexican College of Rheumatology (MCR), extending its duties not only to rheumatologists but to rheumatic patients as well.

Our corporate emblem depicts an ancient Mexican motif, which is also related to our specialty. As described by an ancient codex, the feathered serpent Quetzalcoatl was one of the most prominent gods of Mesoamerica and was invoked to heal rheumatic pain.

What are the current activities of the Mexican College of Rheumatology (MCR)?

The current activities of the MCR are linked to our mission statement: the MCR is an organization of health professionals in quest of academic excellence and leadership through programs of continuous self-improvement and medical education that foster excellence in the care of rheumatic patients and their environment, working within the framework of an ethical code.



Currently, we have a monthly academic meeting which is based in Mexico City; the meeting is transmitted via satellite to 12 major cities around our country. The audience is comprised largely of MCR members, although internists, orthopedic surgeons, and a minority of family doctors and general practitioners also attend the meeting. The academic topics are always related to the fields of rheumatology and immunology.

In terms of continuing medical education, we run a nation-wide program called *Promedica reumatologica* which strives to educate and update clinicians involved in the care of patients with arthritis with respect to recent advances in the diagnosis, management and treatment of rheumatic diseases. This activity is accredited by the general practitioners' council, the Mexican College of Internal Medicine, PANLAR and several state universities.

The MCR also has a bi-monthly rheumatology journal called *Revista Mexicana de Reumatología* which is the official medical journal of our organization. This journal will soon be fused with its Spanish counterpart and will be renamed *Reumatología Clínica*. This new journal is intended to be the official scientific journal of both the MCR and the Spanish Society of Rheumatology. The official language of this conjoint bimonthly journal will be Spanish, however, an English-language summary is being contemplated. Furthermore, in the near future, English-language manuscripts will be welcomed.

The MCR also edits a Bulletin, which is the official publication for communication with our membership.

What are the current challenges for Mexican rheumatology? What are the goals of the Mexican College of Rheumatology (MCR) for the next decade?

Among our long- and short-range plans, the main goals of the MCR include:

- To enhance public awareness on rheumatic diseases and the role of rheumatologists;
- For Mexican rheumatologists to be appropriately

recognized and utilized by the Mexican governmental health institutions as the premiere managers and providers of care for people with arthritis, rheumatism and musculoskeletal (MSK) diseases;

- To attract professionals of the highest quality into research, education and the care of people with arthritis, rheumatism and MSK diseases;
- To promote collaborative, international, clinical and basic research and teaching activities in arthritis, rheumatism and MSK diseases;
- To improve the effectiveness and intensity of College-wide communication, especially with members but also with rheumatic patients and their associations; and
- To maintain a strong annual scientific congress.

Our annual program or operational plan does not detail all the current and ongoing initiatives, programs, and activities the MCR will undertake in the course of serving its members and their respective fields.

In Canada, there are ongoing problems in terms of a shortage of rheumatologists within the country as a whole and maldistribution of those rheumatologists who are here. Do similar issues exist in Mexico? What are the solutions to these problems? In Mexico there are only 418 board-certified rheumatologists who tend to a population of more than 100 million inhabitants. We urgently need more rheumatologists to tend to the increasing number of patients and the effects of aging on the national prevalence of arthritis.

The Mexican College of Rheumatology's position and action plan for this problem includes:

- Improving the way rheumatology is taught/presented in medical schools;
- Improving the diagnostic and therapeutic skills of general practitioners and family doctors with respect to rheumatic diseases through continuing medical education programs;
- Influencing residency-training programs to include a standardized rheumatology curriculum; and
- Attracting doctors into research, education and the care of people with arthritis, rheumatism and musculoskeletal diseases.

Maldistribution of specialists is also an ongoing problem in Mexico. There is a higher concentration of rheumatologists in the large cities (e.g., Mexico City, Guadalajara) but, on the other hand, there are some smaller areas that do not have access to one, single rheumatologist. The hope for solving this situation and increasing the number of professionals in this field

involves increased promotion, particularly at our health institutions, of rheumatologists as the premiere managers and providers of care for people with arthritis, rheumatism and musculoskeletal diseases.

The American College of Rheumatology (ACR) annual meeting attracts as many Canadian rheumatologists as Canada's own national meeting. Does the ACR meeting also attract a large number of Mexican rheumatologists? Has the Mexican College of Rheumatology (MCR) ever held any special meetings in conjunction with the ACR?

The ACR meeting also attracts a large number of Mexican rheumatologists. Distinguished members of our college are invited as guest speakers, while others participate as poster presenters and others attend the meeting to keep updated. Mexican rheumatologists have participated as speakers in many different ACR settings, such as study groups, meet-the-professor sessions, PANLAR meetings and plenary sessions. To my knowledge, the ACR has never organized a special meeting in conjunction with the MCR.

The granting body for clinical specialists in Canada (the Royal College of Physicians and Surgeons of Canada) now enforces a mandatory number of hours of continuing medical education per year for rheumatologists (and the other specialties) to maintain their specialty certification. Do similar rules exist in Mexico?

In Mexico the granting body for rheumatologists is the Mexican Council of Rheumatology and is the official authority with respect to the certification of doctors' knowledge and skills to practice rheumatology. The Mexican Council of Rheumatology enforces a recertification every five years. The recertification is obtained by means of a written exam or by academic achievements, scientific presentations, published articles, hours of continuing medical education (courses, meetings), teaching activities, etc.

Continuing medical education (CME) and other activities of the Canadian Rheumatology Association (CRA) are largely dependent on revenue generated from pharmaceutical company sponsorship of our annual meeting. How does the Mexican College of Rheumatology (MCR) meet its budgetary requirements?

