



CANADIAN
ARTHRITIS
NETWORK | LE RÉSEAU
CANADIEN
DE L'ARTHRITE

JOINT VENTURES

The Canadian Arthritis Network's Industry Newsletter

New program a feather in CAN's cap

The Canadian Arthritis Network (CAN) is one of only seven organizations being awarded funding through the new International Partnership Initiative (IPI), a recently launched project from the Government of Canada's Networks of Centres of Excellence (NCE) program. For members of the arthritis community, this is an exciting opportunity for Canadian arthritis research to be shared and showcased internationally.

"CAN IS THRILLED to have been chosen by the NCE for this opportunity," says **Dr. John Esdaile**, Scientific Director and CEO of the Canadian Arthritis Network. "Canadian arthritis research is recognized internationally for excellence, but this 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 IPI offers a chance to spotlight Canadian research expertise, enhance the knowledge skills and abilities of Canadian researchers and trainees and lay the groundwork to build research collaborations.

To-date, confirmed partners in the IPI include the **Arthritis Research Campaign (UK)**, the **Nuffield**



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Foundation (UK), The Arthritis Foundation (USA), the Japan Society for the Promotion of Science (JSPS) and the AO Foundation (Switzerland).

The IPI was created to address issues of scientific, economic, social, intellectual and cultural significance for Canadians. The Honourable Maxime Bernier, Minister of Industry and Minister responsible for the Networks of Centres of Excellence, made the following statement in a national news release issued on May 25, 2007, that publicly announced the program: "These NCEs have put forward innovative proposals that support the New Government of Canada's vision for a more productive economy and extend Canada's influence around the world. This investment will place Canadian research at the forefront of international initiatives that are important to our economy and society."

The IPI allows eligible members of the Network -- arthritis researchers, trainees and representatives of its Consumer Advisory Council -- to participate in international conferences and up to 40 academic sabbaticals or training exchanges in international partner laboratories to foster future research collaborations. Network researchers are also encouraged to host international trainees and researchers in their own Canadian labs.

CAN is unique internationally for its emphasis on networking, particularly with people who have arthritis, and collaboration. The IPI provides the means to take this model to a global level, while at the same time benefiting Canadian research.

"What makes this program unique is that it's putting money into international partnering on a grand scale and it really

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New program

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covers the breadth of scientific interaction. It allows scientists and trainees from partner countries to interact face-to-face," says Dr. Esdaile. "When you have these personal interactions, you're in a much better position to develop totally new research programs."

In the past, CAN has heard from its industry partners that trainees appear to have limited knowledge about life in "big pharma research," although they seem enthusiastic to learn more. The rotations available through the IPI are an excellent way for industry partners to engage with trainees to offer that first-hand knowledge. Companies interested in hosting CAN trainees may contact **Christine Bergen** at cbergen@arthritisnetwork.ca or by calling 416-586-4800 ext. 4798.

The IPI section of the CAN website (www.arthritisnetwork.ca) will be updated as new partnerships, visits and mini-sabbatical opportunities become available. Please visit regularly to take advantage of all that CAN has to offer. ■



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The International Partnership Initiative means:

- **FUNDING** to send interested investigators and trainees to academic and/or industry labs outside of Canada (either through pre-arranged CAN partnerships or arranged visits, pending approval)
- **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
- **FUNDING** to initiate collaborative research opportunities (current partnerships exist with 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)**).



Scientific Director and CEO's message

HAVING SPENT MY FIRST FIVE MONTHS, as the new Scientific Director of the Canadian Arthritis Network (CAN) in Australia presented opportunities to meet with the head of Australia's equivalent of the

Canadian Institutes of Health Research, as well as a number of national research groups. The greater prominence of the national government in national health issues in Australia compared to Canada is a strength for health equality and for creating a national research structure. But, even so, CAN's national, transdisciplinary networking stands out as unique on the international scene.

