



Funding arthritis research a critical challenge in Canada

Two years into their roles as Co-Scientific Directors of the Canadian Arthritis Network, Drs. Claire Bombardier and Monique Gignac offer their views on arthritis research in Canada today.

Q: *What's exciting in arthritis research today?*

A: Modern technologies now available to arthritis research make this a really exciting time. From gene array screens, to computer generated image modeling of joint biomechanics, to large national long-term population studies, never before have arthritis researchers been so empowered with research tools. Some of these technologies are already beginning to have an impact in the clinic, including new biomaterials and stem cell method-



ologies for application in joint repair. Recent discoveries are also making prediction and prevention strategies seem possible – and that has the potential to be really rewarding.

Q: *What are some of the promising/new medicinal and therapeutic treatments?*

A: Medicines based on molecules found naturally in the body (biologics) continue to be among the more exciting treatments in arthritis. As research uncovers more about how the disease works, we are learning how to make better biologics and how to use combinations of existing medicines more effectively. Arthritis has been an important testing ground for many modern biological medicines, with applicability to other diseases, including cancer, cardiovascular disease, osteoporosis and obesity. Canadian biotech companies are also capitalizing on these discoveries, and some are bringing innovative joint repair materials into practice.

Q: *What are some of the biggest challenges facing the arthritis community in Canada?*

A: The big challenges, of course, are to find a cure for arthritis and to improve the quality of life for people living with arthritis. But part of addressing these challenges is dispelling the myths, raising awareness, and continuing to support the research that will find the cure and tell us how to manage the disease in the meantime. So, prioritizing and investing in research and development is the critical challenge. Canada has made major advances over the past 10 years, both in creating new knowledge and in training new researchers, but there is still a lot to do. Support from the Canadian government for the Canadian Arthritis Network helped to close that gap, but once the program ends in 2012, Canada will be faced with a major hole in its arthritis research funding support.

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Funding arthritis research

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Q: How is Canada a leader in arthritis research?

A: Canada is a technological leader in biomedical research in general, and that has benefits to arthritis research. But what really stands out about the Canadian arthritis research community is how collaborative and trans-disciplinary it has become. We have a number of large scale research projects in Canada that bring together scientists from various disciplines and economic sectors, including government and industry, and that also include people living with

arthritis as advisors. These teams often represent organizations from across the country, and increasingly partner with collaborators internationally. This trans-disciplinary talent helps to make the research more relevant and get it to the end user faster.

Q: What are some of the ways that arthritis research can impact our healthcare system?

A: Arthritis is a term covering 100 different diseases, which affects nearly 4.5 million Canadians, 60 per cent of whom are under the age of 65. Many people are shocked to learn that 1 in 1000 children in Canada has arthritis. Because arthritis

is such a broad disease, with typical chronic disease management challenges, there are many lessons from arthritis research that are applicable to the health-care system in general. For example, if you ask anyone living with arthritis what their major concerns are, they are likely to tell you pain and fatigue. Canadian researchers have listened, and are making major contributions to measuring pain and fatigue, which is also important for improving and measuring the effectiveness of new therapies. Emerging exercise, education, and self-management programs will also expand the therapeutic options for people living with arthritis. ■

Message from the Co-Scientific Directors

FOR THE CANADIAN ARTHRITIS NETWORK'S (CAN) ten-year anniversary, we produced a DVD (available for viewing on the Media page of CAN's website) that contained testimonials from CAN members: industry partners, investigators, consumers and trainees. They offer first-hand accounts of how CAN has influenced careers, given hope to people living with arthritis, forever changed the research funding landscape in Canada, and had influence internationally as well. For example, **Dr. John Esdaile**, Scientific Director of the Arthritis Research Centre of Canada, stated "CAN has altered the face of research in Canada, and beyond our borders." In other words, the participants articulated CAN's legacy.

We certainly do not feel that CAN's work is done. Even as we contemplate how to wind-down the Network by 2012, we are developing new research platforms, and knowledge translation and exchange programs (as described in the Winter 2010 issue of *Joint Ventures*).