Similar to the CRA, CME programs and other academic activities of the MCR are largely dependent on revenue

generated from pharmaceutical companies (*i.e.*, unrestricted educational grants). Another important source of income that helps us meet our budgetary requirements is the annual congress. Also, some profits are obtained from scientific activities registration, paid courses, accreditations, etc.

Canadian rheumatologists are very honored and enthusiastic about the joint Mexican-Canadian meeting in early 2006. Do you have a message for the members of the Canadian Rheumatology Association (CRA)?

The main objectives of the Mexican College of Rheumatology (MCR) for the joint Canadian-Mexican meeting are:

- To exchange academic experiences in a variety of rheumatologic areas;
- To establish a wide, strong and productive collaboration in education training and research developments;
- To become a model of PANLAR cooperation; and

- To have an opportunity to strengthen our academic relationships and fortify our friendship.

Dear Canadian colleagues:

The MCR is very honored and enthusiastic about the joint meeting in 2006. We hope that we can foster an even stronger relationship between our two organizations, which I am sure will be of mutual benefit.

On behalf of the MCR, I most cordially invite all the CRA members to enjoy Cancun. And I hope you will experience a unique, productive and unforgettable Canadian-Mexican meeting.

The MCR welcomes you.

– Carlos Pineda, MD

President, Mexican College of Rheumatology



Hadn't seen Peter in years. Didn't speak to me. Obviously he prefers blondes!



Carter the consummate politician on baby duty and Janet wishing he could breastfeed so she could go to the bar and have a few stiff ones.



We have a rheumatologist who is a bodybuilder??

Active, Growing and Continuing to Advocate for Arthritis Care

It has been a very exciting year. The Canadian Rheumatology Association (CRA) has been working diligently, addressing various issues and promoting rheumatologists as the experts in arthritis care, research and education. Although healthcare delivery is provincial, we all share the same problems and challenges.

With the shortage and maldistribution of rheumatologists, we cannot possibly see all patients who are referred to us. The CRA recently published, in the *Medical Post* and *l'Actualité Médicale*, an article (available on the CRA website) describing how to properly refer patients to rheumatology. Many of us are including this in correspondence that is sent back to the referring physician. We hope that such educational efforts will assist in our daily practices.

Rheumatologists spend considerable time discussing treatment options with patients and with other physicians. On the CRA website, an announcement to guide prescribers of rofecoxib (Vioxx®) was recently released. This release was highly successful in that it was widely distributed in local and national news media, as well as medical print. It is encouraging that rheumatologists are becoming better known as experts in the field of arthritis. The CRA will continue to elevate the profile of our specialty. Next, we will be releasing a patient information sheet that will focus on the current use of nonsteroidal anti-inflammatory drugs (NSAIDs) and cox-2 inhibitors. In association with pharmacist organizations, we are starting to address the validity of the information transmitted to our patients about their medications. The objective is to promote consistency in what patients hear from their doctors and pharmacists.

We all know that much of our work in caring for our patients lies outside the actual medical visit. Coordinating care, chasing after resources and medications, consulting on the telephone, filling out forms and many additional tasks occupy much of our time. I am very excited about an audit project that we have just launched which concentrates on the way we practice and how we allocate our time. The project also looks at how we provide care to patients with rheumatoid arthri-

tis, including patient access to resources and medications. PDAs will be available to all interested members. Participants will be able to record a two-week practice sample and then view and compare personal and confidential data with other participating rheumatologists via our website. We plan to present the results of this pilot study in March 2005 at our annual meeting in Mont-Tremblant. You will be invited to pick up your PDA in Mont-Tremblant if you wish to participate. This audit will provide information crucial to provincial representatives in discussions with policy makers, as well as to rheumatologists fighting locally for resources.

Without a doubt, our most significant activity is our annual meeting. We have the unique challenge of planning the 2005 and 2006 meetings concurrently, as the latter is being organized conjointly with the Mexican College of Rheumatology. The next meeting in Mont-Tremblant will continue to provide all the elements that have made our annual general meeting the tremendous success it has become. It has been improved by listening to the membership and increasing the interactivity and the French component. The program is terrific and promises not to disappoint.

While these activities and many others have improved our professional lives somewhat, we still face major hurdles. The CRA continues to promulgate the importance of rheumatologists as the experts in arthritis. The Alliance for the Canadian Arthritis Program (ACAP) is planning a standards-of-care conference next year and three rheumatologists have taken a leadership role in this endeavour. We hope this effort will help improve the local infrastructures and resources available to patients so that we may provide the best possible care. While chronic diseases have appeared on the radar of the health ministries, the most debilitating illness, arthritis, is far from being recognized. This must change. We will continue to advocate on behalf of arthritis care.

The major concern of the CRA is its members, whether their practices are academic or independent, adult or pediatric, English or French. We are focused on improving the quality of our practices through varied efforts, which ultimately result in better patient care. The CRA

Vice-Presidential Greetings

continues to grow and increase its activities and impact. My gratitude goes to the numerous members who volunteer their time serving on our committees. Your input is invaluable and very much appreciated. Our committee chairs have many ambitious plans and their commitment ensures success in our efforts. I would like to personally thank Gunnar Kraag, Jamie Henderson and Art Bookman for their support and responsiveness to all my emails, and Christine Charnock for keeping it all together.

Best wishes to our membership and I hope that we will all find plenty of time to spend with family and friends during the holiday season.

– Michel Zummer, MD, FRCPC
President, CRA



We've Come A Long Way

This is the “Holiday” issue of the *Canadian Rheumatology Association Journal (CRAJ)* so let me start by extending best wishes to everyone. I hope that you have plenty of time to enjoy family and friends. I might also add that a copy of the *CRAJ* would make an excellent stocking stuffer. There is a small charge for copies signed by the editor; otherwise they are free!

