## **National Update 2014**

## By Shahin Jamal, BScPT, MD, FRCPC, MSc

imilarly to 2013, the 2014 National Update focused on clinical practice guidelines across a variety of disease spectrums including systemic lupus erythematosus (SLE), vasculitis, spondyloarthropathies (SpA), and systemic onset juvenile idiopathic arthritis (sJIA) (Still's disease). In addition, we had a presentation on the Advanced Clinical Practitioner in Arthritis Care (ACPAC) Program.

The session began with Dr. Stephanie Keeling of the University of Alberta, who gave us an overview of the Canadian Recommendations for the Management of SLE. As one can imagine, the creation of recommendations for disease management for SLE has been very challenging and complex. The group has engaged "lupologists" from across Canada and the world, along with guideline methodologists and other specialists who manage lupus (e.g., nephrologists). The team is currently working on the first part of the recommendations, which will focus on diagnosis and monitoring of SLE. Systematic literature reviews are underway to address eight questions identified from a CRA survey of practice patterns in lupus across Canada. They hope to have the results of the first part of the recommendations completed for the CRA Annual Scientific Meeting (ASM) in 2015. Once these are complete, work will begin on recommendations regarding SLE therapeutics.

Our second speaker was Dr. Christian Pagnoux from the University of Toronto. He gave a very entertaining presentation on Canadian Recommendations for the Management of Anti-neutrophil Cytoplasmic Antibody (ANCA)-positive Vasculitis. Throughout his presentation, Dr. Pagnoux highlighted many of the challenges involved with guideline development, including difficulty competing for Canadian Institutes of Health Research (CIHR) funding, difficulty recruiting research fellows with interest in guideline development, and difficulty publishing manuscripts limited to Canadian data. The members of the Canadian Vasculitis Network (CanVasc) have reviewed the first

draft of recommendations; they are working on the second draft, which will be distributed to other specialist societies and patient groups for review in the coming months. The completed publication will hopefully be available in the fourth quarter of 2014.

Dr. Sherry Rohekar then presented on the updated CRA/Spondyloarthritis Research Consortium of Canada (SPARCC) Treatment Recommendations for the Management of SpA. These are divided into seven themes including general management of SpA, wait times and triage, diagnosis, disease monitoring, nonpharmacologic therapy, pharmacologic therapy, and surgery. Pharmacologic therapy is further divided into nonsteroidal anti-inflammatory drugs (NSAIDs), corticosteroids, antibiotics, disease-modifying antirheumatic drugs (DMARDs), tumor necrosis factor (TNF) inhibitors, and non-TNF-inhibitor biologics. The recommendations are nearing completion and should be available for publication in the coming months.

Dr. Katie Lundon from the University of Toronto gave an informative presentation on the Advanced Clinician Practitioner in Arthritis Care (ACPAC) Program. ACPAC is an interprofessional academic and clinical training program in advanced musculoskeletal/arthritis care for allied health professionals (e.g., occupational therapists, physical therapists, and nurses). It is hosted at St. Michael's Hospital in collaboration with the Hospital for Sick Children and offered through the Department of Continuing Development and Professional Development, Faculty of Medicine at the University of Toronto. The program focuses on the assessment, diagnosis, triage, and independent management of musculoskeletal- and arthritis-related disorders by allied health professionals. The program began in 2005 and has trained close to 40 graduates to date. The majority of graduates are working in arthritis care in a variety of settings in Ontario. The program has been recognized nationally and internationally and has had a positive impact on

## JOINT COMMUNIQUÉ

the care of and satisfaction expressed by patients with arthritis, both directly and indirectly. Moving forward, there is interest in expanding this program to the national level.

The National Update ended with Dr. Earl Silverman, a pediatric rheumatologist from the University of Toronto. He presented a commentary on novel therapies for the management of sJIA, particularly focusing on tocilizumab (IL-6 inhibitor) and canakinumab (IL-1 inhibitor). Randomized controlled trials for both agents in sJIA showing efficacy over placebo were published in the New England Journal of Medicine in December 2012; long-term safety data is needed. These therapeutic agents are very expensive and the cost of therapy may be a major barrier to access.

This year's National Update was another success. I am sure others share my pride in the depth and quality of work being produced by our Canadian rheumatology colleagues.

Shahin Jamal, BScPT, MD, FRCPC, MSc Rheumatologist, Vancouver General Hospital Vancouver, British Columbia