

# CRA S C R

The Journal of the Canadian Rheumatology Association

## *Focus on:* CRA Committees & Regional Association Reports

### *Editorial*

Reflections on Ethical  
Medical Research

### *What is the CRA Doing For You?*

Mentoring Future Leaders  
in Rheumatology

### *News from CIORA*

CIORA Clinician Investigator  
Awardee: Summary of My  
Funded Work on SLE

### *Regional News*

Snippets and Snapshots  
from Ontario

### *Awards, Appointments, and Accolades*

Dr. Debbie Feldman and  
Danielle Rice

### *Joint Count*

CRA Survey Results:  
CIORA

### *Northern (High)lights*

Summary from the First Annual  
Cardio-Rheumatology Scientific Day  
at Women's College Hospital

The Dunlop-Dottridge Lectureship:  
A Heritage of Excellence

ACR 2018 Report

Top Six Things Rheumatologists  
Should (And Might Not) Know About  
Pregnancy and Rheumatic Diseases

### *Joint Communiqué*

News from the ASM Program Committee –  
Building Bridges to 2019 and Beyond in Montreal!

Update from the Abstract Committee

Update from the Communications Committee

News from the Education Committee

Quality Care Committee Update

Report from the CRA Human Resources Committee

Update from the Pediatric Committee

B.C. Society of Rheumatologists (BCSR)  
– Update from the Pacific

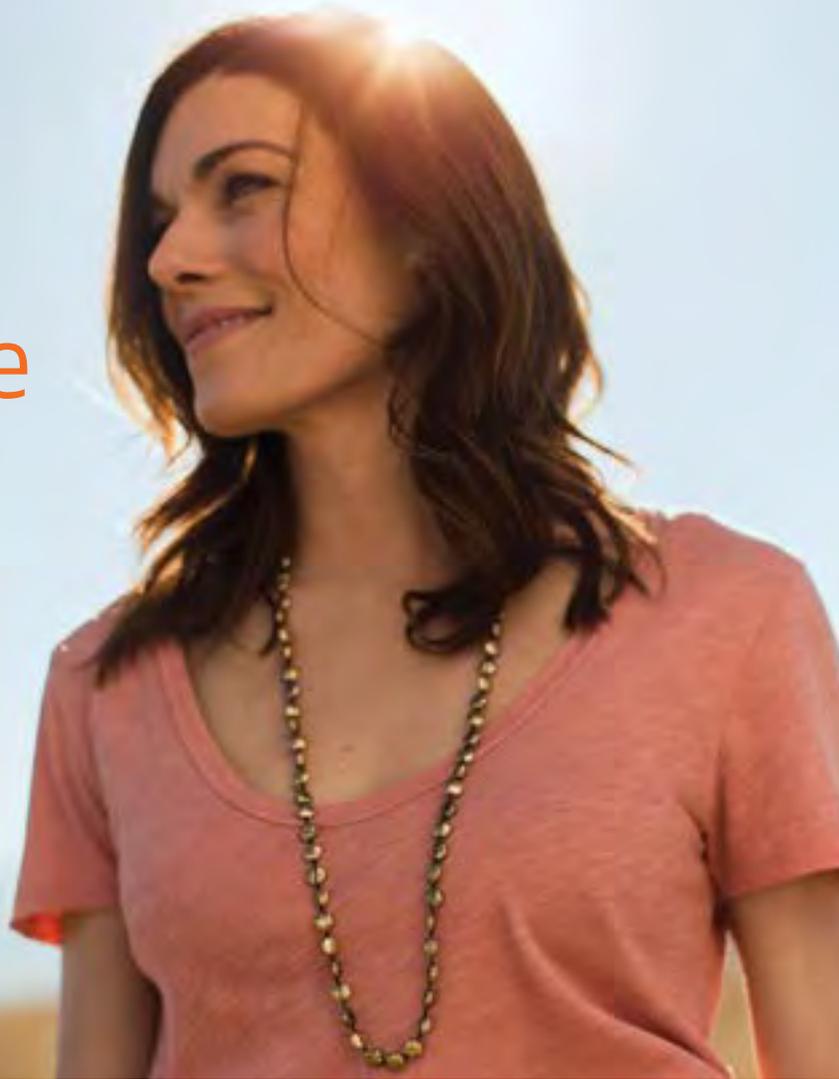
Update from the AMRQ, SOAR & the ORA

Update from the CRA Residents'  
Pre-course Committee

Arthritis Alliance of Canada: Osteoarthritis (OA)  
Information Tool for Patients