While those involved with CAN are eager to see it continue indefinitely, the question is how to ensure its longevity. The Sustainability Workshop, held last month, is critical to CAN's future after 2012. But what will this future look like? I encourage you to read the article on page 3 and to share your ideas with me. I can be reached at jesdaile@arthritisresearch.ca

Preparations for CAN's 7th Annual Scientific Conference, taking place October 11-13, 2007, in Halifax, are well underway. The program committee and on-site committee have been working hard to create a meaningful and enjoyable schedule of symposia and events. Last year's attendance was a record. We hope you will attend this year's meeting. If you are interested in sponsoring the conference, please contact Johnathan Riley, CAN's Managing Director, at 416-586-4770

or jriley@arthritisnetwork.ca. To learn more about the conference, please turn to the preliminary program found on page 7.

Recent exciting news is CAN's funding under the International Partnership Initiative from the Government of Canada. This is a new Networks of Centres of Excellence program to broaden the international reach of Canadian scientists, trainees and consumers. Details about the initiative, and why it is significant to the arthritis community, are included in the feature article on the cover page.

CAN has a new website (see page 9) with features that we hope will appeal to all of CAN's stakeholder groups. We've also produced a research booklet aimed at people with arthritis and anyone interested in learning more about CAN (details page 10). Your comments would be appreciated as we are planning future editions.

If you are interested in taking a more active role in CAN's operations, please let us know. The Network relies a great deal on its Network Investigators, trainees, consumers, committee members and industry partners to steer it in the right direction and keep it relevant. If you have been watching our progress and think you can make a contribution, please contact Johnathan Riley (see above) to see how you can get involved. The time commitment does not have to be large. ■

Dr. John Esdaile
Scientific Director and CEO

Prioritizing CAN's future

CANADIAN NETWORKS OF CENTRES OF EXCELLENCE are established to transform Canadian research and entrepreneurial talent into economic, health and social benefits for all Canadians. At the outset of funding, the Networks learn that they have a finite funding cycle that ends after a maximum of 14 years. For the Canadian Arthritis Network (CAN), the expiry date is 2012.

In 2005, CAN established the Partnerships and Sustainability Committee (PASC) with a mandate to focus on CAN's sustainability. Towards that aim, the PASC recently held a Sustainability Workshop in Markham, Ontario (June 5-6, 2007). **Dr. Matthew Liang, MD, MPH**, facilitated the workshop that comprised consumers, investigators, industry and guests.

The purpose of the workshop was to generate business ideas that could provide revenue for CAN after federal funding ceases. Workshop attendees were divided into breakout groups to brainstorm ideas on three topics:

- Topic 1: which business venture, potential size of market and what business plan?
- Topic 2: what partnerships?
- Topic 3: what is our potential to fundraise ourselves? Who is our competition? What is our potential to attract donors?

Participants proved to be creative, savvy and out-of-the-box thinkers. A long list of ideas was generated that will now be explored and developed by a sub-committee of the PASC that will include members of the business community.

SUSTAINABILITY SURVEYS

Another important aspect of the Sustainability Workshop was sharing the results from two recent surveys intended to provide valuable direction and ideas for sustainability.

Cheryl Koehn, a consumer and President of Arthritis Consumer Experts (ACE) (www.arthritisconsumerexperts.org)



Bruno Maruzzo, of TechnoVenture Inc., speaking at the Sustainability Workshop

presented the findings from a survey developed by CAN's Consumer Advisory Council in partnership with ACE. The survey was launched with a media release and advertising campaign and distributed to Canadians who have arthritis, their families, clinicians, arthritis researchers and other members of the arthritis community. Close to 2,000 people responded to the survey with some definite ideas on where CAN should be focusing its research efforts.

