



**Canadian Arthritis Network
International Partnership Initiative**

**International Research & Training Program
LABORATORY/CLINIC PROFILE**

Contact information of the principal investigator

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Please indicate if you are member or affiliate of one or more of the following International Partnership Initiative organizations:

- AO Foundation – Biotechnology Advisory Board, Switzerland
- Arthritis Foundation, USA
- Arthritis Research Campaign, UK
- Canadian Arthritis Network, Canada
- Japan Society for the Promotion of Science, Japan
- Nuffield Foundation Oliver Bird Rheumatism Program, UK

International Research & Training Program Opportunity

Please indicate which of the following international opportunities would be available at your laboratory/clinic.

- Training Elective Rotation
- Research Mini-sabbatical
- Industry Training Rotation



The International Research & Training Program will be available for trainee elective rotations and investigator mini-sabbaticals that commence on or before March 31, 2009. If you have any preferences regarding the dates when you can host an international trainee or investigator, please indicate this below.

Visit Length (please indicate start and end dates if known):	n/a
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Please provide ten key words and a brief description of the research currently being conducted in your laboratory/clinic, including descriptions of any specialized equipment, methods or technologies employed at your facility.

10 key words

1. Epidemiology
2. Rheumatology
3. Clinical research
4. Systemic lupus erythematosus
5. antiphospholipid syndrome
6. osteoarthritis
7. quality of life
8. randomized controlled trial
9. responsiveness methods
10. Systemic Autoimmune Rheumatic Diseases

Brief description (up to ½ page)

Clinical Activities:

Clinic activities take place in the Centre for Prognosis studies in rheumatology. We conduct interdisciplinary clinics consisting of one half day per month of renal lupus clinic and one half day per month of an antiphospholipid antibody clinic. There is cross appointment with the Hospital for Sick Children and a transition clinic is conducted twice per year on average.

Research Activities:

Development of the program on thrombosis in lupus and on the antiphospholipid syndrome. CaNIOS is the only site in Canada that is part of the Lupus Clinical Trials consortium (LCTC). The **Genetic and Environmental Factors in SLE (GenES)** study, funded by CIHR, has reached its recruitment goal and is in its fifth and final year of funding. The goal of our research program is to identify genes, environmental factors, and gene-environment interactions that influence the risk of systemic lupus erythematosus (SLE). To this end, we propose to collect and carefully phenotype a large set of SLE cases, together with patients, siblings, and random controls. **The Health Improvement and Prevention Program (HIPP)** was renewed for a further 4 years of funding by CIHR/RCT and will add a new site. This goal of this randomized control study is to demonstrate that the HIPP will improve health status, decrease cardiovascular risk and improve endothelial function in persons with SLE. **The Role of Thrombophilic Factors in Persons with Systemic Lupus Erythematosus (ThromboFIL)** study is in its 4th and final year of funding. The goal of the ThromboFIL study is to establish a longitudinal multiethnic Canadian cohort of systemic lupus erythematosus (SLE or lupus) patients, to characterize ethnic differences in clinical manifestations and disease outcome, identify socioeconomic, cultural, and environmental factors influencing the course and outcome of lupus in different ethnic groups, and to determine the prognostic value of anti-Smith (anti-Sm) antibody in these patients. We will place particular emphasis on Asian Canadians and First Nations Canadians, as these population groups are both growing rapidly, have genetic links, are more frequently anti-Sm positive, and are generally thought to have more severe lupus. The **Lupus Nephritis – New Emerging Team** Study is the newest study to be funded. In order to better understand what distinguishes patients with poor renal outcomes, our goal for this study is to create a national collaborative platform that will unite basic and clinical lupus researchers with expertise in kidney diseases and methodologists. This nation-wide network of experts will pool their unique expertise towards the discovery and definition of the mechanisms that lead to disease expression and damage in lupus nephritis (LN).

Key publications (maximum 5 publications)

1. Tisseverasinghe A, Lim S, Greenwood C, Urowitz M, Gladman D, **Fortin PR**. Association between serum total cholesterol and renal outcome in systemic lupus erythematosus. Arthritis and Rheumatism 2006;54(7): 2211-2219 (PA).
2. Chang ER, Pineau CA, Bernatsky S, Neville C, Clarke AE, **Fortin PR**. The risk of incident arterial or venous thromboembolic events varies over the course of systemic lupus erythematosus. Journal of Rheumatology 2006;33:1780-1784 (SA)
3. The American College of Rheumatology response criteria for proliferative and membranous renal disease in systemic lupus erythematosus clinical trials. Arthritis Rheumatism. 2006;54(2):421-32. (coll)
4. Neville C, Rauch J, Kassis J, Solymoss S, Joseph L, Belisle P, Chang E, **Fortin PR**. The persistence of anticardiolipin antibodies is associated with the presence of lupus anticoagulant and anti β 2-glycoprotein I antibodies. Rheumatology, 2006;54(9):1116-1120.(SR)
5. Liang MH, **Fortin PR**, Schneider M, Abrahamowicz M, Alarcon GS, Bombardieri S, Crofford L, Balow J, Benito-Garcia E, Bischoff H, Buyon J, Chehab G, dePablo P, Esdaile JM, Fischer R, Gladman D, Gordon C, Illei G, Isenberg D, Iking-Konert C, Johnson K, Khamashta M, Koike T, Lockshin M, Manzi S, McCurie J, Meyrier A, Mikdashi J, Moore A, Mosca M, Petri M, Phillips C, Roberts Jr. N, Schur P, Seigel J, Smolen J, St. Clair W, Strand V, Costenbader K, Fickh. The American College of Rheumatology response criteria for systemic lupus erythematosus clinical trial for measures of overall disease activity. Arthritis and Rheumatism 2004;50:3418-3426.(Co-PA)