Therapeutics Committee 2018 Update

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Reference: 1. Olumiant<sup>®</sup> (baricitinib) Product Monograph, Eli Lilly Canada Inc., August 14, 2018.

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# Reflections on Ethical Medical Research

By Philip A. Baer, MDCM, FRCPC, FACP

I started thinking about this topic recently when two seemingly unrelated events occurred in close proximity: the closure of the only clinical research trial in which I was still actively participating, and my wife and I choosing to see a recently released documentary called “Three Identical Strangers.”

For twenty-five years, I was a principal investigator in a variety of Phase 2, 3 and 4 trials and registries. NSAID and COXIB trials were common initially, including SUCCESS-1 (celecoxib vs. naproxen), MORE (meloxicam vs. placebo), a trial of enteric-coated vs. plain naproxen, VIGOR (rofecoxib vs. naproxen), and the pivotal Phase 3 trials for a Canadian-developed topical NSAID, diclofenac in DMSO (Pennsaid). VIGOR provoked anxiety as it was an adverse-event driven trial, which would end when a certain number of patients had experienced upper GI bleeds. One of my twelve VIGOR patients had a fortunately mild bleed event while on naproxen, which fit with the study hypothesis that rofecoxib would be safer. Unfortunately, cardio-vascular events tilted in the other direction, starting the cascade of events which would lead to the withdrawal of rofecoxib and other COX-2 inhibitors and multiple lawsuits. Prominent Canadian rheumatology researchers were ensnared in the resulting publicity, including Dr. Claire Bombardier, VIGOR’s lead author. I was a tiny minnow and escaped any attention.

Later, I participated in a variety of trials in rheumatoid arthritis (RA) for agents which failed, as well as early trials of a biologic known then as D2E7, now more familiar to the world as adalimumab. For 15 years, I was an investigator in the Canadian BioTRAC registry following patients with RA, ankylosing spondylitis (AS) and psoriatic arthritis (PsA) on either infliximab, golimumab or ustekinumab. This trial survived through 2 corporate mergers, ultimately enrolling 3,000 Canadian patients and generating multiple poster presentations and 1 ACR podium presentation for me personally, before closing in mid-2018.

Over time, trial participation has become more onerous on patients and investigators, in my opinion. The availability of proven agents in many rheumatic diseases make placebo-controlled trials difficult to justify in the Canadian setting. Consent forms are longer and harder to fully comprehend, adverse event documentation is more exacting, research ethics boards demand greater information, and

“Only one rule in medical ethics need concern you - that action on your part which best conserves the interests of your patient.”

— Dr. Martin H. Fischer

the requirement for record retention has increased to 25 years. That is a long time to contemplate for someone in mid-career or later, as I find myself now. I don’t think I will initiate any new trials at my site going forward.

Why are research requirements so exacting? One has only to look at the historical record of human experimentation to see why so much protection is needed for human research subjects. We recall easily the horrors of Nazi medical experiments, leading to the Nuremberg Code (1947), the Declaration of Geneva (1948) and the more familiar Declaration of Helsinki (1964, last amended in 2013). However, despite these statutes, failures to protect human subjects have occurred more recently, even in countries such as Canada and the United States.

Google “Tuskegee Syphilis Study” for a particularly heinous example. Started in 1932 by the US Public Health Service, poor African-American men in Alabama were offered free medical care in a study designed to determine the natural history of untreated syphilis. The patients were not apprised of their diagnosis. Even after penicillin was known to be an effective treatment, it was not provided. The study carried on until 1972, when a whistleblower came forward and the study ended. The study toll included numerous men who died of syphilis, forty wives who contracted the disease, and 19 children born with congenital syphilis. This study led to the establishment in the US of the Office for Human Research Protections (OHRP) to oversee clinical trials. Familiar study requirements became mandatory, including informed consent, communication of diagnosis, and accurate reporting of test results, as well as institutional review boards (IRBs) including laypeople, which were mandated to review study protocols and protect patient interests, ensuring that study patients are adequately informed.