In response to the question "Please tell us what you think future arthritis research funded by the Canadian Arthritis Network should focus on," respondents selected the items below as being the most important to them (only those items that received 50 per cent or higher are included here):

- Arthritis prevention (85%)
- How to diagnose arthritis earlier (79%)
- New ways to better treat my form of arthritis w/o meds (78%)
- New medications to better treat my form of arthritis (76%)
- Wait times for diagnostic tests (like MRI) (69%)
- Wait times for arthritis-related surgeries (like elective hip or knee surgery, including TJR) (67%)
- Wait times for government agencies to review new medications (59%)
- Better ways of coordinating care between health care providers throughout my life span (58%)
- Non-traditional treatments for my arthritis (51%)

Johnathan Riley, Managing Director of CAN, presented the findings from a second survey on sustainability that was directed primarily at people very familiar with CAN and its operations. Close to 200 people completed the survey developed by **Dr. John Esdaile**, Scientific Director and CEO of CAN, **Dr. Robin Poole**, Scientific Director Emeritus of CAN and **Dr. Matthew Liang** of Harvard University. The survey was designed to collect new ideas for ensuring sustainability and building an organizational legacy.

When asked to select "the top three recommendations for [CAN] activities to preserve at all costs and rank them in order of priority (1st, 2nd, or 3rd)", respondents chose Networking most often as the 1st priority but Training came out ahead when the scores from 1st, 2nd and 3rd priority were added together.

One Sustainability Workshop and two surveys later, the hard work is just beginning. CAN now has valuable feedback and ideas upon which to develop a sustainability strategy and a short window of time to implement a plan. While the challenges are large, the will to succeed is equally impressive. The sceptics were pessimistic about CAN being funded in the first place, so the wise observer won't count us out just yet.

The findings from the CAN survey are available by contacting Johnathan Riley at jriley@arthritisnetwork.ca or 416-586-4770. ■

Familiarity breeds content: CAN trainees make a smooth transition from research to product development

Making the leap from innovation to market in a cost-effective way has always posed challenges. When transferring knowledge from university to industry, things sometimes get lost in translation. A good solution? Instead of transferring knowledge, transfer the people who have the knowledge.

THAT'S WHAT École Polytechnique de Montréal and BioSyntech Canada Inc. have done — with great success.

Thanks in part to funding awarded through the Canadian Arthritis Network (CAN), former CAN trainees **Martin Garon** and **Éric Quenneville** have parlayed their academic careers at École Polytechnique de Montréal directly into productive careers at BioSyntech Canada Inc., a leading biotechnology firm in Laval, Quebec.

Both, by the way, were nominated by CAN and were finalists for the Networks of Centres of Excellence (NCE) Young Investigator Award, Garon in 2004 and Quenneville in 2005. The Award recognizes the success of the NCE program in training young researchers who accelerate knowledge transfer to the user for socio-economic benefit.

Garon and Quenneville, now full-time employees in the Instrumentation group at BioSyntech, are helping commercialize Arthro-BST™. They both played a major role in developing the product, simultaneously working part-time at BioSyntech and completing their studies at École Polytechnique.

“BioSyntech appreciates not having to look too far for well-trained, highly motivated and loyal employees who understand our particular product focus,” says Dr. Matthew Shive, Vice President, Product Development, BioSyntech.



(l-r) Eric Quenneville and Martin Garon

Arthro-BST™ is a hand-held clinical instrument that lets surgeons make precise and accurate assessments of the health and functional properties of articular cartilage. It will also help improve our understanding of joint diseases such as arthritis, and contribute to the development of new therapeutic products intended to lessen the need for knee and hip replacements.

Arthro-BST™ works by measuring the electric fields produced by cartilage when it is compressed. The sensitive component of the device is a microelectrode array that Quenneville developed for his PhD project while working part-time at BioSyntech. After completing the array, Quenneville came up with an innovative and cost-effective process for manufacturing it. Garon is focused on

electrical fields signal analysis, software development and electronics components of the device.

Garon and Quenneville are now familiar with how innovations are brought to market. Early on, though, they learned an important difference between academic and industry settings.

