



Personalizing arthritis motivates industry

BY DR. DAWN RICHARDS

At the Canadian Arthritis Network (CAN), we are regularly tasked with quantifying the impact we have had on the arthritis research community in Canada. CAN's Consumer Advisory Council (CAC) wrestles with the same problem. We know that making people who have arthritis a meaningful partner in the research process makes good sense as it elevates the relevance and significance of the work of CAN's trainees and researchers, and this ultimately benefits the end users of these discoveries.



DR. DAWN RICHARDS, the Ontario representative of the Consumer Advisory Council, explores the effect the CAC has had on CAN's industry partners.

As a representative of people who live with arthritis, I feel it is my duty on the CAC (and in life!) to help others understand the magnitude of how arthritis impacts one's life. This information is valuable at CAN because it offers insights that can positively affect arthritis research. The CAC influences the research funded by CAN in various ways: through membership on all of CAN's

committees where operational and strategic decisions are made; exposure to CAN's trainees; and, participating as collaborators on CAN funded research projects. Being members of CAN also affords opportunities to simply talk to others about living with arthritis, and one of those audiences is industry.

The easiest way to measure impact on an audience or group is to ask them directly, and that is what I have done.

Dr. Peter Mitchell of **Eli Lilly** and **Drs. Steve Stimpson**

and **Sanjay Kumar** of **GlaxoSmithKline** have been kind enough to offer their viewpoint on how consumers at CAN have provided them with a new perspective on arthritis. During their many years with CAN, they have volunteered on different committees and attended a variety of workshops and meetings. They each point out that they have seen consumer participation grow over the years and how they have had their "eyes opened" in some way or another by consumers. Being basic scientists, they have traditionally been isolated from the patient perspective of disease, whereas CAN has provided them with

a very real face-to-face connection to people living with arthritis.

The relationship industry builds with its ultimate consumer is often via patient profiles and market research. CAN's consumers put a face on the disease, and provide value through their experiences, anecdotes and words from the heart



Dr. Peter Mitchell



Dr. Steve Stimpson



Dr. Sanjay Kumar

that simply cannot be accomplished by reading scientific journals and market research.

Inspiring industry

Dr. Peter Mitchell vividly remembers the stories that consumers have told at CAN meetings and they have remained with him for years, and constantly provide him with the motivation to continue his important research. Dr. Mitchell is amazed at the level of energy, enthusiasm, and passion that consumers have in their work with CAN, especially given the pain and fatigue with which a number

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Personalizing arthritis

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of us live. “Arthritis hurts” seems like a simple factual statement, but it is one that Dr. Mitchell has used to justify work on new drugs and mechanisms for targeting joint pain. He explains, however, “Until one hears not only how much it hurts, but how the pain and loss of function can take over the life of a person, then the true implications behind that simple statement are easily lost.”

Dr. Mitchell has also been deeply affected by presentations on rare forms of arthritis that have led him to explore these subjects with researchers. He hopes that one day the pipeline of novel biologics that are being developed by the pharmaceutical industry for diseases such as rheumatoid arthritis, can also be utilized to help underserved patient populations.

Because arthritis impacts consumers in everything we do, we often have a better appreciation of the big picture and potential impact of research, and from this we can derive the clear, concise

statement of research value. Dr. Steve Stimpson has seen this happen repeatedly, especially during his tenure with CAN’s Scientific and Medical Advisory Council (SMAC) scientific review meetings.

Dr. Stimpson feels that consumers contribute a unique perspective that translates to changes in the direction industry takes in its scientific research. He also believes that consumers need to be encouraged to proactively share their unique perspective even when they feel less than expert in specific aspects of arthritis science.

During grant reviews, Dr. Stimpson has often witnessed consumers ask what the consumer feels to be a “naïve” question that turns out to be just the opposite. It can impact the entire review by having the scientific members of the council appreciate important details that were previously unrecognized.

Dr. Stimpson encourages CAN and the CAC to continue to foster the very important relationship they have developed, especially since the one between consumers and basic research scientists

does not come automatically and needs to be nurtured.

Dr. Sanjay Kumar recalls his introduction to CAN as being very eye-opening, an experience where he was “...completely taken aback by seeing RA and OA patients” presenting at CAN’s annual scientific conference. He says that this event crystallized the importance of his work and its potential to impact people with arthritis, providing him with a sense of urgency to work harder to really help consumers.