Several people have asked me why I took on the position of Vice-President.

The quick answer is that it seemed like a good idea at the time. I had given up almost all of my hospital and university administrative roles so I thought this would be an opportunity to stay active for an extremely worthwhile cause. Moreover, since I love all the people involved at the Canadian Rheumatology Association (CRA)'s executive and board levels, I looked forward to the interaction. Besides, Dr. Arthur Bookman has been telling me what to do for over 30 years, for gosh sakes! I would feel rudderless without him. Furthermore, I was honoured that the nominating committee even thought of me...so how could I refuse? I have since learned that this committee was immediately disbanded and no longer has any role in the executive.

Since then, reality has set in. The CRA executive is no longer a cozy little group that gets together once or twice a year for a little chit-chat. Dr. Michel Zummer, as well as Dr. Bookman, and Dr. Dianne Mosher before him, have worked tirelessly to develop a vision and business plan with a solid infrastructure of committees that has transformed our organization into a first-class operation. Communication occurs almost daily via e-mail and conference calls, as well as annual retreats, including meetings of

the Industry Council. If there is an issue of importance, a meeting that needs to take place, the CRA flag to be waved, Dr. Zummer is either there himself or makes sure someone is there representing him. You are all aware of the mammoth job Dr. Janet Pope does to assure a superb meeting and Dr. Jamie Henderson has taken over from Dr. Carter Thorne to assure that the management committee keeps our organization financially healthy. Sponsorship is at an all-time high. I still recall the last meeting I attended when the CRA was held in conjunction with the Royal College—there were three members in a large room listening to a superb presentation by a visiting speaker. We've come a long way since then. No more occasional chats, a few drinks and a few laughs. This is serious business and the members have come to expect excellence.

What was I thinking?

My role at present is to observe, listen, and follow orders. Unless someone wises up, I will be president and expected to match Dr. Zummer's work ethic, dedication and obvious skills. A daunting challenge! Fortunately, the CRA has a superb executive assistant, Christine Charnock, without whom most of us would immediately resign.

I will end on a personal note. I am proud to say I have become a grandfather for the first time. It is one of the few experiences in life that is not over-rated. What a thrill! Merry Christmas! Happy Holidays!



– Gunnar Kraag, MD, FRCPC
Vice-President, CRA

The Arthritis Society National Research Initiatives Program

The new initiative from the Scientific Committee of The Arthritis Society (TAS) is an attempt to optimize the use of scarce research resources in a way that moves the Canadian initiative forward in a quantum manner. The initiative will promote collaboration across disciplines, and across the country, in themes that provide direction and focus. We need to find ways for all parts of Canada to be involved in a coherent and integrated research effort. TAS has a visible reputation for research and career development that is focused upon the patient. With the evolution of the Canadian Arthritis Network (CAN) and its focus on innovation and economic competitiveness, and with the evolution of the Institute of Musculoskeletal Health and Arthritis (IMHA) that has its focus on curiosity-driven research, the initiative at TAS will create new synergies and opportunities.

THE NEW STRATEGIC VISION

1. Clinical Fellowships, Clinical Teachers and Arthritis Centre Block Grants would be identified as separate budget items to be managed through the Medical Advisory Committee (MAC). Research and research training would fall under the Scientific Advisory Committee (SAC).
2. Research funds would go into "Arthritis Society National Research Initiatives" which would foster transdisciplinary collaboration to deal with comprehensive research questions that would ultimately translate into better, evidence-based clinical care.
3. TAS will also initiate a first-time operating grant to assist new investigators who are just starting their independent research careers.
4. TAS will initiate a mid-term-career support grant for people committed to research excellence, who also have the leadership skills to develop and run the proposed initiatives.
5. TAS will provide Facilitation Grants to foster development of new collaborations that can lead to group proposals for TAS grants.
6. TAS will provide funds for symposia or workshops

that would bring members and potential members of "Initiative" groups together.


The MAC, recognizing that there were many concerns among the existing research community, brought this discussion to the Board of TAS, resulting in:

- A call for critiques and feedback from the greater Canadian research community and members of associated healthcare disciplines, as well as patient groups.
- A discussion of these critiques through a combined meeting of the MAC and the SAC to culminate in final recommendations.

Approximately 400 stakeholders were invited to submit their feedback in August 2004. TAS received about 20 responses, all thoughtful and reflective of some common concerns:

- Curiosity-driven initiatives often produce the most significant advances. It could potentially be harmful to abandon these efforts, at least in the short term.
- The initial document labeled the new concept "Centres of Research Excellence," which raises the concern that a few university centres will dominate and leave the remaining geographic areas of Canada devoid of research.
- The details of how priorities are to be set for research, how grants are to be awarded, how we assure that a few people don't flourish because of influence while others fail to receive grants, and how progress is judged have not been presented or discussed.
- Will TAS have sufficient funds to make this viable, in that each award of about \$500,000.00 would significantly deplete the peer-review research initiative (about \$2,500,000 per year). TAS should carefully evaluate the impact of these awards and the advisability of continuing them. Any partnerships formed by TAS to leverage these funds could affect the branding of the organization.

