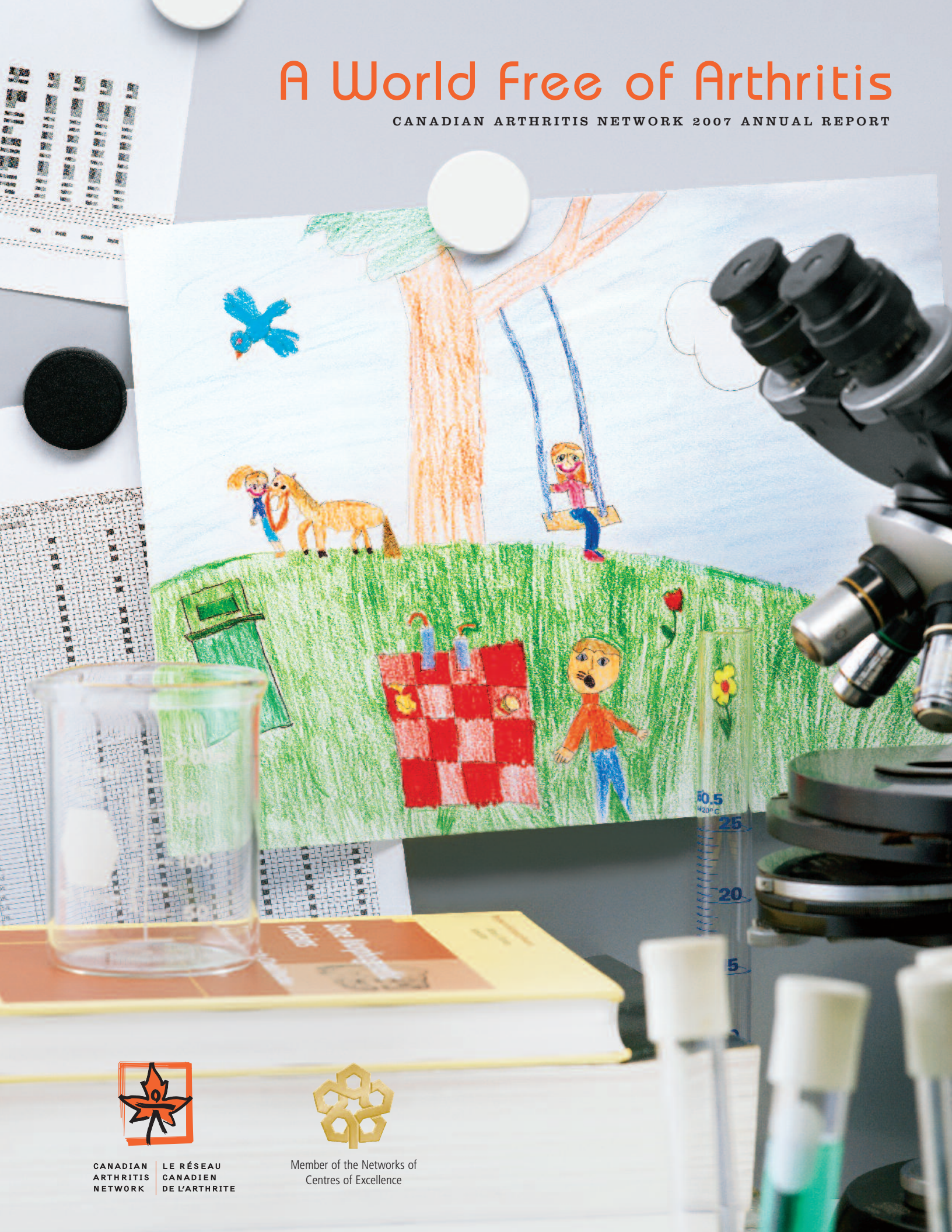


A World free of Arthritis

CANADIAN ARTHRITIS NETWORK 2007 ANNUAL REPORT



CANADIAN
ARTHRITIS
NETWORK | LE RÉSEAU
CANADIEN
DE L'ARTHRITE



Member of the Networks of
Centres of Excellence

OUR MISSION

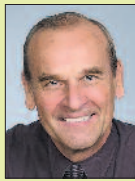
The mission of the Canadian Arthritis Network (CAN) is to maximize CAN's R&D partnerships involving Network Investigators, industry, consumers and government, to create and translate knowledge and discoveries that will improve the quality of life of people with arthritis, decrease the economic disease burden, promote the growth of the Canadian economy and ultimately cure arthritic diseases.

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Dr. Suzanne Bernier



Dr. Jaroslav Sodek



Ann (Kampmeier)
Qualman

The Canadian Arthritis Network (CAN) lost three friends this year with the passing of Dr. Suzanne Bernier (London, ON), Dr. Jaroslav Sodek (Toronto, ON) and Ann (Kampmeier) Qualman (Ottawa, ON). Suzanne and Jaro were well-respected academics and scientists who have been engaged with the Network for a number of years. Ann was diagnosed with rheumatoid arthritis at the age of 33 and shortly thereafter took up the cause of arthritis patient networking and advocacy. She was an active volunteer with the Network's Consumer Advisory Council. All three individuals will be greatly missed by their colleagues and friends at CAN.

ON THE COVER:

A World Free of Arthritis

"My leg hurt when I would sit on the ground at a picnic. When I would sit on the swing my wrist would hurt. I always liked to play with the horse, but I couldn't do that anymore either. When I don't have arthritis these are the things that I like to do."

ALYSON, 8, Danville, QC

Diagnosed: April 1, 2003

Physician: CAN Investigator Dr. Ciaran Duffy,
Montreal Children's Hospital

Joints affected: Left foot, both knees,
left wrist, neck.

Today's arthritis research :: Tomorrow's cure

Highlights 2006-2007

Funding for Childhood Arthritis

The Canadian Arthritis Network (CAN), along with its funding partners, awarded nearly \$1.7 million to a diverse group of expert Canadian researchers examining how the interaction of genes, environment and lifestyle can help predict outcomes in Juvenile Idiopathic Arthritis. Turn the page to learn more.