Notably, Dr. Kumar feels that his involvement with CAN has provided him with a valuable venue in which to interact with consumers, and he uses those opportunities to educate himself on how people live on a daily basis with arthritis and how aspects of treatment would really make a difference to them.

Like Dr. Stimpson, Dr. Kumar is a member of SMAC and has learned from consumers to adopt a different perspective when he reviews CAN research, examining both the practical aspects and technical details of proposals. Dr. Kumar

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Message from the Co-Scientific Directors

The champagne is long gone, but we are nevertheless pleased to announce to *Joint Ventures’* readers that the Canadian Arthritis

Network (CAN) was successful in its midterm review process last fall. With renewed funding to take CAN through to 2012 and a strategic plan that will serve as our roadmap, we have been busy reviewing CAN’s Research and Training Programs to ensure they satisfy CAN’s new operational strategy.

Substantial changes have been made to both programs, but only those that affect industry are summarized below.

The **Industry Research Program** has eased its 1:1 partner funding requirement and now \$25,000 from industry will be matched with \$75,000 from CAN (1:3). As with all of CAN’s programs that require outside funding, CAN will assist all applicants to establish partnerships.

The Strategic Research Initiative (SRI) and its related Strategic Research Initiative Development (SRID) grant competition have been closed now that CAN’s priority themes of osteoarthritis, inflammatory joint diseases and bioengineering for the restoration of joint function have all been funded.

In their place, CAN has introduced the **Strategic Research Program (SRP)** grant: a two-year, \$120,000 per year matched grant that is designed to promote new innovative trans-disciplinary, multidisciplinary research that has strong potential to

lead to future research initiatives offered by other research agencies or that represents a significant partnership with a receptor who will likely continue the project beyond CAN funding. Project applications must include a 1:3 (partner dollars to CAN dollars) matching cash or in-kind partner contribution. Industry is invited to work with CAN investigators to establish suitable research projects.

Changes to the Training Programs only impact trainees.

The **Industry Summer Training Program** is currently underway and every year there are outstanding students eager to apply. The next competition takes place in February 2010 and industry is encouraged to find space for a student(s) to learn about arthritis research in an industry setting. CAN provides \$1,500 for visa and travel expenses and submits the names of qualified candidates to industry for selection purposes.

As always, we welcome your input. You may obtain more information about these programs by visiting CAN’s website at www.arthritisnetwork.ca or calling the CAN office at **416-586-4770**.

Claire Bombardier

Monique Gignac

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encourages all scientists to take the opportunity to interact with consumers periodically to gain a new perspective and to ensure that their work maintains a path that is relevant to the people for whom it is intended.

Clearly CAC members have had a formative and lasting impact on these members of industry, and likely on others as well, as anecdotally we know the impact is even more wide-spread. It helps that industry sees just how much CAN trusts and values consumer input by inviting consumers to participate on all of its committees and in all of its programs. This helps to legitimize our role in the Network and even by using the term consumer rather than patient to describe ourselves, we are conveying a proactive role in our work at CAN. The CAC hopes to continue to empower the work of industry scientists such as Drs. Mitchell, Stimpson, and Kumar through our continued exposure to, and collaborations with them for many years to come. ■

Dr. Dawn Richards is CAN's former Director of Research and Development. She now works at the Ontario Institute of Cancer Research and volunteers on CAN's CAC as the Ontario representative. Dawn has RA.



**CANADIAN ARTHRITIS NETWORK
2009 ANNUAL SCIENTIFIC CONFERENCE**

**NOVEMBER 19 – 21, 2009
HYATT REGENCY VANCOUVER
VANCOUVER, B.C.**

Plan to attend the Canadian Arthritis Network's (CAN) Annual Scientific Conference to:

- Network with the leaders in Canada's arthritis research community;
- Gain perspective and hear the latest advances in arthritis research;
- Discover CAN's comprehensive training initiatives for trainees or participate as a mentor;
- Learn more about the latest Canadian arthritis research advancements by way of plenaries, scientific posters and workshop sessions;
- Explore CAN's research initiatives in Osteoarthritis, Inflammatory Joint Diseases and Bioengineering for the Restoration of Joint Function; and,
- Uncover the beauty of Vancouver!

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

 
CANADIAN ARTHRITIS NETWORK LE RÉSEAU CANADIEN DE L'ARTHRITE Member of the Networks of Centres of Excellence

Photography: www.istockphoto.com

Recruiting Consumers made easy

CAN'S CONSUMER ADVISORY Council is embarking on an ambitious project that may be of interest to industry and we would like your input.