Ideally, a future legacy from CAN will be the on-going success of international clinical research groups who came together thanks to CAN funding and will go on to achieve significant findings that either alleviate the pain and suffering of people with arthritis or serve as the catalyst for policy and/or health care changes in Canada and abroad.

The efforts of Canadian paediatric researchers to launch an international consortium were described in the last issue of *Joint Ventures* and future updates can be expected. On pages 4 and 5 you can read about another meeting, instigated by CAN members, which brought together international researchers to share ideas and establish acceptable measurement tools to study arthritis in the workplace.

Examining a different aspect of arthritis and productivity is CAN investigator **Catherine Backman** who has been

following the impact of inflammatory arthritis on mothers. More than half of her study subjects are also employed outside the house. Dr. Backman has been studying their quality of life and the impact that their chronic illness has on maternal satisfaction. You can read about her work on page 3.



CAN's BDCC – New and Improved

An important element of CAN's second term mandate is maximizing the impact of arthritis research for the benefit of Canada. Therefore, in the time remaining, CAN is invested in commercializing the discoveries of its members and mobilizing knowledge into practice. To give CAN technologies the best chance of success, CAN is pleased to announce the re-establishment of its Business Development and Commercialization Committee (BDCC). This group, comprised of executive level individuals (from Pharma, Biotech and Venture Capital) with expertise in the development and commercialization of life-science technologies, will help CAN's inventors by bringing their expertise and connections to bear on arthritis technologies. The goal of the BDCC is to give CAN a competitive advantage in supporting the commercialization of CAN arthritis-related innovations for the benefit of Canada. **Brian Bobechko**, CAN's Director of Research and Development, will manage the committee. To learn more, please write Brian at bbobechko@mtsina.on.ca or call **416-586-4800 ext. 4117**.

Claire Bombardier

Monique Gignac

Unpaid work: studying the work/life balance dilemma

Dr. Catherine Backman knows a lot about mothers with inflammatory arthritis (IA), despite not being one herself. By the time Dr. Backman became a mother to her 19-year-old step daughter, the “heavy lifting” part of parenting was over.



STILL, she sympathizes with the women who participate in her studies and is sometimes frustrated with the limited support available for this kind of research.

“People take these tasks [such as parenting and housework] for granted and don’t think they’re worth studying,” says Dr. Backman. “It is essential for people to live productive and meaningful lives.” She hopes that her work will offer coping solutions and strategies that will make the lives of mothers with IA a little easier. The research holds promise for novel treatment approaches for managing day-to-day activities and reducing the psychosocial burden of arthritis.

She has been conducting research on this subject since she wrote her doctoral thesis on the topic “Participation in paid and unpaid work by adults with rheumatoid arthritis” at the University of British Columbia in the late 1990s. That research led her to realize that little was being studied in the area of unpaid work so in 2004 she secured funding to explore the topic of women with rheumatoid arthritis and its impact on unpaid work.

Her findings, first published in *Arthritis & Rheumatism* (Vol. 57, No. 3, April 15, 2007, pp381–388) examined the impact of chronic, inflammatory arthritis on parenting and offered a conceptual framework for a subsequent study of mothering.

Dr. Backman illustrates how important it is for health care practitioners to understand the issues by sharing the example of a health care worker who was very upset with a patient for not breast feeding her baby. The mother was

regularly ingesting disease-modifying anti-rheumatic drugs (DMARDs) to manage her illness and knew they would be harmful to her child, but they were critical to reducing her arthritis symptoms and enabling her to care for her baby. As Dr. Backman explains, “with a chronic illness you are expected to tend to your health. As a mother, you must focus on parenting. No one offers the skills or support to help you do both at the same time.”