Exciting Program

CAN was one of only seven (of 21) Centres of Excellence to receive a monetary award for a new program initiated by the federal Networks of Centres of Excellence (www.nce.gc.ca) program. For members of the arthritis community, the **International Partnership Initiative** is an exciting opportunity for Canadian arthritis research to be shared and showcased internationally.



INTERNATIONAL
PARTNERSHIP
INITIATIVE

L'INITIATIVE
DE PARTENARIATS
INTERNATIONAUX

Memorable Media

- Almost a dozen CAN members, including its Scientific Director and CEO Dr. John Esdaile, are mentioned or quoted in an extensive arthritis supplement in *The Globe and Mail* (March 29, 2007).
- CAN Consumer Advisory Council member Delia Cooper was the featured speaker for a web cast on Rheumatoid Arthritis and exercise (March 8, 2007).

HealthTalk, a Seattle-based company that creates online programming for people with chronic illnesses, hosted the discussion.

- CAN and its members were mentioned throughout the spring and fall (2006) issues of *The Journal of the Canadian Rheumatology Association* (CRAJ). The fall issue featured Canadian arthritis research and patient groups, explaining their purpose, showcasing their accomplishments and outlining their strategic objectives. The spring issue of CRAJ focused on the Summit on Standards for Arthritis Prevention and Care, for which CAN was a founding partner.

Sharing Knowledge and Networking

CAN organized and hosted four important meetings in 2006:

- CAN's 6th Annual Scientific Conference, November 30-December 2, Winnipeg;
- the OA NET (Osteoarthritis New Emerging Teams) Workshop, November 29-30, Winnipeg;
- the Bioengineering for the Restoration of Joint Function Workshop, June 8-9, Vancouver; and,
- the International Conference on Preclinical Models of OA, May 18-19, Montreal.

The meetings brought together researchers, clinicians, arthritis advocates, government and industry representatives to discuss issues of significance to the scientific community and people living with arthritis.

New Publications

Thanks to the efforts of Network Investigators, committee members and selected delegates, CAN produced three excellent research publications following on the heels of CAN conferences. To obtain a copy of the ***Pain and Arthritis Research Workshop Consumer Perspective***, the ***Workshop on Bioengineering for the Restoration of Joint Function Position Paper*** or the ***International Conference on Preclinical Models of OA White Paper***, contact the CAN office at 416-586-4770 or visit www.arthritisnetwork.ca.

Making CAN Proud

Dr. Robin Poole, Scientific Director Emeritus of CAN and Chair of the Partnerships and Sustainability Committee, was given a Lifetime Achievement Award by the Osteoarthritis Research Society International to acknowledge his outstanding contributions to the field of osteoarthritis research and his role in co-founding CAN.

Canadian Arthritis Trials Group Keeps Growing

The Canadian Rheumatology Research Consortium, launched in 2003 with funding and support from CAN, expanded its mandate in 2006 from Rheumatoid Arthritis to add Ankylosing Spondylitis, Psoriatic Arthritis and Osteoarthritis to its offerings of clinical trial capabilities. This will result in better care for the nearly 4.5 million Canadians living with these chronic conditions.



A World Free of Arthritis

"When one person has it, it affects the family and the friends, too. It affects everyone and when it's gone everyone will be happy if they all work together."

ALEX, 8, Winnipeg, MB

Diagnosed May 23, 2007

Physician: CAN Investigator Dr. Kiem Oen,
Children's Hospital, Health Sciences Centre

Joints affected: Left elbow, left wrist, left thumb,
right knee.

A MESSAGE FROM THE CHAIR OF THE BOARD
OF DIRECTORS, THE INTERIM SCIENTIFIC DIRECTOR
AND THE MANAGING DIRECTOR

Improving the Lives of Children Around the World

"A world free of arthritis." If you were a young child living with Juvenile Idiopathic Arthritis (JIA), what would this statement mean to you?

This type of arthritis, diagnosed in one out of every 1,000 Canadian babies, toddlers and children up to the age of sixteen, is a painful form of inflammatory joint disease and one of the most common, chronic, disabling conditions of childhood that significantly impacts a child's quality of life. The Canadian Arthritis Network (CAN) asked some Canadian children with JIA to pictorially interpret this phrase as it relates to their own lives.

The drawings we received, used throughout this Annual Report, show a consistent use of bright colours, smiling faces, happy symbols and affirmative action words. Since JIA can be depressing, restrictive and isolating for a child, it is not surprising that a world free of JIA would epitomize joy and freedom.

The 2006-2007 Annual Report focuses on JIA because CAN achieved an important strategic goal in October 2006 when it launched the **Strategic Research Initiative (SRI) in Inflammatory Joint Diseases**.

SRIs are CAN's premiere funding programs and are designed to focus on specific unmet needs in arthritis in which our members have significant expertise. They are intended to produce transdisciplinary collaborations between investigators and provide direct opportunities for government and industry involvement in arthritis research, a strategic priority for the Network.

Together with our partners, The Arthritis Society (TAS) and the Canadian Institutes of Health Research's (CIHR) Institutes of Musculoskeletal Health and Arthritis (IMHA) and Infection and Immunity (III), we awarded \$1.1 million over five years to Dr. Alan Rosenberg (University of Saskatchewan) and his multi-institutional, multi-disciplinary team of renowned researchers to study JIA and improve the lives of young arthritis sufferers and their families.

Dr. Rosenberg and his team are testing three hypotheses as they study how the interaction of genes, environment and lifestyle early in the disease process can help predict JIA outcomes such as joint damage and diminished quality of life. The hypotheses are as follows:

- Can stress make arthritis worse by increasing levels of inflammatory proteins, especially in patients with certain genes;
- Will having infections worsen arthritis outcomes since infection also increases inflammation, especially in the presence of certain genes; and,
- Can nutrition, physical activity, sun exposure, exposure to tobacco smoke and physical trauma predict damage to the bone and cartilage in the joints?