The Highly Qualified Consumer (HQC) Database will catalogue the skills, demographics, experience and research participation interest of arthritis patients across Canada. This database will allow researchers to search consumer (informed patient) profiles to find suitable individuals who are interested in playing an active role in research projects in either a consultative or collaborative position or to participate in arthritis surveys and

studies conducted by mail or e-mail.

Users will be able to search the database to find profiles that match their required criteria and the introduction between the user and the consumer will be coordinated through the CAN office. The intent of the HQC Database is not to conduct market research or to recruit clinical trial participants.

The goal of this project is to produce a useful tool for the Canadian arthritis community that will live on past CAN's end in 2012.

CAN would like to gauge industry's interest in this project to determine if

there is a role for industry to play and to establish whether this database will enhance your work. Please answer the following questions:

1. Do you currently work with patients?
2. Would you find such a tool useful?
3. Is it something you would use even though CAN would be the broker of the consumer information?
4. How would it be useful to you?

Any feedback on these questions would be appreciated and can be forwarded to **Stacey Johnson** at sjohnson@mtsinai.on.ca or **416-586-4685**. ■

“Amazing, phenomenal, engaging...”

While scholarships may be the most popular benefit the Canadian Arthritis Network (CAN) offers graduate students, postdoctoral fellows and Network scholars, career development and networking opportunities also hold great appeal. The Training Day, held in Montreal, Quebec, on March 13, 2009, was, in the words of survey respondents, “100 per cent excellent” [dude]!

IT ALL STARTED on the Thursday evening when 50 trainees and two consumers arrived at the Shed Café in downtown Montreal to start the “Urban Challenge”, a networking activity inspired by the TV reality show *The Amazing Race*. Divided into seven teams, participants travelled by foot, metro, bus and taxi to get to various destinations throughout downtown Montreal within the three-hour time frame. The race was on as teams ran past each other to be the first to get to their destination for the next clue. To help build networking and team spirit, players had to work together to solve ten brain-teasers. There were six places to visit, and while some teams actually managed to get to all of them, most teams reluctantly dragged themselves back to the pub after just four or five locations. Creative prizes were awarded to the teams that were judged to be the fastest, most lateral thinkers, most inventive, and yes, even the slowest. But bragging rights go to Team 3 (pictured right) who scored the highest points overall.

Getting down to business

The next day, Hugh Culver (www.hughculver.com), a professional facilitator, led the group through a fast-paced and dynamic, interactive learning experience focusing on the many facets of successful leadership practices and personal accountability. CAN’s modus operandi is to provide professional and career development opportunities that will complement what is already offered through the trainees’ institutions or, in some cases, fill in gaps.

Throughout the day, Hugh provided the group with the necessary tools to become successful leaders, effective communicators and better time managers.



Left to right: Arturo Mancini, Juliana Tricta, Chantal Tacchino, Neelam Chahlia, Gergana Ivanova Hristova and Jason Essue

The day ended with some practice sessions on “Facing the Tiger” – a hands-on approach to conflict resolution, team breakdown and difficult conversations. Each participant came away with a 30-day commitment plan containing specific objectives, new habits and changes to be created and/or practiced over the next month. No doubt all the trainees have already completed their homework!

Industry Summer Training Program

One of the event’s enthusiastic participants was **Alex Chun**, a Life Sciences graduate of Queen’s University in Kingston, Ontario, who was selected for CAN’s **Industry Summer Training Program** in 2008 (see Training at www.arthritisnetwork.ca for more information on the program). He took time from his extended, nine-month internship at **GlaxoSmithKline** in Collegeville, Pennsylvania, to attend the event in Montreal. He sums up the experience quite nicely: “It was definitely worth the trip! The training day was both fun and

extremely practical. I will be putting these techniques to good use. Thank you for an amazing session and please keep them coming!”

We definitely will Alex. Thanks for coming out. ■

Between 1999 and March 31, 2009, CAN has awarded over \$8 million to fund Canada’s next generation of arthritis researchers. This amount was made possible through the generosity of **The Arthritis Society** and matching funds from partners.

Funded since 1999
95 Graduate student awards
63 Postdoctoral Fellowship awards
12 Network scholar awards

Over 1,500 additional students have been trained through CAN-funded research projects and arthritis training initiatives.