At the combined MAC-SAC meeting on October 1, 2004, TAS's new themes were discussed in detail. There was general agreement that the concept of transdisciplinary national initiatives was an exciting one that could



open up a number of opportunities for new funding, as well as have qualitative and quantitative effects on the progress of Canadian research in arthritis. The following recommendations were made:

- The grants should no longer be referred to as “Centres of Excellence,” but rather as “Arthritis Society Research Initiative” grants.
- The first Initiative should be based on the themes arising from the Frontiers in Inflammatory Joint Diseases Conference.
- Grants should be initiated at the rate of one new initiative a year, after details for criteria, adjudication and evaluation are developed. Grants should focus on priorities set by SAC, with input from MAC, after careful communication with the medical and research communities and other funding agencies (e.g., CAN and IMHA).
- SAC, along with MAC, will establish a process for adjudication and evaluation of applications. Initiatives will be a combination of basic, clinical and applied research.
- SAC and MAC will actively pursue all avenues of partnerships to expand research and career funding.
- Through SAC and MAC, aggressive communication of this effort must occur to all stakeholders over the next few months.

These recommendations were brought back to the Board of TAS on November 6, 2004. There was general agreement that TAS would proceed. The Board has undertaken to:

- Raise sufficient funds to cover the first Initiative without having an impact on the current level of funding for curiosity-initiated individual research.
- Hold further discussions at the next board meeting about augmenting transfer payments from Divisions to the National Peer-Review Research Program.
- Allocate resources into improving the communication of research to the fundraisers in the Divisions.
- Aggressively seek partnerships that would augment funds available for this program.

A paradigm shift of this magnitude understandably creates angst among those most affected: Canadians doing research in arthritis. This is impossible to avoid. SAC and MAC realize the danger of losing by attrition those that have committed their careers to arthritis research. By moving slowly, and carefully developing tools for evaluation, by reacting appropriately to concerns as they arise, members of these committees feel that they can move this agenda forward. They feel that a new initiative of this type can breathe new life and new enthusiasm into the National Peer-Review Research Program of TAS. Time will judge, but this author is optimistic that this will be a successful initiative.

The directions to those responding to the first Request for Applications will focus on the questions arising from the Frontiers in Inflammatory Joint Diseases Conference:

- What genetic and environmental factors play a role in the initiation of inflammatory joint diseases (IJD), and what tools (e.g., clinical, laboratory, imaging) can characterize IJD early, monitor and predict outcomes?
- What is the basis for the pathogenesis of early and established IJD and how can this be effectively applied to new drug targets and screening tools?
- How do people make decisions regarding IJD treatment and management options?
- How can we optimize access to and delivery of diagnostic, therapeutic and other healthcare services to individuals with IJD?
- What models of knowledge translation and exchange best communicate research development and outcomes across the broad spectrum of arthritis stakeholders?
- How can we better understand and reduce the psychosocial and economic burden of IJD?

As always, your reaction to the proposals are welcome.

Feel free to email: arthur.bookman@uhn.on.ca.

– Arthur A.M. Bookman, MD, FRCPC
Chair, Medical Advisory Committee

Fickle Finger of Fame Award Winner

We all know that rheumatologists do more than count joints—a lot more. The *CRAJ* decided to recognize such activity in the form of an award that will be presented annually. Aptly called the Fickle Finger of Fame Award, it will recognize accomplishments and endeavors outside the practice of medicine. A call was put out for nominations and it has been discovered that rheumatologists are an extremely talented bunch! We will have no trouble finding individuals to recognize in the coming years.

Without further ado,
we are pleased to announce that the inaugural winner of the

2004 Fickle Finger of Fame Award

is Vancouver's

Alfonso Verdejo!

Dr. Verdejo was nominated by Dr. Gunnar Kraag:

I have known Alfonso for 30 years, but it was only in the past several years that I learned of his extra-curricular accomplishments. To say that Alfonso doesn't blow his own horn is an understatement.

In 1996, Alfonso was Saskatchewan's bodybuilding champion in the 50+ age category and has had many successful competitions. I can only surmise that his inspiration came from working with me as a fellow at McMaster University in the 1970s. I don't recall kicking sand in his face at the Hamilton Harbour beach, but he must have noticed my physique and decided there was no way he was going to look like that. Body-building is not an activity that can be done without extreme effort. The discipline required is enormous. Not only is the training arduous, but to actually win and place regularly in competitions is a mammoth achievement. We all know about another famous body-builder's success in California...so don't be surprised if Alfonso becomes the Premier of British Columbia.

But that's not all, folks. Alfonso has made his mark in a second activity! What activity goes hand-in-glove with body-building? You might be thinking wrestling, tossing the caber or weight lifting. However, Alfonso's second extraordinary achievement does not even come close to any strength-related activities that may have come to mind. Alfonso is also an accomplished ballroom dancer! Not the take-a-class-because-your-spouse-decided-it-would-be-a-good-idea type of dancer, but once again, a serious, competitive, committed and successful dancer.

A veritable "twinkle toes."

Alfonso is Arnold Schwarzenegger and Fred Astaire rolled into one! Passion and excellence in both body-building and ballroom dancing make him the inaugural winner of this prestigious award.

Body-building and ballroom dancing at the highest level...just a few of the things your colleagues are doing outside the office. Stay tuned, because there is no end to the talent you will hear about next year.

– Gunnar Kraag, MD, FRCPC

CRA News

The 2005 Canadian Rheumatology Association (CRA) meeting at Mont-Tremblant will be great! Dr. Janet Pope has done a masterful job in organizing the program with the help of her committee and the tireless support and advice of our president Dr. Michel Zummer. And she did it all while pregnant. She recently delivered a beautiful baby boy and, of course, has been getting him involved in all our meetings, including the recent American College of Rheumatology (ACR) conference in San Antonio.

The symposia have been outstanding and we continue to have strong industry-based sponsorship. The key ingredient to success will now be strong support from our membership. We hope to have as many members as possible attending the meeting at Mont-Tremblant. It would be nice to set a new record in attendance.