The researchers believe that genes play an important part in JIA because genes determine the level of the body's bone-making and bone-destroying proteins. As well, they are optimistic they will be able to predict JIA outcomes by looking at a patient's internal and external environment (stress, infections, exercise, sunlight, diet, trauma, and exposure to toxins such as tobacco) and genes that determine inflammatory protein levels. The goal is to predict outcomes more accurately to improve patient care.

As the cause(s) of JIA is (are) unknown, any answers provided by this research, which would bring us closer to a cure or prevention, are eagerly anticipated.

At one time, JIA was believed to be a form of adult rheumatoid arthritis. With the recognition that JIA is a unique disease, research in this area becomes even more important. Thanks to various academic, government and not-for-profit research institutions contributing an additional \$560,000 to the \$1.1 million committed by CAN, TAS, IMHA and III, Canada has moved into a leadership role in the field of JIA research.

CAN is grateful to the children and their parents who took the time to send in their drawings and we promise them that the Canadian Arthritis Network and Canadian researchers are working diligently on their behalf to eradicate JIA and create **a world free of arthritis.**



R. L. Armstrong

Dr. Robin Armstrong
Chair of the Board of Directors



C. Bombardier

Dr. Claire Bombardier
Interim Scientific Director



Johnathan Riley

Johnathan Riley
Managing Director



A World Free of Arthritis

"Sometimes it's hard to walk. If I sit too long in one spot I get very stiff, I can't move."

JAIDEN, 8, Saskatoon, SK

Diagnosed: June 2002 (Age 3)

Physician: CAN Investigator Dr. Alan Rosenberg, Royal University Hospital/University of Saskatoon

Joints affected: Both hands, both legs, both ankles, both elbows, neck, knuckles, toes.

Research

International Partnership Initiative

In early 2007, the Canadian Arthritis Network (CAN) was selected by the Government of Canada's Networks of Centres of Excellence program to participate in its recently launched International Partnership Initiative. As one of only seven Networks to be chosen for this program, CAN is excited to have the opportunity to take Canadian arthritis research to the world-stage and collaborate with distinguished international research organizations on ground-breaking research. An award of \$700,000 was made to CAN in the second quarter of 2007.

CAN's scientists, consumers and trainees (graduate and post-graduate students) now have the opportunity to enhance their knowledge, skills and abilities as well as lay the groundwork to build new research collaborations. As Dr. John Esdaile, CAN's Scientific Director and CEO, stated "Canadian arthritis research is recognized internationally for excellence, but [the International Partnership Initiative] will expand that recognition. The exchange of trainees and scientists with other research power houses around the world will speed up arthritis research success, benefit the Canadian economy and improve the lives of

the 4.5 million Canadians who suffer from painful and often debilitating forms of arthritis."

The arthritis research campaign (UK), the Nuffield Foundation (UK), the Arthritis Foundation (USA), the Japan Society for the Promotion of Science (JSPS) and the AO Foundation (Switzerland) are confirmed partners in the initiative.

The International Partnership Initiative means:

- **FUNDING** to send interested investigators and trainees to academic and/or industry labs outside of Canada;
- **FUNDING** to send interested consumers to special international meetings and workshops to promote and explain the purpose of CAN's unique Consumer Advisory Council;
- **FUNDING** to sponsor attendance at international conferences where CAN-funded research is presented or to discuss CAN programs; and,
- **FUNDING** to initiate collaborative research opportunities.

Industry Research Program

In 2006, CAN launched a new research program designed to promote collaborative research projects with industry. The Industry Research Program (IRP) is an initiative that encourages transdisciplinary, industry-partnered projects in arthritis. For projects that are deemed eligible, CAN will award up to \$75,000 per year, for two years, to match funding provided by an industry partner. The IRP may work in conjunction with CAN's Partnership Planning Grant that was developed to support partnering and planning meetings.

Research Funding

During the 2006-2007 funding period, the following awards were made to new research projects (this list does not include

Artur de Brum Fernandes

Dr. Artur de Brum-Fernandes received funding from CAN under the Strategic Research Initiative Development (SRID) grant program in Inflammatory Joint Diseases. His work to investigate the role of cells that are specialized in bone reabsorption to help mediate bone and joint destruction in rheumatoid arthritis and osteoarthritis, is intended to help identify people at higher risk of developing severe disease, so that intervention can occur at a point that will prevent long term disability.

SRID funding is awarded to CAN researchers with the intention that it facilitate project development to a level where there is sufficient preliminary data to justify applying

for a larger grant from CAN or another granting agency. In the case of Dr. de Brum-Fernandes' project, the team applied for a grant from the Canadian Institutes of Health Research (CIHR) and was successful.

Dr. Morris Manolson, CAN member and co-principal investigator on the project, believes CAN's SRID grant was instrumental in the team being eligible for a CIHR award. "CAN's annual meetings were responsible for bringing this team together and the funding was essential for us to gather the preliminary data that were critical for us to get this NET (New Emerging Team) grant funded."



projects that received awards for their second year of funding):

- Strategic Research Initiative in Inflammatory Joint Diseases - \$57,028
- Three Strategic Research Initiative Development grants - \$175,000
- Seven Discovery Advancement Program grants - \$420,791
- One Special Project - \$50,000
- One Partnership Planning Grant - \$10,000

CAN's partners donated an additional \$263,000 to the total of \$712,819 funded by CAN. Details of the research projects are included below.

Strategic Research Initiatives

Strategic Research Initiatives (SRI) were created to bring together researchers with diverse backgrounds and areas of expertise to focus their knowledge and skills on specific unmet needs in arthritis. Following the success of the well-established SRI in Osteoarthritis that was funded in 2002, in 2006 CAN launched the first SRI project in Inflammatory Joint Diseases.

Biologically-based outcome predictors in juvenile idiopathic arthritis

PRINCIPAL INVESTIGATOR: Alan Rosenberg
Co-PIs: K. Oen, R. Yeung, S. Bernatsky, C. Duffy
ABSTRACT: see page 2 for more details.