CAN Trainee in Japan: an eye-opening experience

BY W. DAVID LEE, BASc



INTERNATIONAL
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DE PARTENARIATS
INTERNATIONAUX

*For the second year in a row, the **Japan Society for the Promotion of Science (JSPS)** invited Canadian Arthritis Network (CAN) members to Tokyo (December 2-5, 2008) to participate in an international workshop entitled “Molecular Regulation of Bone and Cartilage Tissues”. Funding for the trip was made possible through CAN’s **International Partnership Initiative**.*

DAVID LEE, a Masters student with the Institute of Biomaterials and Biomedical Engineering at the University of Toronto, was one of three trainees and four investigators who presented at the workshop. He shares his impressions of the experience here.

Back in December 2008, I had the privilege of being invited to the Advanced Bone and Joint Sciences Workshop in Tokyo, Japan, along with several other CAN delegates, including my research supervisor **Dr. Rita Kandel**. Being a Masters student, experience of this type was in short supply: it was both my first time going overseas for an academic event, and my first time doing a podium presentation anywhere outside my lab. Still, the excitement of visiting Japan was enough to overcome the nervousness.

Quickly, however, I realized that every single CAN delegate except me had either a PhD or MD – including the other two trainees in the group. Once I landed in Japan and leafed through the abstracts, I also realized that I’m the only one among almost 30 speakers in the workshop without a PhD or MD after my name: in fact, most of the Japanese scientists there had both.

Sumimasen (“pardon me” in Japanese), but perhaps there must have been a gross mistake. I’ve been a graduate student for a whopping 15 months; how was I supposed to fit in?

My fears, however, were just as quickly assuaged by the kind, encouraging words of the gracious host, **Dr. Masaki Noda**. He assured me that I was not there as a

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David Lee is standing and is the second person from the right.

CAN presentations at the Advanced Bone and Joint Sciences Workshop:

Jane Aubin, University of Toronto, The osteoblast lineage and ENU mutagenesis for new mouse models of human bone disease

Derrick Rancourt, University of Calgary, Loss of discordant cells during micro-mass differentiation of embryonic stem cells into the chondrocyte lineage

Veronica Ulici, University of Western Ontario, Kinase pathways in cartilage development and osteoarthritis

David Lee, University of Toronto, *In vitro* tissue-engineered cartilage from sheep bone marrow stromal cells on a porous calcium polyphosphate substrate

Rita Kandel, University of Toronto, Towards engineering a biological joint replacement

Arthur Sampaio, University of British Columbia, Function of the retinoid signaling pathway in osteogenesis

Caroline Hoemann, École Polytechnique, A novel medical device for articular cartilage repair based on *in situ* scaffold-guided cartilage regeneration

student to be judged, but rather, as a peer and a colleague. I was expected to actively participate in the workshop, be unafraid to ask questions, and discuss science and technology with the rest.

That was the most memorable moment: it set the tone of the remainder of the workshop for me. That I was invited to give my (allegedly successful) first podium presentation was secondary to the fact that this event gave me an opportunity to act as “a peer and a colleague.” This experience offered me a glimpse of what may lie ahead in my career: exploring cutting-edge science, transferring knowledge, making friends and meeting possible collaboration partners.

This workshop was an absolute eye-opener for this wide-eyed, green graduate student. I have a picture from a dinner one evening: I’m still thrilled to see myself there, shoulder-to-shoulder with many of the giants in the field.

It is unfortunate that such an opportunity to participate in an international event is rare for trainees. While it may be possible to have a similar experience without going overseas, participating in an international event has a special significance to it, especially early in one’s academic career. I consider myself very fortunate, and encourage my fellow trainees to have an experience like this.

I’d like to thank Dr. Noda again for his comforting and empowering words. Also, I’d like to thank CAN for making such an experience possible for me. It epitomized what CAN strives to put in motion every day, and I look forward to the future opportunities made possible by the organization’s great work.

Oh, and I forgot to mention that sushi is very tasty in Japan. ■

Representatives of industry interested in partnering with CAN through the International Partnership Initiative are encouraged to call Joanne Wright at 416-586-4800 ext. 4798.

The success of small Canadian research groups proves there is strength in numbers

BY STACEY JOHNSON

Canadian rheumatologists face an uphill battle in serving the nearly 4.5 million Canadians suffering from arthritis. With less than 400 rheumatologists across Canada and only 1.3 per cent of attributed health science research dedicated to arthritis, current resources do not meet demand for both care and research.