“As an academic researcher, you have the freedom to go in different directions,” says Quenneville, “but in a company like BioSyntech, you have to define a plan, set the way in front of you and stay on course. We learned to think about timelines, industry standards, production costs and marketing as well as the science. As a result, when we finish our degrees, we will already have the experience of bringing a product to market.”

BioSyntech is currently in the process of re-reading the Arthro-BST™ to be tested clinically, and has already sold three systems for pre-clinical use. To conduct clinical testing or to later sell it in Canada, the United States and Europe, they must first follow so-called 'design controls' and regulatory norms, ensuring, for example, that it is biocompatible and electrically safe, and that it will remain sterile during surgical use.

"In the lab, you can prove in principle that something works," says Garon, "but even if it's the best system in the world, if you can't make it work in the real world, you won't be able to sell it. For one thing, there are a lot of regulations involved in manufacturing and marketing medical devices that we never considered in university," says Garon. "We soon learned about them at BioSyntech."

They also learned the value of making connections with other experts.

"CAN is really incredible," says Garon. "It gives us the opportunity to develop relationships with people in other fields. In fact, it is the networking that has helped a lot in developing some aspects of this project faster."

"It is very interesting and rewarding to start from the beginning of a project at university and contribute to its evolution into a marketable product by working for a company," says Quenneville.

It's rewarding for the company as well, which gets researchers who are already intimate with the details of a project and have a sense of pride and ownership in it.

"BioSyntech appreciates not having to look too far for well-trained, highly motivated and loyal employees who understand our particular product focus," says Dr. Matthew Shive, Vice President, Product Development, BioSyntech.

"The development pathway for medical devices can be full of surprises. Having team members who are creative in their problem-solving can make the process much more efficient and successful."

And BioSyntech will not have to look far in the future. Several other CAN trainees — students at École Polytechnique — are honing basic research skills at school while collaborating with teams at BioSyntech on specific projects.

It's all a matter of keeping it in the family. ■

Training rotation a profitable exercise in problem solving and knowledge exchange

Almost as a test of true scientific adaptability, Emily McWalter, a PhD candidate in the University of British Columbia's (UBC) Department of Orthopaedics, was faced with a challenge at the very outset of her second international Training Rotation as a Canadian Arthritis Network (CAN) trainee.

"UNFORTUNATELY, the open MRI scanner ...suffered a catastrophic failure. Efforts to repair the scanner failed and it was determined that it could not be brought back on-line," explains Ms. McWalter. As it was important for her to participate in the rotation despite this setback, she travelled to Boston University anyway. Adds Ms. McWalter: "If you can't change your plans, you're going to have a hard time doing research."

The pragmatic Ms. McWalter visited Dr. David Hunter's lab at Boston University for one week this April, with the goal to commence a long-planned collaboration between Dr. Hunter's group and **Dr. David Wilson's** lab, where Ms. McWalter works at UBC. Dr. Hunter conducts large scale, population-based studies using the widely cited and largely populated prospective study, the Framingham Cohort, while Ms. McWalter's lab at UBC specializes in developing magnetic resonance imaging (MRI) -based research tools to study knee mechanics.

"I first met David Wilson, Emily's current supervisor, some time before the



(l-r) Emily McWalter, Michael Paice, Agnes d'Entremont, Derek Wilson, Dr. David Wilson

World Congress on OA (Prague, December 2006) because of our mutual interest in investigating the mechanics of the patellofemoral (knee) joint," says Dr. Hunter of the birth of the collaboration. The training rotation was the perfect way to begin what is becoming a profitable, long term relationship between the two labs.