Dr. Backman has been pleasantly surprised by the resilience and pragmatism shown by mothers with arthritis. Many have the attitude “if it wasn’t arthritis, it would be something else” so they do their best to cope with the situation they’re in. While mothers with IA are employed outside the home 59 per cent vs. 79 per cent for mothers in the control group, and their household income is less, their parenting satisfaction remains as high as that reported by mothers without IA. Of importance, mothers with IA indicate that their difficulty with doing parenting tasks is distinct from their sense of identity as a mother, or being.

But then there are the mothers who are overwhelmed and fatigued by juggling their chronic illness and parenting. Dr. Backman recounts the story of a woman who pushed the stop button in an elevator in order to rest and another who hid in the clothing racks at a department store and burst into tears from sheer fatigue. An important outcome of her research is to share effective strategies used by mothers with IA to overcome these kinds of episodes.

The Bigger Picture

The work Dr. Backman is conducting fits nicely into research taking place elsewhere within the Canadian Arthritis Network (CAN). For example, Dr. Backman is a co-investigator on work being done by **Dr. Monique Gignac**. As Dr. Gignac studies “role balance and overload” – being a spouse, a parent, an employee and a person with a chronic illness – Dr. Backman’s insights into parenting and household work offer useful results.

Being a CAN member has provided Dr. Backman countless opportunities to meet collaborators, as well as consumers who contribute to her work. Just as it takes a community to raise a child, it takes a team of experts, each contributing their own piece of the puzzle, to complete the picture.

One day, Dr. Backman and her colleagues would like to write a resource book for mothers with arthritis. “The idea has been percolating for a while now.” In the near future, they will concentrate on getting some helpful evidence-based information online that will be of assistance to mothers and might provoke some ideas for industry and policy-makers. “Sometimes research moves slowly,” says Dr. Backman.

“It can feel like taking baby steps.” ■



Dr. Catherine Backman

Paid work: examining absenteeism, presenteeism and other measures of workplace productivity



INTERNATIONAL
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L'INITIATIVE
DE PARTENARIATS
INTERNATIONAUX

Paris, France may sound like a romantic destination for an international meeting, but for the nine participants from the Canadian Arthritis Network (CAN) who attended the first “International CAN WORK measurement alliance” (I CAN WORK) on March 18, 2010, at the Charles de Gaulle airport, the event was an endurance test to see how much could be accomplished in one day.

CAN INVESTIGATORS have been working together on the issue of arthritis in the workplace for many years now. Specifically, they have been exploring the methodology around the measurement of work, worker productivity and the costs associated with lost productivity due to arthritis.

There are nearly 4.5 million Canadians living with arthritis. Of these, three of every five people with arthritis are of working age (under 65) and as the leading cause of disability in Canada today, more than 600,000 Canadians with arthritis are unable to work. This translates into an economic burden in Canada that is estimated to be \$4.4 billion, with additional workdays lost each year due to arthritis symptoms. Long-term disability and lost productivity account for almost 80 per cent of arthritis-related costs, with 70 per cent of these costs incurred by individuals aged 35-64.¹

Canadian researchers have been studying measures of absenteeism and presenteeism (at-work productivity loss) through collaborative efforts funded, in part, by CAN. However, the time had come to consolidate and extend these partnerships with international researchers working in this field.

According to **Dr. Dorcas Beaton** of the Keenan Research Centre, Li Ka Shing Knowledge Institute at St Michael's Hospital and one of the organizers of the meeting, “We had to do it. Forming I



Dr. Dorcas Beaton, standing, and I CAN WORK members, hard at work

CAN WORK seemed like the only way to pull the worker productivity groups together from around the world to work together instead of in parallel. With over 21 different outcome measures out there, each telling slightly different stories, arthritis and work research would be held back by a lack of generalizability across studies.”

In order to obtain funds for an international meeting, the organizers applied to CAN for funding from its International Partnership Initiative (IPI).

The Agenda

After the introductions, the researchers spent their day discussing complexities in defining work productivity, international research in this area and comprehensive approaches to measuring the impact of arthritis on work and worker productivity,

which included a game plan for next steps. They also had a networking dinner to develop or strengthen relationships with their international colleagues.