BUT IT IS NOT ALL DOOM and gloom in the Canadian arthritis field. Four specialized research groups are making the most of limited resources by harnessing existing expertise in Canada realizing that the whole is more than the sum of its parts. The **Canadian Network for Improved Outcomes in Systemic Lupus Erythematosus (CaNIOS)**, the **Spondyloarthritis Research Consortium of Canada (SPARCC)**, the **Canadian Scleroderma Research Group (CSRG)** and the **Canadian Rheumatology Research Consortium (CRRC)** are thriving organizations that, independently, have recruited arthritis investigators to form mini networks that are improving the lives of arthritis patients through collaborative research. Each organization is led by world-renowned investigators who have partnered with other experts in their field to conduct investigator initiated trials that research methods of treating rheumatic diseases more effectively. On page 7 is a brief summary of the four organizations.

Partnering for success

Other research groups in Canada have adopted a collaborative model, much to their success. **Dr. Vivian Bykerk** (Toronto) has led the **Network of Early Arthritis Researchers (NEAR)** group to successfully follow early RA patients in the Canadian early Arthritis Cohort (CATCH) for the past three years. There are 500 patients in the cohort and almost

one-year’s worth of data to help determine the success of RA treatments and gauge side effects in the real world.

The **Canadian Alliance of Pediatric Rheumatology Investigators (CAPRI)**, chaired by **Dr. Rae Yeung** (Toronto), includes pediatric rheumatologists from across Canada and experts from a variety of other disciplines. CAPRI aims to facilitate collaborative pediatric rheumatology research, facilitate communication of results to the public and build momentum for future research efforts. The group held its first symposium in 2008, in Saskatoon, to share knowledge and determine future directions, all of which were published in a Report on Progress. A second symposium is being planned for June 2009.

In Canada, the old paradigm of researchers working independently in silos is mostly a thing of the past. The new model of collaborative research capitalizes on everyone’s strengths in a mutually beneficial way. As **Dr. Paul Fortin** of CaNIOS explains, “Everyone concentrates on what they do best and the person living with arthritis is the ultimate winner.”

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	What is it?	Why was it formed?	What does the future look like?
CaNIOS	<p>It is led by Dr. Paul Fortin (Toronto) with Drs. Janet Pope (London), Christine Peschken (Winnipeg) and Christian Pineau (Montreal) rounding out the Executive Board.</p> <p>CaNIOS is “a group of Canadian investigators coming together to improve the outcome of lupus patients across our country through collaborative research.”</p> <p>www.canios.ca</p>	<p>CaNIOS was created in 1995 for the express purpose of running a multi-centre, randomized, controlled Study of Methotrexate in Lupus Erythematosus (SMILE).</p> <p>Due to the low prevalence of lupus, a Canada-wide collaboration was necessary to obtain the required sample size to detect clinically important differences between treatment groups.</p>	<p>There has been life for CaNIOS beyond SMILE in the form of two large randomized controlled trials that could not have taken place without CaNIOS. CaNIOS is exploring opportunities to expand its infrastructure to lead 15 investigator-driven projects that are presently being considered by the collective.</p> <p>CaNIOS has a long list of important research questions that it would like to answer for lupus patients and their families, and it believes it can benefit Canadian patients by studying the risks and benefits of new experimental treatments developed in other countries and testing them in a Canadian environment.</p>
SPARCC	<p>It describes itself as a “transdisciplinary national research program with a primary goal designed to improve both the diagnosis and management of Canadians, with Spondyloarthritis (SpA).”</p> <p>Four principal investigators lead the group. They are: Drs. Robert Inman (Toronto), Dafna Gladman (Toronto), Walter Maksymowych (Edmonton) and Proton Rahman (St. John’s, Newfoundland).</p> <p>www.sparcc.ca</p>	<p>SPARCC was funded in 2006 through The Arthritis Society’s first National Research Initiative to improve both the diagnosis and management of psoriatic arthritis and ankylosing spondylitis (SpA). With approximately 1 in 100 Canadians affected by SpA and an average eight years to receive a proper diagnosis, more attention was needed in this area. According to Dr. Inman, before the creation of SPARCC “spondyloarthritis was both under-recognized and understudied in Canada.”</p>	<p>SPARCC is assessing SpA patients from across Canada to develop a better understanding of the genetic basis of expressions of the disease, juvenile aspects of SpA, regional and cultural differences and how it impacts native Canadians.</p> <p>From this data the group will be better able to predict, and therefore manage, treatment programs including drug therapies.</p>
CSRG	<p>The CSRG is “a group of rheumatologists and researchers from across Canada working towards the same goal: [to] better understand Systemic Sclerosis (or scleroderma) in order to better treat the people suffering from it.” The CSRG came together in 2003, under the leadership of Dr. Murray Baron (Montreal), to better serve the needs of scleroderma patients.</p> <p>www.csrg-grcs.com</p>	<p>The disease affects up to 16,000 Canadians.</p> <p>Because it is relatively uncommon, the CSRG was formed to better understand the disease and gauge its full medical and psychological impact on the lives of people affected.</p>	<p>The 17 rheumatologists with the CSRG work closely with experts from other fields.</p> <p>Together they are trying to develop more sensitive classification criteria; create subsets of disease using, among other things, autoantibody profiles; and, develop a disease activity index and a damage index. They also engage in active knowledge transfer and exchange among the scientific and lay communities and the policy makers.</p>
CRRC	<p>The CRRC “facilitates the conduct of rheumatology clinical research in Canada to ensure that arthritis patients have early access to novel and effective treatments.”</p> <p>The CRRC is led by Drs. Edward Keystone (Toronto), Paul Haraoui (Montreal) and Carter Thorne (Newmarket).</p> <p>www.rheumtrials.ca</p>	<p>The CRRC was launched in November 2003 with funding from the Canadian Arthritis Network to provide a bench (provided through CAN) to the bedside (offered by the CRRC) range of expertise and services. The CRRC now boasts 62 rheumatologists based in nine provinces across Canada.</p>	<p>Today, the CRRC is a financially viable organization that is reinvesting its resources and energy to address the many challenges facing clinical researchers in Canada.</p> <p>The CRRC plans to continue to work with its members and stakeholders to optimize the quality and capacity of rheumatology research.</p>