Strategic Research Initiative Development Grants

SRI Development (SRID) grants fund preliminary research to develop a project to the level at which it could be successful to

become an SRI, either to be funded by CAN or another suitable granting agency. SRID grants were awarded to the following new research projects in 2006-2007:

RESTORATION OF JOINT FUNCTION

Autologous embryonic stem cell-based therapy for articular cartilage repair in a large animal model: preparation of cell lines

PRINCIPAL INVESTIGATOR: Sheila Laverty

Co-PIs: L. Smith, J. Henderson, M. Underhill

ABSTRACT: Articular cartilage, when injured or in osteoarthritis, has a poor capacity to heal. A recent therapy to enhance cartilage repair is the delivery of reparative cells into the site of damage. The cells may be the patient's own cartilage cells or stem cells obtained from another tissue. These techniques often require two surgeries and sometimes the number of cells available are limited or of poor quality, especially in older patients where repair is most hampered. Our long-term goal is to attempt to provide a youthful, vigorous reparative population of autologous cells for articular cartilage repair. The cell lines would be established using the animals' own cells (a skin cell nucleus will be combined with an egg to create an embryo in the laboratory). Specific cells from the embryo (< 7 days old) would be multiplied to provide a limitless supply of cells for repair. They would subsequently be induced in a permissive environment to become cartilage cells and, only when optimized, transplanted into a large animal model to determine their efficacy for enhancing cartilage repair. This proposal focuses on the preparation of cartilage cells in culture.

INFLAMMATORY JOINT DISEASES

Role of osteoclastogenesis and osteoclast activation in joint destruction in degenerative and inflammatory joint diseases

PRINCIPAL INVESTIGATOR: Artur J. de Brum-Fernandes
Co-PIs : M. Manolson, S. Komarova, J. Dixon, S. Sims, G. Boire

ABSTRACT: Osteoclasts (OCs) are cells specialized in bone resorption. They mediate bone and joint destruction in Rheumatoid Arthritis (RA) and are implicated in Osteoarthritis (OA). We have found that the capacity to generate OCs from circulating blood precursors varies in a normal population, roughly dividing individuals into high and low differentiators. We will test the hypothesis that variations in this capacity to generate OCs correlate with joint destruction in OA and RA patients. We will examine multiple parameters characterizing OCs' formation in patients with RA and OA and a normal population and study whether they are related to the presence of disease or its severity. This project will define the osteoclastic parameters that most strongly correlate with OA or RA presence or disease severity. It may help the identification of subpopulations of patients more at risk of developing severe disease and allow early and aggressive intervention aimed at avoiding long term disability.

OSTEOARTHRITIS

Pharmacist-initiated Intervention Trial in Osteoarthritis (PhIT-OA)

PRINCIPAL INVESTIGATOR: Carlo Marra

ABSTRACT: Osteoarthritis, the leading cause of disability in the elderly, is reaching epidemic proportions with continued growth anticipated. Many care gaps exist in the diagnosis and provision of care for this condition. For example, despite having chronic knee pain, few people are properly evaluated or offered appropriate treatment. Since people see their pharmacists much more frequently than their family practitioners, an opportunity exists for pharmacists to screen for osteoarthritis and launch a multi-disciplinary care intervention that could be both effective and economically feasible.

Discovery Advancement Program

Discovery Advancement Program (DAP) grants are intended for high-risk, innovative, early proof-of-concept/principle and translational research projects that may lead to commercial opportunities and/or improve the quality of life of people with arthritis.

Regulation of T-cell mediated arthritis by collagen signaling

PRINCIPAL INVESTIGATOR: Fawzi Aoudjit

Development and validation of a quantitative clinical postural assessment tool

PRINCIPAL INVESTIGATOR: Debbie Feldman

Role of leukocytes and chitosan scaffolds in the revascularization and repair of osteochondral lesions

PRINCIPAL INVESTIGATOR: Caroline Hoemann

Screening for anti-osteolytic lead candidates using a modified yeast two hybrid assay that models osteoclast-specific $\alpha 3/\beta 2$ V-ATPase subunit interactions

PRINCIPAL INVESTIGATOR: Morris Manolson

Effects of S100A8 and S100A9 inhibitors on collagen induced arthritis

PRINCIPAL INVESTIGATOR: Philippe Tessier

Development of a SPECT/MR camera for imaging bone and joint integrity in the hand

PRINCIPAL INVESTIGATOR: Colin Webber

An integrated software package for measuring joint kinematics with MRI

PRINCIPAL INVESTIGATOR: David Wilson

SPECIAL PROJECT

Getting a Grip on Arthritis: 12 Month Evaluation

PRINCIPAL INVESTIGATOR: Elizabeth Badley

Partnership Planning Grant

The Partnership Planning Grant (PPG) is intended to support planning activities related to the Network's research programs. These funds may be used to identify and nurture partnerships with receptor community representatives (industry, government and non-governmental organizations) and/or create new research groups that will apply to CAN's research funding programs.

Systemic Autoimmune Rheumatic Diseases (SARD) Research Group – two meetings

PRINCIPAL INVESTIGATOR: Murray Baron



"I drew this picture for all the other people (with arthritis)."

KATELYN, 12, Saskatoon, SK

Diagnosed: July 25, 2007

Physician: CAN Investigator Dr. Alan Rosenberg, Royal University Hospital/University of Saskatoon

Joints affected: Right knee, right ankle.

Management

Dr. Jane Aubin

A 2' x 3' Canadian Arthritis Network (CAN) framed print, designed by a graphic artist, hangs in the home of Jane Aubin, PhD, as a thank you from the CAN staff and daily reminder of the organization that she helmed for three years and upon which she left a lasting imprint. Dr. Aubin's most significant accomplishment at CAN, during her time as Scientific Director, is that the Network received \$16.3 million (to 2009) in funding from the Networks of Centres of Excellence for a second cycle. (CAN will submit documentation in 2008 to request funding for the second half of the second cycle. If successful, this will fund the Network until 2012.)