The three trainees from CAN – **Wei Zhang** and **Nick Bansback** from the University of British Columbia and **Kenneth Tang** from the University of Toronto – facilitated the discussion on “What are the Needs in Understanding the Impact of Arthritis on Work?” Not surprisingly, a lot of topics were covered, such as paid work vs. unpaid work; absenteeism and presenteeism as measures of productivity; the economic perspective vs. the patient perspective; and, the need for conceptual models that capture more than just work productivity.

Consensus was reached on the need to understand the impact of arthritis on work in relation to other life demands

¹ These figures appear in the Canadian Arthritis Network's media kit, specifically the page “Arthritis Facts and Figures”. The kit was produced in 2008 and includes findings from *Arthritis in Canada*, CAN members, government, not-for-profits, etc. To see the full list of sources, please contact CAN.

by looking at a person's day in its totality, not simply as an eight hour block of paid employment. Work and other roles may "spill over" and affect each other. People with arthritis may miss work hours due to illness or doctors' appointments and make up the time after hours and on weekends. While they work at home, a spouse may have to assist more with meals, household chores and child care.

"Agreement from an international group to consider non work factors in the measurement of worker productivity is a significant breakthrough," explains **Dr. Claire Bombardier**, Co-Scientific



Participants hail from Canada, the U.S., the UK, Europe and Australia

Director of the Canadian Arthritis Network, and one of the participants at the meeting. "This is an important development to inform future research."

Catherine Hofstetter, emeritus member of CAN's Consumer Advisory Council, led the discussion on "How do we Deliver Better Measures of the Impact of Arthritis to Researchers and Clinicians?" by sharing her own experiences with working and managing her disease. She has lived with arthritis for 17.5 years now and made the compelling observation that for the first ten years, her rheumatologist never once asked how arthritis was affecting her work and home life.

She also addressed the importance of unpaid work in a person's life. "Being involved with your children's school, or soccer team, participating in your community in a meaningful way or providing elder care for a loved one all contribute to your self-esteem, plus the social contact made with friends during leisure time is beneficial to your overall well-being," says Ms. Hofstetter. "All of these things need to be considered as outcomes for a

person living with arthritis."

Ms. Hofstetter continues to think about how she would be able to support herself if she could no longer work and is eager to see more information and research in this field.

Moving Forward

Simple measures of work status do not capture the full impact of arthritis on work because they miss the estimated 69 per cent of the burden represented by "at work productivity loss". Absence from work alone does not take into consideration the limits on efficiency



and effectiveness on the job. The I CAN WORK Alliance agreed that it needed to develop a toolkit that measures work participation considering at-work and time-loss perspectives.

They would also like to examine the contextual nature of work. For example, the difficulty experienced on the job may depend on physically and mentally demanding work tasks, time demands and where the work is performed. If a person leaves his ideal job, which he is performing at 75 per cent productivity, to take a job where he is less happy but can be 100 per cent productive, does that mean he is better at his work or more productive? The numbers do not reflect that he changed jobs. Nor do they acknowledge if a person's salary decreased because of a job change, which affects future earnings.

OMERACT (Outcome Measurement in Rheumatological Clinical Trials) 10 recently took place in Malaysia with CAN members in attendance sharing the results of the Paris meeting. A paper from the meeting is anticipated. ■

Canadian Arthritis Network 2010 Annual Scientific Conference



October 28-30, 2010
Hilton
Lac-Leamy, Gatineau

For more details about the conference, visit www.arthritisnetwork.ca. To discuss sponsorship opportunities, please call Johnathan Riley at 416-586-3167.

CATA

CAN is very pleased to announce that the first election of the Canadian Arthritis Trainee Association (CATA) took place on March 30, 2010, during the Training Workshop in Toronto, Ontario.

CATA's mission is to facilitate networking among trainees working on arthritis-related research and to create a platform to voice their opinions and interests.