Although the fresh snow and crisp air at Mont-Tremblant this winter will be refreshing, in 2006, there will be sun, fun and margaritas in Cancun, Mexico. The combined meeting of the Mexican and Canadian rheumatology associations is approved and the agenda is currently being developed. The theme will be "interaction," with a great opportunity to learn from each other. You will be hearing a lot more about this in the upcoming months, but we hope our surveys are accurate and that we will have a great turnout of Canadian rheumatologists. The Mexicans will be there in full force and they are excited. I have now start-

ed working out vigorously so that I will look good in a bathing suit and be in shape for the soccer game between our organizations. If and when we have a combined meeting in Canada, they will have to play hockey.

Does the word "Vioxx" (rofecoxib) ring any bells? The CRA quickly produced a statement, with respect to the withdrawal of rofecoxib, that has been extremely helpful to both patients and physicians. Drs. Michel Zummer and Vivian Bykerk did an outstanding job. Since this experience was a "first," the CRA learned a great deal and will be quick, responsible and proactive in any future similar situations—although let's hope we don't have too many.

The CRA website continues to improve and expand under Dr. Kam Shojania's leadership. We hope it will be the key instrument by which our membership communicates. Dr. Shojania will be taking a leave of absence from his duties as webmaster but will be ably replaced by Dr. Andy Thompson. Dr. Thompson has developed his own CRA-endorsed website which is drawing rave reviews (www.RheumInfo.com). Make sure you visit the CRA website regularly to use the resources and discover what's going on.

There will be a lot more news in the coming months so stay tuned and never forget to read the *CRAJ*.

Gunnar Kraag, MD, FRCPC

Pediatric Rheumatology: 2004 Update

A number of exciting initiatives are underway under the auspices of the Canadian Pediatric Rheumatology Association (CPRA). Following a meeting held in Vancouver, British Columbia in August 2003, a CPRA proposal was submitted to the Canadian Arthritis Network for a New Emerging Team (NET) grant. This proposal was led by Drs. Ciaran Duffy, Rae Yeung, Lori Tucker, and Kiem Oen. This project, which has been funded for five years by the Canadian Institutes of Health Research, focuses on quality-of-life outcomes in a cohort of 2,000 new-onset juvenile idiopathic arthritis (JIA) patients, with the opportunity to study predictors of these outcomes in all subtypes of JIA.

Discussions with the Canadian Arthritis Patient's Alliance (CAPA) have also occurred, and led to CAPA taking on JIA as one of its advocacy initiatives for 2005. The CPRA and CAPA will work closely together to ensure that there is strong advocacy for children with rheumatic diseases.

Dr. Brian Feldman is the 2004 recipient of the Henry Kunkel Young Investigator Award from the American College of Rheumatology (ACR). This award is given by the ACR to an

investigator under the age of 45 years who has made important contributions in the field of rheumatology. Dr. Feldman's award was based on his contributions in many areas, including juvenile dermatomyositis, hemophilia and trial design. A graduate from the Faculty of Medicine at the University of Western Ontario, Dr. Feldman completed his pediatric residency at the University of Ottawa and at the University of Toronto's Hospital For Sick Children, followed by a fellowship in pediatric rheumatology at the University of Toronto and the Hospital For Sick Children, where he was also a fellow of The Arthritis Society. He completed an MSc in clinical epidemiology during his fellowship and, in 1995, joined the faculty of the Department of Pediatrics. Dr. Feldman is currently an Associate Professor in the Department of Pediatrics, graduate of the Department of Health Policy, Management and Evaluation, graduate of the Department of Public Health Sciences, director of the Children's Arthritis Program at the Bloorview-MacMillan Children's Center and holds a Canada Research Chair.

– Ronald Laxer, MD, FRCPC

The Canadian Council of Academic Rheumatologists (CCAR): Vacant Academic Rheumatology Positions

There are 16 academic rheumatology units in Canada, each of which is strategically aligned with a Canadian medical school. This network of Arthritis Centers (formerly Rheumatic Disease Units) was established in 1976 and has been the primary source for scholarly activity in research and medical education. This network has also coordinated delivery of care to patients with rheumatic diseases and acted as an incubator to meet the future rheumatology physician resource needs in both the academic units and in community rheumatology practice.

The CCAR consists of the Heads of each of the 16 academic rheumatology units across Canada, with independent representation from pediatric rheumatology and The Arthritis Society of Canada. Since 1998, CCAR has maintained an annual database on physician resources and rheumatology trainees in the rheumatology academic units. This database is updated in July of each year and includes vacant rheumatology staff positions in each of the centres. The current vacancies are listed below.

– John Hanly, MD

Vacant Academic Rheumatology Positions (October 2004)

Allocation Of Time (Total of 100%)

Centre	Adult/Peds	Number	FTE(%)	Clinical	Teaching	Research	Admin
<i>University of British Columbia</i>							
Dr. John Esdaile	Adult	1	100	10	10	80	0
Arthritis Research Centre of Canada 895 West 10th Ave, 2nd Floor Vancouver, BC V5Z 1L7 jesdaile@arthritisresearch.ca							
<i>University of Calgary</i>							
Dr. Liam Martin	Adult	1	100	60	20	15	5
University of Calgary Rheumatic Disease Unit HMRB-3330 Hospital Dr, NW Calgary, Alberta T2N 4N1 lmartin@ucalgary.ca							
<i>University of Manitoba</i>							
Dr. Hani El-Gabalawy	Adult						
		1	100	60	40	0	0
		1	100	30	15	50	5
Rheumatic Disease Unit Health Sciences Centre 149-800 Sherbrook St Winnipeg, Manitoba R3A 1M4 mlmackay@exchange.hsc.mb.ca							
<i>University of Western Ontario</i>							
Dr. Nicole LeRiche	Adult						
		1	100	50	50	0	0
		1	100	50	0	50	0
St. Joseph's Health Centre 268 Grosvenor Street London, Ontario N6A 4V2 nleriche@julian.uwo.ca							