Dr. Aubin stepped down from her role as Scientific Director and CEO of CAN in December 2006 to begin a prestigious new appointment as Scientific Director of the Canadian Institutes of Health Research's Institute of Musculoskeletal Health and Arthritis (CIHR-IMHA). Dr. Aubin's leadership at IMHA is expected to create synergies for the two complementary organizations that share a mandate to enhance the quality of life of people living with arthritis through research and the dissemination and translation of knowledge into significant outcomes; however, both groups will continue to evolve and exploit their specific niches in the arthritis research field. While CAN was sorry to lose Dr. Aubin, we appreciate that we have gained a stronger partner in IMHA.

Dr. John Esdaile

The departure of Dr. Aubin created an opportunity for internationally respected rheumatologist and researcher Dr. John Esdaile to take on a more significant role in leading CAN. A founding member of the Network and a regular contributor to the organization through his research and committee work, Dr. Esdaile was an obvious choice. In addition to his long-time commitment to CAN, Dr. Esdaile has demonstrated his dedication to arthritis research by creating and serving as Scientific Director to the Arthritis Research Centre of Canada (ARC). In 2005, Dr. Esdaile was recognized for his research contributions by his peers, when he received the Distinguished Investigator

Award from the Canadian Rheumatology Association.

Dr. Esdaile currently divides his time between ARC, teaching at the University of British Columbia (UBC), holding the position of Head of the Division of Rheumatology at UBC, and conducting research into arthritis.

Dr. Esdaile became CAN's Scientific Director and CEO in January 2007.

Excellence for Hire

CAN has taken on added responsibilities lately as its management capabilities have been requested by a growing number of organizations. The Canadian Arthritis Patient Alliance (CAPA), the Alliance for the Canadian Arthritis Program (ACAP) and the Network of Networks (N²) – Canadian disease-oriented clinical research networks – have all requested CAN's financial affairs expertise and administrative support in order to focus their energies and (sometimes) limited resources exclusively on executing the strategic tasks associated with achieving their mandates.

Movin' On Up!

The CAN office moved around the corner and up six flights when it closed up shop on Dundas Street West in Toronto, in July 2006, and moved into brand new office space closer to its host institution, Mount Sinai Hospital, located on University Avenue in Toronto.

The move was born out of necessity as CAN had reached capacity in its Dundas location. The new office is much more spacious and accommodates the four new staff members that were hired in 2006, rounding out the total to eight (and one half person!). With the addition of 2.5 employees of the Canadian Rheumatology Research Consortium who share the space, the office has almost reached capacity again!

Movin' Around!

Two dedicated and active Consumer Advisory Council members – Ms. Anne Fouillard (Nova Scotia) and Ms. Dianne Gerhard (Manitoba) – became co-chairs in the first quarter of 2007 to replace outgoing co-chairs Ms. Jay Fiddler (British Columbia) and Mr. Jean Légaré (Quebec). Both Ms. Fiddler and Mr. Légaré made significant and valuable contributions to the Council in the years that they participated and led the group. A special thank you to both of them for their enthusiasm, wise counsel and tireless energy.

Consumers

Canadians with arthritis have been an essential component of the Canadian Arthritis Network (CAN) since it began. A small, dedicated group of informed patients (“consumers”) have always played a significant role in the Network’s research and governance through their membership in the Consumer Advisory Council. The large population of Canadians living with arthritis, now numbering close to 4.5 million, is the reason why CAN works so diligently to fulfill its mission of maximizing Canadian R&D partnerships involving its investigators; creating and translating knowledge and discoveries; and funding arthritis research that will ultimately lead to new treatments and cures.

The consumer role at CAN has grown and evolved since 1998. One recent example of this occurred at the 2006 Annual Scientific Conference where consumers made presentations in each symposium, alongside clinicians, basic scientists, graduate students and industry representatives. No longer relegated to the role of observer at this conference, consumers were given a platform to speak directly to the assembled scientists working on arthritis research. The reaction from attendees confirmed the importance of maintaining this element of the program at future conferences.

The evolving role of consumers at CAN is an important focus in strategic planning as CAN forecasts its future beyond 2012, when federal funding ceases.

In February 2007, members of the Consumer Advisory Council held a visioning workshop to determine their role in CAN and outline a strategic plan to see them through the next five years and beyond. According to the Workshop Discussion

DANCING THROUGH LIFE... WITH ARTHRITIS

Delia Cooper – Consumer Advisory Council member

The will and determination that Delia Cooper demonstrated as a child have unquestionably been the reason for her success in life and in the battle against arthritis. A gifted ballerina, Delia participated in every kind of dance from tap to Hawaiian and auditioned for the Royal Winnipeg Ballet. Her ankles started to swell when she was 12 years old, which set-off a chain of numerous medical appointments eventually leading to a diagnosis of arthritis – not yet called Juvenile Idiopathic Arthritis – at age 13, in the 1960s.

A four-month stay at the G.F. Strong Rehabilitation Centre in Vancouver, spending mornings in the pool and afternoons learning to care for her joints, “turned her life around.” Delia credits the positive coaching she received as a teenager at G.F. Strong for her drive to succeed in the often physically demanding career of teaching. Today, she is an active consumer advocate and volunteer.

Delia supports research into different types of medication and is glad that pain has been recognized as an area of research. She would like to see more research into prostheses for joints such as elbows and shoulders, and,

because women are more likely to have arthritis, more research into prosthetics built to suit women’s body types.

On children and arthritis:

“One of the reasons [my] diagnosis took so long is that children often compensate for pain, so that there is no pain to complain about.”

On having a positive outlook:

“[As a child] I just got up and did things, and I guess I’m the same now. It’s a learned attitude.”

On how she, as a child, would have depicted “a world free of arthritis”:

“Being able to fly, not in a plane, that is freedom of movement. There would also be a lot of water. Birds are fast, agile and they float.”



Delia Cooper in grade 5.

Paper, their objective was “To help CAC [Consumer Advisory Council] look at how it can improve its performance in arthritis research on a broader scale.”