Congratulations to the following:

- Gazelle Jean Crasto**
(University of Toronto)
- Marc-André Dansereau**
(Université de Sherbrooke)
- Sadia Ladhani**
(University of Western Ontario)
- Emily LeBlanc**
(University of Western Ontario)
- Carter Li** (McGill University)

The Network looks forward to working closely with the Executive to support their efforts in building opportunities to meaningfully engage the arthritis trainee community in Canada.

EIA detection tool development: The virtue of a patient approach to accelerating appropriate care

BY BRIAN BOBECHKO

Inflammatory arthritis (IA) needs to be treated quickly to avoid disability. Unfortunately, early diagnosis and treatment are often delayed by two significant barriers: first, a lack of clear standardized criteria for classifying the disease; and second, limited access to arthritis professionals capable of making the diagnosis and ordering treatment.

MINIMIZING THE IMPACT of these two barriers has been a long-standing goal of **Dr. Mary Bell** and her team at Sunnybrook Health Sciences Centre in Toronto.

In a recently published paper to *BMC Musculoskeletal Disorders*, Dr. Bell and her colleagues reported a major advance in this field: the development of an EIA (for Early Inflammatory Arthritis) Detection Tool.

The key innovation of the EIA Detection Tool is the focus on self-administration. The EIA Detection Tool consists of 11 questions, presented in plain language, which can be answered with “Yes” or “No” responses. It requires a mere five minutes to complete. By putting an expert validated detection tool in the hands of patients, the Tool is designed to accelerate the flow of symptomatic individuals to both their family physician, and then through to a rheumatologist. At the primary care level, it should provide a rapid first step assessment, which would inform the need for laboratory and diagnostic confirmation and allow rapid appropriate referral to a rheumatologist.

Previous approaches have focused on driving the flow of patients to rheumatologists by providing medical training programs, early referral guidelines, and early arthritis triage systems at the primary care level; however, in all these approaches, what slows down the process is the consumer–primary care interaction, where practitioners must distill detection information and apply it to identifying the 0.05–0.2 per cent of people who



Dr. Mary Bell

might be expected to have the disease.

Another key selling point of the EIA Detection Tool, according to Dr. Bell, is the rigorous and inclusive process used in its development. Beginning with a detailed literature search, the team compiled a comprehensive list of EIA detection concepts, which were subsequently selected for relevance in EIA detection using a consensus based (3-round Delphi) process involving local and international subject matter experts. In total, 584 articles were reviewed, 47 articles analyzed, and 35 questions evaluated through the participation of 181 EIA stakeholders, experts, and health practitioners.

This development process is a critical part of the adoption strategy, since academic rigor is critical for gaining health care practitioner acceptance. Similarly, the large scale performance study that is currently underway is also designed to build confidence and familiarity for the Tool among health care professionals.

The EIA Detection Tool design study began in 2006 with funding from the American College of Rheumatology. Subsequently, funding from the Canadian Arthritis Network (CAN) enabled translation into French and a proof-of-concept study (which suggested excellent Tool performance). Four years later, the large-scale validation is just ramping up, the subject of an ongoing CAN SRP (Strategic Research Program) grant with support from the Canadian Initiatives in Outcomes for Rheumatology Care (CIORA) group and their industry partners.

Scientific rigor entails a long process to be sure – but in the quest for better outcomes, Dr. Bell and her supporters are prepared to be patient. ■

*For more information on Dr. Bell's work, or to discuss collaborative opportunities, please contact **Brian Bobeckko** at **416-586-4800 ext 4117** or e-mail **bbobechko@mtsinai.on.ca***

Grass roots awareness effort proves successful in reaching Canadians

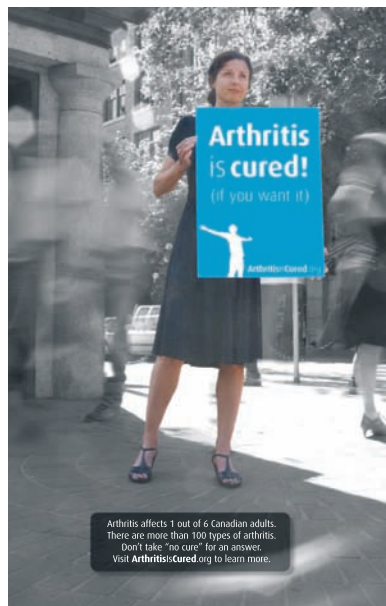
Did you hear? “Arthritis is cured! (if you want it).” This cheeky and thought provoking statement is the slogan that launched the National Arthritis Awareness Program (NAAP) that began in the fall of 2009 and is expected to wrap up August 2010.