Allocation Of Time (Total of 100%)

Centre	Adult/Peds	Number	FTE(%)	Clinical	Teaching	Research	Admin
McMaster University							
Dr. Jonathan Adachi	Adult						
501-25 Charlton Ave, East		1	100	50	10	40	0
Hamilton, ON L8N 1Y2		1	100	50	10	40	0
Jd.adachi@sympatico.ca							
University of Toronto							
Dr. Claire Bombardier	Adult						
Institute for Work & Health		1	100	20	0	80	0
800-481 University Ave		1	100	50	0	50	0
Toronto, ON M5G 2E9		1	100	20	0	80	0
cheath@iwh.on.ca							
Queen's University							
Dr. Tassos Anastassiades	Adult						
Rheumatic Disease Unit		1	100	50	0	50	0
Queen's University, Stuart St							
Etherington Hall, Rm 2050							
Kingston, ON K7L 2J7							
anastass@post.queensu.ca							
University of Ottawa							
Dr. Douglas Smith	Pediatric						
The Riverside Campus		1	100	60	20	20	0
1967 Riverside Drive							
Box 37, Room 6-34							
Ottawa, ON K1H 7W9							
dsmith@ottawahospital.on.ca							
University of Montreal							
Dr. Jean-Pierre Pelletier	Adult						
Director, Rheumatic Disease Unit		1	100	80	20	0	0
Hôpital Notre-Dame		1	100	80	20	0	0
1560 Sherbrooke St, East							
de Séve Pavilion, 2nd Floor							
Montreal, Quebec H2L 4M1							
dr@jppelletier.ca							
University of Sherbrooke							
Dr. Artur de Brum-Fernandes	Adult						
Rheumatology Division		1	100	70	20	10	0
Université de Sherbrooke							
3001-12th Ave, North							
Fleurimont, Quebec J1H 5N4							
Artur.fernandes@usherbrooke.ca							
Memorial University							
Dr. Sean Hamilton	Adult						
Rheumatic Disease Unit		1	100	60	20	10	10
154 Le Marchant Road		1	60	75	15	5	5
St. John's, Newfoundland A1C 5B8							
shamilto@mun.ca							

Provincial News

The Medical Scene in Saskatchewan

Three topics dominate the headlines in Saskatchewan news: happenings at the University of Saskatchewan (U of S) campus (especially at the Synchrotron), the federal government's funding to health-care in the province and the recent Saskatchewan Medical Association (SMA) meeting.

The Canadian Light Source (CLS) and Synchrotron.

The CLS is a facility that produces light—principally x-rays with extreme brightness and short wavelength quality that permit unprecedented scientific and technologic research. The CLS is supported by the U of S, the federal government, many provincial governments and 18 universities throughout Canada. The CLS cost \$140 million (plus \$34 million of “in-kind” contributions and equipment) and recently opened for public viewing. It will be operating early in the New Year. It is exciting to realize that we now have the ability to probe the 3-dimensional structure of matter, investigate chemical reactions, develop new drugs, design new microchips for more powerful computers, manufacture tiny biomedical implants and create new materials. Synchrotron analysis of a single hair from a woman may reveal whether she has breast cancer. Synchrotron radiation is used to study the brain and to develop new imaging techniques for medical diagnoses (e.g., non-invasive angiography), and has been used to study the life cycle of malaria in reticulocytes.

The CLS is a third-generation synchrotron light source, competitive with the best currently available in the world. As of November 11, Sven Achenbach was recruited from Germany to chair the micro- and nano-device fabrication—a machine shop to create structures with extremely small features (100–1,000 times smaller than the thickness of a human hair). This will allow the CLS to carve out devices with extremely precise, microscopic features for applications (e.g., sensors to test bilirubin levels in newborn infants). Construction of the Canadian Synchrotron Nanostructures Facility (CSNF)



CLS (aerial)

CLS (building)

will commence in 2005 and the facility will come into operation in 2007.

U of S News. On November 12, \$9.4 million was awarded by the federal government for seven new research Chairs and equipment. These new Chair holders will conduct research into anxiety and depression and more effective public health programs for Aboriginal peoples. Public health issues looking at the contribution of culture to health will be better understood. Addiction problems, diabetes and rheumatoid arthritis (RA) are recognized to be more prominent in Aboriginals. In Manitoba, RA is two- to four-fold more common. Sylvia Abonyi will head the Canada Research Chair in Aboriginal Health.

Dean Chapman will chair x-ray imaging using the Synchrotron to image soft tissue, such as lungs and joint cartilage. This could help diagnose cancer and arthritis earlier, allowing for more effective treatment.

Lisa Kalynchuk from Dalhousie will use animal models to study the largely unknown mechanisms that produce depression, anxiety and panic. Understanding mechanisms in these mental illnesses will aid the development of new drug treatments that work more quickly and have fewer side effects.

Jean-Pierre St-Maurice from the Department of Physics and Engineering at the University of Western Ontario will chair environmental sciences to study the ionosphere and establish a virtual centre for the causes and effects of climate changes. This will engage



CLS (inside)

researchers from numerous disciplines across campus. Space weather affects satellites, power grids, pipelines, weather changes on the ground and even our health.