Honours and awards

Congratulations to the following CAN members:



Dr. Claire Bombardier, Co-Scientific Director of CAN, was honoured with the Distinguished Investigator Award by the Canadian Rheumatology Association (CRA) at its annual meeting in Kananaskis, Alberta, this past February. The CRA bestows this award upon a rheumatologist who has made a significant contribution to rheumatic disease research in Canada. Dr. Bombardier has been intricately involved in the leadership and collaboration of several international initiatives for literature synthesis and guideline development in the diagnosis and treatment of musculoskeletal conditions. Her current research program includes leadership of the Ontario Biologics Research Initiative, which is a collaboration representing patients, healthcare providers, researchers, government and industry stakeholders, and is one of the most comprehensive post-marketing initiatives for biologic drugs worldwide. She also holds a Canada Research Chair in Knowledge Transfer for Musculoskeletal Care.



Dr. Peter Tugwell, a CAN Investigator, was recently touted as Canada's Health Researcher of the Year and honoured with the Canadian Institutes of Health Research's (CIHR) Michael Smith Prize. The award is given annually to a world-class researcher for innovation, creativity and dedication, and is accompanied by funding for research that has been deemed critical by a CIHR selection panel. Dr. Tugwell's research evaluates the usefulness of interventions (such as hip replacements) for disadvantaged groups. He is working on health equity and ensuring that all segments of society benefit from the same healthcare and support. Dr. Tugwell wears many hats and in addition to his senior scientist role at the Ottawa Health Research Institute and principal scientist role at the University of Ottawa's Institute of Population Health, he holds a Canada Research Chair in Health Equity through the University of Ottawa and he runs a rheumatology practice as well. ■



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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CAN's Consumer shuffle

The Canadian Arthritis Network (CAN) is pleased to inform you that **Linda Wilhelm** and **Delia Cooper** are leading CAN's Consumer Advisory Council (CAC). They have taken the reigns from CAC Emeritus members **Anne Fouillard**, **Diane Gerhard** and **Marg Elliott**. Ms. Wilhelm, who was diagnosed with rheumatoid arthritis over 20 years ago, resides in New Brunswick and is heavily

involved with the Steering Committee of the Canadian Arthritis Patient Alliance (CAPA) and is on the operations committee for the Best Medicines Coalition. She is on the Board of Directors for the Region 2 Health Authority in New Brunswick and often participates in Health Canada advisory panels. At 12, Ms. Cooper was diagnosed with rheumatoid arthritis and since then has devoted

her time and expertise to the arthritis cause. She hails from British Columbia and has become involved with **The Arthritis Society's** Chronic Disease Management Program and she is president of Hang Tough, The Arthritis Society's Coquitlam Arthritis Community Group. Ms. Cooper is also on the Juvenile Idiopathic Arthritis steering committee for CAPA. ■