In addition to large scale study capabilities, Dr. Hunter's lab has access to an

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Training rotation

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open, or standing, MRI scanner, which allows a patient to put a greater amount of body weight on the knee joint during the scan than he or she would lying down. Because the open scanner was unavailable for the initial rotation, the teams decided to proceed with another aspect of the collaboration using the closed MRI scanner. The UBC lab's role is to provide the engineering knowledge needed to analyze the kinematics (relative positioning of bones) in MRI scans. The rotation would thus combine each group's expertise to advance their knowledge of the relationship between knee mechanics and osteoarthritis (OA).

CAN's Training Rotation Program has been designed to support partnerships such as these to foster the development of interdisciplinary expertise and to encourage collaborations among CAN members as well as with international and industrial partners. This program is open to all trainees currently supervised by a member of CAN, and many, like Ms. McWalter, participate in the program more than once.

Ms. McWalter was very new to research during her first rotation, which took place in Dr. Felix Eckstein's lab at Ludwig-Maximilian University in Munich, Germany, in the fall of 2003 (*Joint Ventures*, January 2004).

It followed the first year of her master's degree and she had spent more time in lectures than in a lab. "My first rotation was an eye opening experience," says Ms. McWalter. The second rotation allowed her to take charge of the project: "Once we revised our goals after finding out that we would only be able to use the closed MRI scanner, I was able to go in and do exactly what was planned."

Preparation for the rotation included conference calls to set up not only Ms. McWalter's work plan, but also the terminology to be used during her rotation. Since Ms. McWalter would be leaving the comfort of a lab staffed with fellow engineers for a more clinical environment, it was important that she arrive speaking the same language as the Boston team. With only one week to set up the MRI scanner and teach the

research assistants and MRI technologists to use the rig Ms. McWalter had designed, efficiency and comprehension were of the essence.

Both Ms. McWalter and Dr. Hunter agree that setting objectives and keeping in close contact prior to the rotation are the keys to success. For example, engineers usually use Newtons to measure the force put on the knee joint, and during the teleconferences, the two teams decided to change this measurement to body weight percentage, which is more easily understood by researchers in all fields. Ms. McWalter noted that her team

alistic in the research that McWalter conducts at UBC where she is used to doing every step of a study on her own.

To fulfill her task in the assembly line, Ms. McWalter will analyze the data over the next few months and submit the results as an abstract for the annual meeting of the Orthopaedic Research Society in early September. She will also be returning to Boston in early 2008 to complete the study in the open scanner, which will allow them to collect data for the 45% body weight portion of the study. "This rotation consolidated what I do here in the UBC lab; you learn the

CAN's Training Rotation Program has been designed to support partnerships such as these to foster the development of interdisciplinary expertise and to encourage collaborations among CAN members as well as with international and industrial partners.



at UBC will likely continue to use this type of measurement to enhance knowledge exchange.

In Boston, the team studied the effects of loading on three-dimensional patellar kinematics (knee movement) in 11 subjects, obtaining scans of the knee loaded at 0%, 15% and 30% bodyweight at six different angles of knee flexion between 0° and 45°. Thanks to Ms. McWalter's expertise, the Boston University group will be able to conduct further studies on the effects of bracing on patients with osteoarthritis of the knee.

In turn, Ms. McWalter learned a lot from her experience in the Boston lab. She describes large scale studies as, "a production line with the epidemiologists planning the study, research assistants collecting the data, statisticians analyzing the data, and finally primary investigators or graduate students interpreting the results." The number of patients that can be seen in such an environment is unre-

most from teaching other people. It makes you think about things in a different way."

Ms. McWalter also took advantage of some down-time to learn about other projects being conducted in the lab and speak to post-doctoral fellows about their work, giving her the opportunity to think about her own career development.

From Dr. Hunter's point of view, Ms. McWalter "was instrumental in establishing an MRI protocol and implementing a device both developed and pioneered by the group at UBC that will allow us to explore the effects of bracing on patellofemoral kinematics in persons with osteoarthritis. Without Emily's visit this would not have been possible."