Six U of S health researchers were recently awarded \$2.4 million for projects that include studies of breast cancer treatment, insulin resistance and health-promoting compounds found in fruits and vegetables. Two of the researchers will use the CLS Synchrotron. Graham George will study the molecular basis of mercury toxicity and Thomas Haas will probe the structure of a specific cancer cell protein in order to develop new drug therapies that block the activity of integrin alpha-V beta-3.

Although the U of S has not improved its ranking in the Maclean's university survey, it has improved its performance in several categories, including student retention rates, library acquisitions, social science, humanities research grants, and its reputation across the country.

Dr. James Dosman, respirologist and director of the U of S Institute of Agricultural, Rural and Environmental Health, will lead the new \$2 million Canadian Centre for

Health and Safety in Agriculture. This centre will address health and safety issues for farm families and rural workers (e.g., inhalation exposures, food and water contamination, adverse working conditions). The new centre is one of seven new health research centres across Canada and is supported by *l'Institut de recherche Robert-Sauvé en santé et en sécurité du travail*—a private, non-profit research organization in Quebec.

"Thinking the World of Our Future" is the campaign title for the U of S. This \$100-million fundraising campaign of purely philanthropic gifts will go toward scholarships and student services, as well as the library, building projects and faculty research chairs.

The SMA Annual Meeting. At the annual November meeting held in Regina, physicians expressed grave concerns with respect to the aging practicing-physician population. A concentrated effort to encourage a healthy lifestyle in eating and exercising will be made in the next year.

"Getting a Grip" (on arthritis) held its first and very successful educational session at the Prince Albert Community Clinic on October 29. The session was led by Dr. Mary Bell of Toronto. Attendees included physicians, nurses, therapists and chronic caretakers.

– Janet Markland, MD, FRCPC

Provincial News

Rheumatology in Thunder Bay

In Northwestern Ontario, the beauty of God's creation is all around us. The long winters, the vast expanses of bush and the many pristine wilderness lakes are not a unique feature of our region. However, although this probably describes the majority of our country, it does not describe the portion where most people live and where most services are available. The very things which are our greatest asset present significant challenges to the development and delivery of rheumatology services. Northwestern Ontario, which makes up more than half the landmass of Ontario, has only a fraction of the population of the rest of the province. The distances between communities and the often-treacherous travel conditions are a significant barrier to effective and efficient care for arthritis sufferers, who may have difficulty traveling at the best of times.

Thunder Bay, the largest community in the region, proudly strives to function as a referral centre for the entire region. I was disappointed, but not surprised, that the recent Arthritis and Related Conditions in the Ontario ICES Research Atlas is showing that waiting lists for rheumatology services in our region are the longest in Ontario. With the much-appreciated arrival of Dr. Yatish Setty two years ago, we now have two full-time clinical rheumatologists in the region, both based in Thunder Bay. Unfortunately, our obligation to participate in the Internal Medicine on-call schedule, although valuable to the community as a whole, further erodes our time committed to rheumatology services, and waiting lists grow. We continue to make every effort to see acute cases in a timely manner. Additional consults are available with the help of visiting clinics manned by our rheumatology colleagues from Southern Ontario: Tulio Scocchia (from Hamilton) in Thunder Bay and Dr. Michael Aubrey in Kenora and Dryden.

I am proud of the medical practitioners in our region, both in primary care and specialty care. These health-care providers are flexible, hard working, multi-talented and, above all, they desire to provide the best possible



The Sleeping Giant, Thunder Bay

care for patients. Sometimes results may not be optimal but often exceed what would be reasonably expected given the limitations. Many physicians in this region's scattered communities, as well as those in severely under-serviced Thunder Bay, carefully triage the rheumatology consults and make great use of the telephone and fax machine to ensure the most appropriate consults are referred and patient care is not too delayed.

Once an arthritis patient gets into a rheumatology clinic, we strive to provide him/her with the best possible care. Our team continues to consolidate and work together. A provincial government initiative provided funding for the Arthritis Care Network, a project that ran for 12 months (2002-2003) and produced several benefits. A consortium of stakeholders in arthritis care, headed by St. Joseph's Care Group in Thunder Bay (where Dr. Setty and I work), began a process which included training regional healthcare providers in the examination of rheumatology patients, setting up rheumatology consults by video-teleconferencing using North Network's established technology, and the improvement of communication between the many communities, The



Arthritis Society, and other organizations providing arthritis care.

Telerheumatology. At St. Joseph's Care Group we owe a great debt to Dr. Barry Koehler. Dr. Koehler began the Rheumatic Diseases Program in the 1980s. The program continued even in the absence of a rheumatologist until Dr. Roddy came to Thunder Bay in the early 1990s, and then myself in 1995. We have polished the program over the years and I believe the quality is very high. I would not be ashamed to hold it up against any other program in the country. The success of the program is largely due to the motivated and talented staff, and the support of the administration of St. Joseph's Care Group. St. Joseph's Care Group has also supported the development of a rheumatology drug-monitoring clinic and an osteoporosis clinic, as well as provided neuropsychology support for my office-based lupus clinic.

The future holds promise. We look forward to the new Northern Ontario Medical School in the region. I hope to be able to begin an early-arthritis clinic at St. Joseph's Care Group and perhaps expand video-conference consult services. We continue to hope for at least one other rheumatologist who would choose the incredibly



St. Joseph's Care Group, Thunder Bay

interesting and varied life in northwestern Ontario.

I hope I have been able to give you a taste of rheumatology in Thunder Bay and northwestern Ontario. We face many challenges but I know many other communities and many of my rheumatology colleagues face similar obstacles. Focusing on the positive, I have mentioned the people I work with, and knowing the excellent quality of the rheumatology community in Canada, I feel optimism for the future despite the challenges.