According to the consumers, fulfilling this objective would involve determining: “What roles can consumers play in the funding of CAN: how can our involvement serve to increase funding -- what will it bring; what value can our fuller inclusion bring; how can we ensure there is better and more effective involvement of consumers in arthritis research; how can we build or support the building of a bigger consumer advocate network across the country?”

Consumers shared thoughts under the themes of research, advocacy and operational issues and attempted to focus their goals and priorities for now and the future. Although the discussion still continues, the workshop confirmed that consumers will always have a crucial role in the Network’s activities and their needs will continue to influence CAN’s evolution.



A World Free of Arthritis

“Some day Jessica would like to be a doctor, but we told her, her writing was much too neat for that.” **Jessica’s mom, Joy**

“I used to like to ride horses, but it was getting too hard with the arthritis. I couldn’t hold on to the horse for the jumps.”

“If I didn’t have my arthritis I would be able to keep horseback riding.”

JESSICA, 14, London, ON

Diagnosed at age four

Physician: CAN Investigator Dr. Brian Feldman, Hospital for Sick Children

Joints affected: Both hands

OVERCOMING OBSTACLES

France Gervais – Consumer Advisory Council Member

At two years of age, France Gervais was diagnosed with Juvenile Idiopathic Arthritis after suffering from a high fever and a swollen little finger. “No one knew how to manage arthritis,” says France of the 1980s. “In those days, there was really no treatment for young arthritis patients.” A few months after the diagnosis, the arthritis spread to many of her joints.

The burden of a child with a chronic illness weighed heavily on France’s family. As France recounts those years, her mother was exhausted from managing family, work and frequent hospital stays; her brother was somewhat jealous of the extra attention his sister received; and her father was unwilling to accept the diagnosis. The whole family was affected in some way by her arthritis. France herself was temperamental due to some medications and worried about falling behind in school. She was also frustrated and embarrassed with being left out of sports and games. “I suffered some anxiety and I experienced a lot of solitude because of lack of understanding of my illness.”

After a childhood of feeling isolated from her more able bodied peers, she went through what

she calls “a phase of complete denial of my illness.” As a teenager, she exercised 20 hours a week. “I wanted to be the most physically fit person, to be among normal people.”

Today France has learned to accept and manage her disease. While keeping physical activity in her life as a fitness instructor and enjoying the outdoors, she respects her limits.

Other than the ultimate goal of finding a cure, France would like to see more research focused on children and young adults with arthritis. She would also like to see programs for people with arthritis that facilitate access to the job market and, finally, as a new mother, she would like more information on current research for patients, particularly on pregnancy.

On finding personal strength through her battle with arthritis:

“...when I look back I see the strength that I gained from this illness. Thanks to that strength and to a high tolerance for pain, I can now trivialize many of the trials that life puts in our path and appreciate the gifts that life gives us ... I have learned the essential laws and the

priorities of life through my experience. Obviously, illness always gives you more heart. I have an awareness, a clarity about life that I would not have today were it not for the illness.”

On how she, as a child, would have depicted “a world free of arthritis”:

“A child holding her parents’ hands, with a sun above.”



France Gervais at 5 years old.



"Sometimes I forgot to bring my gym shorts and t-shirt to school because I didn't want anyone to make fun of my knees."

KATELYN, 12, Saskatoon, SK

Networking and Partnerships

While meeting and event planning are only part of what the Canadian Arthritis Network (CAN) does, a person could be forgiven for thinking otherwise. In addition to more than a dozen committee meetings that the Network typically organizes each year, the 2006-2007 fiscal year also saw the Network plan and play host to three major events for members of the international scientific and patient arthritis communities, and invited guests from industry and government. Along with promoting knowledge translation and exchange (KTE), these events encourage and foster networking and partnerships that are crucial to advancing and producing successful research collaborations.

International Consensus Conference on Preclinical Models of Osteoarthritis

In May 2006, CAN held the first ever International Consensus Conference on Preclinical Models of Osteoarthritis (OA). Over 160 members of the international arthritis community met in Montreal, Quebec, to discuss the best methods for monitoring and treating OA in a clinical setting.

The use of preclinical models for drug development in OA is a challenging field. The experts in attendance at the conference were not always able to reach consensus on each issue; nevertheless, the conference organizing committee was able to produce a well-considered White Paper that offers thoughtful guidelines on this important subject.

In addition to the publication of the White Paper, the Network has created a Preclinical Consensus Conference section on its website as a permanent tool for KTE for academic and industry scientists working in the field of osteoarthritis and research models. The new web section contains relevant materials from the conference, including presentations, templates, abstracts, breakout session transcripts, etc., and a forum to facilitate discussions between CAN members and conference delegates is in the planning stage.

Bioengineering for the Restoration of Joint Function

CAN launched its Strategic Research Initiative (SRI) in Bioengineering for the Restoration of Joint Function (BIO RJF) by hosting a two-day workshop in Vancouver (June 2006) that brought together leading North American arthritis researchers who focus on joint mechanics and health.

At the workshop, basic scientists, clinician scientists, clinicians, industry representatives and people who live with arthritis examined the strengths in Canadian bioengineering research expertise related to arthritis. The meeting helped foster collaborations and identified the key issues and opportunities to be addressed in future research. Since the workshop, an informative and helpful Position Paper has been published and the Network's bioengineering experts have held meetings to facilitate the development of meritorious applications to the SRI BIO RJF.

2006 Annual Scientific Conference and Osteoarthritis New Emerging Teams Workshop

A record number of people attended CAN's 6th Annual Scientific Conference (ASC), held in Winnipeg, Manitoba, from November 30 to December 2. Over 240 Network Investigators, people with arthritis (consumers), CAN committee members, graduate and post-graduate students (trainees), Canadian and international guests, and industry and government representatives participated in the three-day conference that was notable for its significant consumer presence. Members of CAN's Consumer Advisory Council participated in each symposium and gave eloquent and impassioned presentations that left a memorable impression on many of the delegates.

Another conference strength was the number of networking and career development sessions provided for CAN's trainees and invited trainees who form the Osteoarthritis New Emerging Teams (OA NET).