For more information on CAN trainees and their research interests, or to host a trainee in your lab, visit www.arthritisnetwork.ca/training/trainingscholarfellow_en.php. ■

Canadian Arthritis Network 2007 Annual Scientific Conference

Training Day

October 10 - 11, 2007



Canadian Arthritis Network
2007 Annual Scientific Conference
Halifax, Nova Scotia

THURSDAY, OCTOBER 11, 2007

5:00 p.m. **New Member Orientation Workshop**

6:00 p.m. **Opening Reception**

FRIDAY, OCTOBER 12, 2007

8:15 a.m. **Welcoming remarks and introduction**

Dr. John Esdaile, Scientific Director & CEO, Canadian Arthritis Network, Vancouver

9:00 a.m. **Symposium I – A celebration of CAN's successes in research and development and a look at the future**

Chair: Dr. John Esdaile, Scientific Director & CEO, Canadian Arthritis Network, Vancouver

CAN's Consumer Advisory Council: has consumerism in research helped?

Ms. Catherine Hofstetter, Consumer Advisory Council Emeritus, Scarborough (tentative)

The change in how arthritis research is done in Canada: CAN's IMPACT!

Dr. Robin Poole, McGill University and Canadian Arthritis Network, South Lancaster

From discovery to market: CAN case studies with BST-CarGel® and Arthro-BST™

Dr. Michael Buschmann, École Polytechnique, Montréal

Bone destruction in arthritis

Dr. Artur deBrum Fernandes, University of Sherbrooke, Fleurimont

Leading arthritis clinical research in Canada

Dr. Ed Keystone, Mount Sinai Hospital, Toronto

Panel Discussion

11:15 a.m. **Symposium II – Learning from Lupus & Scleroderma: Moving towards a Systemic Autoimmune Rheumatic Diseases (SARD) team**

Chair: Dr. Marvin Fritzler, University of Calgary, Calgary

A family legacy of Lupus & Scleroderma - Fighting the enemy within

Ms. Louise Bergeron, CAPA & Consumer Advisory Council, Ile Perrot

SARDs – The Canadian scene

Dr. Murray Baron, Jewish General Hospital, Montreal

Dr. Paul Fortin, Toronto Western Hospital, Toronto

Health related quality of life in systemic sclerosis

Dr. Marie Hudson, Trainee, McGill University, Montreal

LuNNET: An integrated approach to defining novel biomarkers for lupus nephritis

Dr. Carol Landolt, Trainee, University of Toronto, Toronto

Characterization of the cellular phenotype in lupus patients and their family members as a tool to define immunopathogenic mechanisms in lupus

Dr. Joan Wither, University of Toronto, Toronto

Scar Wars: The matrix of scleroderma

Dr. Andrew Leask, University of Western Ontario, London

Public-private partnerships, biomarkers and autoimmunity

Dr. Barbara Mittleman, National Institutes of Health, Bethesda, Maryland

Clinical development and design of randomized clinical trials in lupus: challenges and opportunities

Dr. William Freimuth, Human Genome Sciences, Rockville, Maryland (tentative)

Panel Discussion

1:00 p.m.

Bridging the gap between the patient with arthritis and the family physician: challenges and opportunities

Chairs: Ms. Anne Fouillard, Co-Chair, Consumer Advisory Council, Rose Bay and Ms. Diane Gerhard, Co-Chair, Consumer Advisory Council, Winnipeg

2:00 p.m.