Telerheumatology



– Wesley K. Fidler, MD, FRCP

Provincial News

Rheumatology in “Lotusland” (The Lower Mainland of British Columbia)

The autumnal rains have begun to fall. The rest of you may be digging yourselves out of the snow, but we have our own problems. We have to dig our golf balls out of the soft earth ... if we can find where the darned things plugged.

A successful collaboration of The Arthritis Society (TAS) and the British Columbia Orthopedic Association has resulted in an infusion of funding, albeit a one-time affair, for joint replacement surgery. Waiting lists, while still much too long, have been slightly reduced. It was interesting to hear our Minister of Health proclaim that a reason for the long waiting lists for surgery is that “the procedures have become much more acceptable.” While British Columbia does reside on the other side of the mountains, most of us here were finding these procedures a part of routine medical care in the 1970s. One always wonders where the politicians are living!

A recent review of incomes by the Disparity Allocation Committee of the Society of Specialist Physicians and Surgeons of British Columbia found, not surprisingly, that rheumatologists (in company with endocrinologists) have incomes that are 40% below the average specialist income. This survey removed from the equation income derived from night and weekend call. This illustrates the failure of our fee schedule to recognize the value of cognitive evaluations, in comparison with procedures (or, as they are sometimes described, non-cognitive evaluations).

Did I mention that it has been raining? Actually, it has been raining all day, in copious amounts.

Dr. Ian Tsang, now Professor Emeritus at the University of British Columbia, but still very much involved, has established personal and professional contacts with the Traditional Chinese Medical Schools in Nanjing University, Shanghai University, Hong Kong Baptist University, and the Guangdong Provincial Hospital of Traditional Chinese Medicine. He has received funding from the Hecht Foundation to carry out a randomized, placebo-controlled trial of topical *Tripterygium wilfordii* in rheumatoid arthritis, in collaboration with the Guangdong Provincial Hospital of Traditional Chinese Medicine. His purpose is to bring evidence-based evaluations to the area of traditional Chinese medicine. He also has a goal of appropriate English translation of Chinese medicine terminology.

Dr. Ross Petty is approaching that magical age of 65 years. In recognition of his outstanding contributions to pediatric rheumatology provincially, nationally, and internationally, the British Columbia Division of TAS, with the University of British Columbia, is establishing a Research Chair in his name.

The British Columbia Guidelines Committee, with the guidance of Drs. Graham Reid and John Watterson, are establishing a protocol for rheumatoid arthritis. The Canadian Rheumatology Association position paper on early rheumatoid arthritis will provide a useful basis for this.

And, by the way, it is still raining.

– Barry Koehler, MD, FRCPC



Maybe she'll pay attention to me if I get her another drink.



*There are big ships and little ships,
but there's no ship like friendship.*

University of Alberta

There have been many changes to the Rheumatic Disease Unit at the University of Alberta this past year. Dr. Anthony Russell stepped down as Divisional Director in September 2003 and officially retired as of June 2004. But, as you might have guessed, he continues to be an active member of the Division as Professor Emeritus. Dr. Joanne Homik was appointed new Divisional Director on October 1, 2003. Dr. Walter Maksymowych and Dr. Stephen Aaron were both promoted to full professor. Dr. Maksymowych is currently in Maastricht, Netherlands doing a six-month sabbatical with Dr. Desiree van der Heijde.

In September 2004, we recruited two new physicians—Dr. Elaine Yacyshyn and Dr. Stephanie Myckatyn—at the assistant professor level. Dr. Paul Davis is wearing a new hat (as well as the old hats) and is now editor-in-chief for *Clinical Rheumatology*. We currently have three fellows in the program: Dr. Anna Oswald is in her second year, pursuing a Master's in Medical Education; Dr. Gilbert Enejajor is completing his first year of clinical fellowship; and Dr. Monika DaSilva is a visiting clinical fellow from Sri Lanka. Edmonton was sorry to say goodbye to Dr. Sharon LeClerc in July. She is now associated with the University of Calgary pursuing new rheumatologic challenges.

– Joanne E. Homik, MD, MSc, FRCPC

University of Western Ontario

We at University of Western Ontario have all been together in the Monsignor Roney outpatient facility at Saint Joseph's Health Care since September 2000. As in other parts of Canada, restructuring and amalgamation have been the order of the day. In our case, the move has been positive. Our clinic consists of 18 exam rooms, an infusion room which can be used for both research and usual patient care, as well as ample office and research space. The floor above us houses the occupational therapy, physiotherapy, and rheumatology day programs. One of our Division members, Warren Neilson, PhD, runs these programs. We are still refining our *modus operandi* in the clinic, trying to use our available resources effectively.

We are fortunate to have Drs. John Thompson, Manfred Harth and David Bell working with us in a post-retirement capacity. Dr. Thompson sees patients in several outlying communities and is active in educating family doctors about rheumatology. Drs. Harth and Bell are still working “full time;” Dr. Bell is actively engaged in basic research with Ewa Cairns, PhD, also a member of our division. Dr. Andy Thompson joined us in June 2004. He trained at Western until he went to Vancouver for rheumatology training. We managed to attract him back to London where he will be completing his Masters in Medical Education (part-time) while he starts clinical practice. He has just completed his second edition of “Thompson's Rheumatology Pocket Reference.” Dr. Janet Pope continues to work at her usual pace, involving herself in many projects. She is our program director and continues to encourage trainees at all levels to become rheumatologists. She has been taking a brief “breather,” having recently delivered her seventh child!

We are all active teachers, in part because of the fact that the class size at Western has increased from 96 to 133 per year over the last five years. We are in active recruiting mode for both rheumatology trainees, as well as rheumatologists. London is a great place to work and live.

– Nicole LeRiche, MD, FRCPC