The OA NETs are funded by CAN through the Strategic Research Initiative in Osteoarthritis. CAN organized a meeting of the OA NETs to take place just prior to the ASC. Following a very successful OA NET Workshop, around 20 OA NET trainees joined the ASC. The presence of approximately 50 trainees at the CAN meeting lent a youthful energy to the proceedings and the networking and career development sessions were popular with new and established researchers (both from academia and industry) who shared their wisdom and experience.



A World Free of Arthritis

"A world without arthritis would have a lot of happy faces because no sad faces would be allowed in that world."

KATELYN, 12, Saskatoon, SK

Training and Education

The Canadian Arthritis Network (CAN) takes its commitment to fostering and supporting Canada's Highly Qualified Personnel (HQP) very seriously. Thanks to generous financial support from The Arthritis Society, CAN has developed a program for undergraduate, graduate and post-graduate students (trainees) that has resulted in nearly \$6 million being used to train Canada's future scientific leaders.

By the Numbers

CAN has offered support to 1,600 trainees (to March 2006) and given them the opportunity to work on CAN-funded projects; 90 per cent continued their careers in arthritis research, medicine or veterinary medicine, and 78 per cent have remained in Canada.

New and Improved Initiatives

In January, CAN launched a new **Industry Summer Rotation Program** directed exclusively at university undergraduate students. The new program complements existing **CAN Training Rotations** that are designed to facilitate placements and financially support graduate and post-graduate students who want to work in North American and international academic, pharmaceutical and biotechnology laboratories. The Industry Summer Rotation Program offers Canadian science students, who are interested in

arthritis research, unique exposure to this work in an industry setting.

Following a short, but successful, promotional effort, 23 students submitted applications to the program. After an initial review, 21 résumés satisfied CAN's criteria and were delivered to Centocor, an industry partner and leader in the field of biopharmaceuticals. Two University of Toronto undergraduate science students were selected to spend the summer at Centocor's research lab in Malvern, Pennsylvania. Centocor representatives were so impressed with the calibre of the 21 students who applied that they chose two students for a placement originally planned for one. The students will present a report on their activities and accomplishments at the 2007 Annual Scientific Conference.

The popular **Summer Research Program for Medical Students** underwent a significant makeover in time for the New Year. It doubled in size from five to ten spaces, gained an orientation day in Toronto, Ontario, added update presentations to take place throughout the summer and was expanded to include allied health professional students. As many as ten medical and allied health professional students are now given the opportunity to learn more about arthritis research by studying in a CAN-funded laboratory. The program supports these students for a summer term with the hope that seeing arthritis research first-hand will spark an interest in pursuing this course of study. Clinical disciplines that became eligible to apply include medicine, dentistry, rehabilitation sciences, nursing and veterinary medicine. All ten openings were filled this year with nine medical and one pharmacy student. The students who are available will be presenting their work at this year's Annual Scientific Conference.

2006–2007 Research Funded by CAN

| INVESTIGATORS | INSTITUTION | TITLE | PARTNER |
|---|---|--|--|
| Strategic Research Initiatives | | | |
| Gillian Hawker | Women's College Hospital | Determinants and Consequences of Pain and Fatigue in Osteoarthritis Using a Biopsychosocial Approach | |
| Elizabeth Badley Monique Gignac Aileen Davis Allan Gordon | University Health Network University Health Network Toronto Rehabilitation Institute Mount Sinai Hospital | | |
| James L. Henry | McMaster University | Molecular Mechanisms of Pain and Fatigue in Osteoarthritis: Interplay Between Nerve and Joint | |
| Frank Beier Suzanne Bernier David Holdsworth | University of Western Ontario University of Western Ontario Robarts Research Institute | | |
| John M. Esdaile | Arthritis Research Centre of Canada | Tooling Up for Early Osteoarthritis: Measuring What Matters | IBEX Technologies Inc., Overwaitea Foods, Group Pharmacy, Merck Frosst, BC Ministry of Health, COMPRIS |
| Monique Gignac Elizabeth Badley Jacek Kopec Diane Lacaille Robin Poole | University of Toronto University of Toronto Arthritis Research Centre of Canada Arthritis Research Centre of Canada McGill University | | |
| Alan Rosenberg | University of Saskatchewan | Biologically-based Outcome Predictors in Juvenile Idiopathic Arthritis | Institute of Musculoskeletal Health and Arthritis, The Arthritis Society, the Institute of Infection and Immunity, the University of Saskatchewan (U of S), the Manitoba Institute of Child Health, the Pediatric Rheumatic Disease Program (U of S), BC Children's Hospital and the University of British Columbia, McGill University Health Centre, and the Centre hospitalier universitaire de Sherbrooke |
| Kiem Oen Rae Yeung Sasha Bernatsky Ciáran Duffy | University of Manitoba University of Toronto McGill University McGill University | | |
| Strategic Research Initiative Development Grants | | | |
| Sheila Laverty | Université de Montréal | Autologous embryonic stem cell-based therapy for articular cartilage repair in a large animal model: preparation of cell lines | Clonagen Inc. |
| Lawrence Smith Janet Henderson Michael Underhill | Université de Montréal McGill University University of British Columbia | | |
| Carlo Marra | University of British Columbia | Pharmacist-initiated Intervention Trial in Osteoarthritis (PhIT-OA) | Arthritis Consumer Experts BC Ministry of Health Services BC Pharmacy Association |
| Artur de Brum-Fernandes | Université de Sherbrooke | Role of osteoclastogenesis and osteoclast activation in joint destruction in degenerative and inflammatory joint diseases | Pfizer Canada Inc. Amgen Canada Inc. Servier Canada Inc. |
| Morris Manolson Svetlana Komarova S. Jeffrey Dixon Stephen Sims Gilles Boire Lukasz Kurgan | University of Toronto McGill University University of Western Ontario University of Western Ontario Université de Sherbrooke University of Alberta | | |
| Dorcus Beaton | Institute for Work & Health | Disability at Work: Measuring the progression of at-work disability and workplace productivity loss | Institute for Work & Health |
| Monique Gignac Claire Bombardier Diane Lacaille Elizabeth Badley Aslam Anis | Toronto Western Research Institute Institute for Work & Health Arthritis Research Centre of Canada Toronto Western Research Institute Arthritis Research Centre of Canada | | |