Symposium III – International Partnership Initiative (IPI)

Chair: Dr. David Wilson, University of British Columbia, Vancouver

CAN and the IPI; opportunities for collaborations and development

Dr. David Wilson, University of British Columbia, Vancouver

Arthritis Research Campaign

TBD, Arthritis Research Campaign, United Kingdom

Orthopedic biotechnology in clinical use – opportunities and challenges

Dr. Margarethe Hofmann-Antenbrink, AO Foundation, Davos, Switzerland

Arthritis Foundation

Dr. John Hardin, Arthritis Foundation, Atlanta, Georgia

International collaboration programs in Japan

Dr. Masaki Noda, Japan Society for the Promotion of Science, Tokyo, Japan

Oliver Bird Rheumatism Programme – a doctoral training programme to invest in the future of UK rheumatology

Dr. Tim Cawston, Nuffield Foundation, Newcastle, United Kingdom

Mechanobiology in musculoskeletal regeneration

Dr. Devakara Epari, Center for Musculoskeletal Surgery and Berlin-Brandenburg Center for Regenerative Therapies, Berlin, Germany

Panel Discussion

3:45 p.m.

Annual General Meeting

4:15 p.m.

Poster Judging Session

SATURDAY, OCTOBER 13, 2007

8:45 a.m.

Symposium IV – How can we treat JIA effectively?

Chair: Dr. Ciaran Duffy, Montreal Children's Hospital, Montreal

Consumer Perspective

TBD

Title TBD

Ms. Karine Toupin April, Trainee, Université de Montréal, Montréal

Evaluation of a web-based self-management program for adolescents with arthritis

Dr. Jennifer Stinson, Trainee, University of Toronto, Toronto (tentative)

Title TBD

Dr. Rae Yeung, Hospital for Sick Children, Toronto (tentative)

Industry Perspective

Dr. Jerome Konecsni, Genome Prairie, Saskatoon (tentative)

Panel Discussion

Chair: Dr. Alan Rosenberg, University of Saskatchewan, Saskatoon

10:30 a.m.

Poster Viewing Session

1:15 p.m.

Symposium V – Reducing the impact of arthritis

Chair: Dr. Diane Lacaille, University of British Columbia, Vancouver

The burden of arthritis – Impacts across the life cycle; a consumer perspective

Ms. France Gervais, Consumer Advisory Council, Ste-Félicité

Ms. Marg Elliott, Consumer Advisory Council, Moncton

Qualitative inquiry with mothers living with arthritis

Ms. Linda del Fabro Smith, Trainee, University of British Columbia, Vancouver

Title TBD

Ms. Joanna Sale, Trainee, University of Toronto, Toronto (tentative)

Identification and characterization of pro-chondrogenic small molecules

Dr. Michael Underhill, University of British Columbia, Vancouver

Clinical research perspective

Dr. William Stanish, Dalhousie University, Halifax

Impact of arthritis on military personnel

Dr. Jim Thompson, Veteran's Affairs Canada, Charlottetown

Panel Discussion

3:30 p.m. **Symposium VI – Emerging perspectives in musculoskeletal pain**

Chair: Dr. Jason McDougall, University of Calgary, Calgary

Consumer perspective

Ms. Diane Gerhard, Co-Chair, Consumer Advisory Council, Winnipeg

Selective activation of cannabinoid CB-1 and CB-2 receptors modulate mechanosensitivity of afferent nerve fibres in control and osteoarthritic rat knee joints

Dr. Niklas Schuelert, Trainee, University of Calgary, Calgary

The nerve of osteoarthritis pain!

Dr. Jacqueline Hochman, Trainee, University of Toronto, Toronto

Skeletal pain: Causes, consequences and therapeutic opportunities

Dr. Patrick Mantyh, University of Minnesota, Minneapolis

Arthritis in the brain

Dr. Petra Schweinhardt, McGill University, Montreal

Preclinical OA pain research: an example of a targeted population approach

Dr. Peter Mitchell, Eli Lilly, Indianapolis

Panel Discussion

5:15 p.m. **Sustainability Discussion**

Chairs: Dr. John Esdaile, Scientific Director & CEO, Canadian Arthritis Network, Vancouver

Dr. Robin Poole, Scientific Director Emeritus, Canadian Arthritis Network and McGill University, South Lancaster

Canuck quality

TWO UNIVERSITY OF TORONTO science students, **Nicole Noronha** and **Ushita Patel**, will be spending their summer in Malvern,



Pennsylvania, courtesy of a new **Industry Summer Training Program** launched by the Canadian Arthritis Network (CAN) in partnership with **Centocor**, a leader in the field of biomedicines. Canadian undergraduate students were invited to apply for the program that promises “exposure to arthritis research in an industry setting.”