THE SLOGAN AND IDEA for the campaign was created by Cheryl Koehn, a person with rheumatoid arthritis and President of Arthritis Consumer Experts (ACE) and Lynn Moore, Director Public Affairs, The Arthritis Society. ACE and The Arthritis Society have been leading NAAP, along with advisory support from arthritis groups, including the Canadian Arthritis Network. Additional financial and in-kind support have been provided by The Bentall Group, Hoffman-La Roche Canada, Pfizer Canada and Schering-Plough Canada.

“Arthritis is the most misunderstood chronic disease in Canada today,” says Cheryl Koehn of Arthritis Consumer Experts. “Our objective in launching NAAP was to start the conversation on arthritis with the public, and we did. Our goal was to challenge myths and educate Canadians about how arthritis affects our families and our working lives.”

The “Arthritis is cured! (if you want it)” campaign has evolved in two phases, employing different strategies and targeting different audiences.

Phase 1 ran from mid-October 2009 through January 2010 and focused on consumer outreach. Its purpose was to educate and debunk myths that



NAAP campaign ad

Canadians have about arthritis. A key message in phase 1 was that sustained research efforts can dramatically help Canadians manage their condition and reduce the staggering financial and social costs of arthritis. The tools used to disseminate this message included a website – www.arthritisiscured.org – brochures, a video, social media, media relations and word of mouth. On the ground awareness efforts targeted six Canadian cities: Toronto, Montreal, Halifax, Calgary, Vancouver and Ottawa.

Since this campaign has been a grass roots effort, volunteers literally took to the streets. In each city, members of arthritis organizations and people with arthritis handed out campaign brochures, totaling 110,000, to Canadians. Media coverage and social media engagement generated 2.5 million impressions (a calculation of how many people would have watched, read or heard coverage of the campaign) and information broadcast in the elevators of office buildings reached another 100,000 people.

Phase 2 took an entirely different approach. While the website and Facebook page remain active, a new tool was



A Toronto volunteer

created to appeal to the target audience of this phase of the program: primary care physicians. To assist physicians in diagnosing and caring for patients with arthritis, a point-of-practice screening tool was created. Evidence-based information about arthritis was printed below a homunculus (or scale model of the human body) identifying rheumatoid arthritis and osteoarthritis indicators (i.e. most common joints associated with the conditions).

Five thousand tools and brochures were distributed to physicians across Canada. Of those, 3,000 were given to delegates at the Canadian Conference on Medical Education (St. John's, May 1-5, 2010) and the Primary Care Today Education Conference and Medical Exposition (Toronto, May 6-8, 2010). The campaign was also featured at an exhibitor booth at the Toronto event.

“NAAP exceeded our expectations, but the work to educate the public and health care practitioners isn't over,” explains Lynn Moore of The Arthritis Society. “There is still a long way to go to support Canadians with arthritis until a cure can be found.” ■

Consumer win: two years of CAN CARES SUCCESS

BY KATY MILLER

People living with arthritis are making an impact on the research community by providing occasions for researcher-patient mingling.

CAN'S CONSUMER ADVISORY COUNCIL (CAC), together with The Arthritis Society, once again brought together arthritis researchers and nearly 80 people living with arthritis for a day of dialogue with its second annual CAN CARES event held April 24, 2010, in Moncton, N.B.

CAN CARES, which stands for Canadian Arthritis Research Exchange Seminars, was developed by the CAC last year when it held the inaugural event in Toronto, Ont. Its success helped make the Moncton event possible.