| INVESTIGATORS | INSTITUTION | TITLE | PARTNER |
|--|--|--|---|
| Strategic Research Initiative Development Grants | | | |
| Michael Underhill Jane Aubin Frank Beier William L. Stanford | University of British Columbia University of Toronto University of Western Ontario University of Toronto | Stem Cell to Chondrocyte | |
| Robert Pilliar Marc Grynepas Rita Kandel Paul Zalzal John Medley Mark Hurtig | University of Toronto Samuel Lunenfeld Research Institute Mount Sinai Hospital Mount Sinai Hospital University of Waterloo Guelph University | Development of tissue-engineered joint surface replacements | |
| Discovery Advancement Program | | | |
| David Wilson | University of British Columbia | An integrated software package for measuring joint kinematics with MRI | |
| Philippe Tessier | Université Laval | Effects of S100A8 and S100A9 inhibitors on collagen induced arthritis | |
| Fawzi Aoudjit | Université Laval | Regulation of T-cell mediated arthritis by collagen signaling | |
| Morris Manolson | University of Toronto | Screening for anti-osteolytic lead candidates using a modified yeast two hybrid assay that models osteoclast-specific $\alpha 3/\beta 2$ V-ATPase subunit interactions | Alethia Biotherapeutics Inc. |
| Caroline Hoemann Maria Fernandes Patrice Poubelle Hani El-Gabalawy | École Polytechnique Université Laval Université Laval University of Manitoba | Role of leukocytes and chitosan scaffolds in the revascularization and repair of osteochondral lesions | BioSyntech, Inc. |
| Debbie Feldman Hubert Labelle | Université de Montréal Université de Montréal | Development and validation of a quantitative clinical postural assessment tool | |
| Colin Webber | McMaster University | Development of a SPECT/MR camera for imaging bone and joint integrity in the hand | |
| Elizabeth Badley Mary Bell Sydney Linekar | Toronto Western Research Institute Sunnybrook Health Sciences Centre The Arthritis Society | Getting a Grip on Arthritis: 12 Month Evaluation | Pfizer Patient Partners® in Arthritis, Health Canada, Ontario Ministry of Health and Long Term Care, Arthritis Health Professions Association, Canadian Alliance of Community Health Centre Associations, Canadian Nurses Association, Canadian Rheumatology Association, Arthritis Community Research and Evaluation Unit, The Arthritis Society |

Statement of Operations

For The Year Ended March 31, 2007

| | 2007 | 2006 |
|--|--------------|--------------|
| REVENUES | | |
| NCE grants | \$ 4,073,000 | \$ 4,073,000 |
| The Arthritis Society, restricted for training | 500,000 | 462,603 |
| Canadian Rheumatology Research Consortium | 251,312 | 160,862 |
| Conference fees and project sponsorships | 244,406 | 115,503 |
| Interest income | 100,699 | 41,120 |
| Research fees and royalties | 11,669 | 244,367 |
| | 5,181,086 | 5,097,455 |
| MISSION FULFILLMENT EXPENSES | | |
| Research grants | 1,517,056 | 1,431,397 |
| Research themes and committees | 813,356 | 558,674 |
| Training and scholarship grants | 563,716 | 506,113 |
| Business development | 526,415 | 682,519 |
| Public and corporate affairs | 220,639 | 222,275 |
| Strategic research resources | 179,761 | 186,775 |
| | 3,820,943 | 3,587,753 |
| GOVERNANCE AND ADMINISTRATIVE EXPENSES | | |
| Administrative salaries | 198,103 | 204,792 |
| Committees and annual conference | 160,128 | 116,069 |
| Administrative expenses | 136,356 | 96,838 |
| Consulting services | 81,683 | 23,412 |
| Management fee | 47,974 | 11,495 |
| Amortization | 26,930 | 9,545 |
| Legal and audit | 25,450 | 26,187 |
| | 676,624 | 488,338 |
| Expenses for the year | 4,497,567 | 4,076,091 |
| Excess of revenues over expenses | \$ 683,519 | \$ 1,021,364 |

MESSAGE FROM THE CHAIR OF THE AUDIT AND FINANCE COMMITTEE

The Canadian Arthritis Network's (CAN) ability to operate in a fiscally responsible manner was evident in fiscal 2006-2007 by CAN's success at achieving strategic goals in the most efficient and economical manner.

Revenue in 2006-2007 was slightly higher than in the previous years due to increased proceeds from a number of sources. CAN's increased focus in training, a program generously supported by The Arthritis Society, resulted in additional revenue in this area. As well, CAN was the beneficiary of increased cash flows from the Canadian Rheumatology Research Consortium as that organization continues to mature. Finally, CAN's success at raising

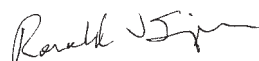
sponsorship funds for conferences continued into 2006-2007 with three major events.

Continuing its mission of supporting and fostering research excellence, CAN awarded \$2.2 million in fiscal 2006-2007 to support research grants, training and scholarships, and Strategic Research Resources. Last year, CAN introduced new research programs that diversified activities and enabled research in new areas of unmet needs.

CAN's focus on partnerships remains strong and will expand with the funding it will receive in the second quarter of 2007 courtesy of the Networks of Centres of Excellence's (NCE) new International Partnership Initiative. CAN's successful

application ensures that the Network will be awarded \$700,000 to promote collaborations with leading arthritis research organizations around the world. More details of this initiative are outlined in the Research section on page 4.

CAN's Board of Directors is committed to using NCE funds in a prudent manner to develop models to keep CAN sustainable beyond NCE funding and continue to realize CAN's vision of **a world free of arthritis**.



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Chair of the Audit and Finance Committee

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