Centocor representatives were so impressed with the calibre of the 21 students who applied that they selected two students for a placement originally planned for one.

Enrich your candidacy pool by partnering with CAN. We are seeking additional industry partners for summer 2008. Please contact **Christine Bergen** at **cbergen@arthritisnetwork.ca** or 416-586-4800 x 4798 or visit the Training section at **www.arthritisnetwork.ca**. ■

Website 3.0

CAN IS EXCITED to unveil its new website at **www.arthritisnetwork.ca**. Yes, the address is the same, but the look and feel is completely new. So are many of the features and content. *Have a look today!* ■



Honours and awards



Dr. Tony Cruz, CAN Investigator and former Program Director and Chief Executive Officer (CEO) of CAN, received the

Juvenile Diabetes Research Foundation's Excellence in Clinical Research Award (May 2007). Dr. Cruz, CEO and founder of Transition Therapeutics, is being acknowledged with his colleagues for developing and testing beta cell regeneration therapy that could lead to a cure for type 1 diabetes. Congratulations Dr. Cruz.



CAN Investigator **Dr. Henri Ménard** received the 2007 Distinguished Investigator Award from the Canadian Rheumatism

Association during its conference in Lake Louise in February (2007). Dr. Ménard was chosen as the recipient of the award to recognize his outstanding contribution to rheumatology in Canada in the areas of teaching and research. Congratulations Dr. Ménard. ■

Consumer comings and goings

The Canadian Arthritis Network (CAN) is pleased to announce that **Diane Gerhard** is the new Co-Chair of CAN's Consumer Advisory Council (CAC). She joins **Anne Fouillard** who was profiled in the Winter 2007 issue of *Joint Ventures*.

Ms. Gerhard has been an arthritis advocate since being diagnosed with rheumatoid arthritis (RA) in 1976 at the age of 33. She has been active with The Arthritis Society, first with its Speakers Bureau and then as one of the founding members of the Arthritis Self-Help Group, serving terms as newsletter editor and as president. She has had joint replacement in both hands and arthroplasty in both feet. Ms. Gerhard has an M.Sc. in Molecular Biology and taught high school science and mathematics until her retirement in 1999.

CAN is also very pleased to welcome **Delia Cooper** of British Columbia, **France Gervais** of Quebec and **Meagan Hasek-Watt** of Nova Scotia who have recently become CAC members. All three women were diagnosed with arthritis at a young age — ranging from two years in the case of Ms. Gervais to 19 years for Ms. Hasek-Watt — so they share a similar sensibility of having lived through their formative years with a chronic illness and have valuable

experience and advocacy expertise to offer to the Network.

Although she was not with the Council for long, CAN would like to say farewell to **Louise Crane** of Alberta who stepped down from CAC after putting together a very successful consumer meeting in Calgary in May (2007).

After a significant contribution to CAN and the Consumer Advisory Council (2004-2007), **Jay Fiddler** has completed her term as Co-Chair. The Network thanks her for her dedication, hard work, and wisdom, and wishes her success as she pursues her PhD at the University of British Columbia in the Department of Sociology. ■



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.

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Showcasing excellence in Canadian arthritis research

CAN has produced its first research booklet written for people who have arthritis. Available in English, French and Chinese, the document highlights some important CAN-funded research and it does so in plain language. While not an exhaustive summary of all the excellent arthritis research taking place within the Network, it does give a sense of some of the vital work occurring today and underscores the collaborative nature of CAN. To receive a copy of **Research Excellence at the Canadian Arthritis Network**, please call **416-586-4770** or email can@arthritisnetwork.ca.