The event is designed to introduce members of the public to the Canadian arthritis research community by offering (free-of-charge) an opportunity to discover how research can affect their own lives, learn how they can become involved and network with other people living with arthritis.

"CAN CARES is a creative vehicle to bring a sample of the exciting arthritis research occurring in Canada to the community. It helps to bridge the gap between researchers, policy-makers and those of us living with arthritis," says CAC Co-Chair, **Linda Wilhelm**, who is the 2010 CAN CARES Coordinator and someone who has been living with rheumatoid arthritis for over 20 years.

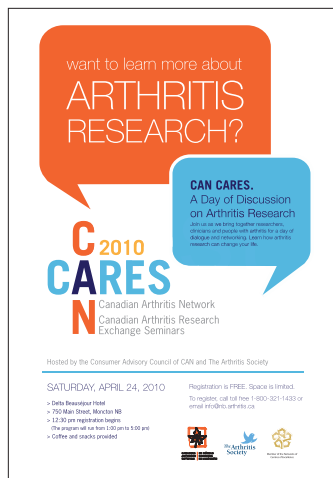
With a winning seminar model in place, which includes presentations about some of CAN's current research with an opportunity for facilitator-led table discussions and interactive question

and answer periods, the 2010 line-up took it a step further. This year, the speaker roster followed CAN's multi-disciplinary approach to research with an investigator, a trainee, a clinician and a consumer all discussing their perspectives on arthritis research.

David Wilson, a CAN Trainee and medical student from Dalhousie University, spoke to the group about arthritis treatment options. **Dr. Janie Astephen Wilson** is a CAN investigator and a Dalhousie Assistant Professor in the School of Biomedical Engineering. Dr. Astephen Wilson spoke to the CAN CARES audience about the progression of knee osteoarthritis.

"As researchers we have some interaction with consumers because we do human gait observation studies where we spend approximately two hours with each patient, but certainly the more that we can bring consumers and researchers together in forums for discussion, the better for all," says Dr. Astephen Wilson of her participation in CAN CARES.

In addition, Dr. Leo Picard, a local rheumatologist from Moncton's Dr. Georges L. Dumont Hospital, gave the audience some compelling facts about why it is critical to treat inflammatory arthritis, while Mary Brachaniec, a consumer and an integral member of the Knowledge Translation Taskforce of the Canadian Institutes of Health Research's Institute of Musculoskeletal Health and Arthritis, presented her journey of



CANADIAN ARTHRITIS NETWORK | LE RÉSEAU CANADIEN DE L'ARTHRITE

Today's arthritis research :: Tomorrow's cure

The Canadian Arthritis Network (CAN) is funded by the Networks of Centres of Excellence program (www.nce.gc.ca). CAN's vision is "a world free of arthritis" and it seeks to link Canada's leading researchers with partners who will help translate knowledge and innovations to improve the quality of life of people with arthritis, decrease the personal, societal and economic burden of the disease and promote the growth of the Canadian economy.

Claire Bombardier, MD, FRCPC
Monique Gignac, PhD
Co-Scientific Directors

Johnathan Riley, MHA
Managing Director

For matters related to *Joint Ventures*, please contact Stacey Johnson, Director of Communications, at sjohnson@arthritisnetwork.ca

Canadian Arthritis Network
522 University Avenue, Suite 1002
Toronto, Ontario, M5G 1W7 Canada
Tel: 416-586-4770
Fax: 416-586-8395
www.arthritisnetwork.ca



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finding a patient voice in the arthritis research community.

To round out the program, the Honourable Chris Collins, Minister for Local Government (Moncton East riding) welcomed attendees to the city and to CAN CARES; Ms. Wilhelm emceed the event; and, Maureen Fraser-McLaughlin, Atlantic Executive Director for The Arthritis Society, explained the local arthritis programs available to the public. ■

Katy Miller, Communications and Project Coordinator for CAN, works directly with the Consumer Advisory Council. She helped organize, and attended, CAN CARES.