Closer to home, I remember my psychiatry rotation as a medical student at the Allan Memorial Institute at McGill. The institute was located in Ravenscrag, the former hilltop mansion of Sir Hugh Allan, a Canadian railroad and shipping baron of the 1800s. While we found the place a bit eerie, we did not know at the time that patients hospitalized there in the 1950s and 1960s had been unknowing participants in experiments conducted as part of the CIA’s MK Ultra project. This was directed at the Allan by Dr. Donald

*Continued on page 6*

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### Dr. Debbie Feldman – 2018 ARHP Distinguished Scholar

Dr. Feldman began her career as a pediatric physical therapist and subsequently earned a PhD in epidemiology. She conducts health services research in musculoskeletal disease and arthritis, investigating access to care in rehabilitation and optimal ways of prioritizing care for patients with chronic musculoskeletal problems and arthritis. Her contributions to rheumatology encompass pediatric rheumatology and musculoskeletal problems, adult inflammatory arthritis, chronic pain/low back pain/osteoarthritis, organization of care, ethical and clinical issues in rehabilitation and knowledge translation and advocacy. She has more than 160 peer-reviewed manuscripts, 220 peer-reviewed abstracts and has held numerous grants. She has been a member of The Association of Rheumatology Health Professionals (ARHP) for more than 10 years, is a current member of the research committee of the Arthritis Alliance of Canada (AAC) and served as a member of the advisory board of the Institute of Musculoskeletal Health and Arthritis (IMHA) of the Canadian Institutes of Health Research (2009-2016). She continues to co-chair the Research Ambassador Knowledge Translation Committee for IMHA. Dr. Feldman teaches physical therapy students and has also mentored more than 60 graduate students and trainees, many of whom have contributed to rheumatology research and some of whom have gone on to faculty positions at various universities.



### Danielle Rice (PhD candidate) – ARHP Outstanding Student in Rheumatology Award

The Association of Rheumatology Health Professionals (ARHP) presents the Outstanding Student Award annually to recognize students advancing rheumatology through education, practice, research and/or advocacy. The 2018 award recipient was Ms. Danielle Rice, PhD Candidate in Clinical Psychology at McGill University. Danielle's doctoral research focuses on understanding the experience of informal caregivers to persons with systemic sclerosis (SSc, scleroderma), in order to develop support services to lessen the burden associated with caregiving. Danielle's research is supported by the Scleroderma Patient-centred Intervention Network (SPIN) and is guided by a caregiver advisory committee.

## WELCOME TO THE RHEUM

### Welcome to the following new members:

Jason An, Hamilton, ON

Michael Arnold, Calgary, AB

Tessa Campbell, Calgary, AB

Julie D'Aoust, Montreal, QC

William Fung, Toronto, ON

Ambika Gupta, Edmonton, AB

Simran Jassar, Saskatoon, SK

Zhuan (Joanne) Jiang, London, ON

Britney Jones, Edmonton, AB

Dylan Kelly, North York, ON

Ramy Khalil, Kingston, ON

Ambreen Khan, Saskatoon, SK

Raphael Kraus, Toronto, ON

Piya Lahiry, Toronto, ON

Christina Ly, Montreal, QC

Kate Neufeld, Toronto, ON

Kristen Noges, Ottawa, ON

Richard Onizuka, Hamilton, ON

Larissa Petriw, London, ON

Nadejda Vidrascu-Niculiseanu, Quebec, QC

Stuart Wiber, Calgary, AB

# Mentoring Future Leaders in Rheumatology

Over the past nine years, the CRA has nurtured its mentorship program, designed for early career stage rheumatologists who are likely to become leaders in research, education, and/or advocacy in Canada. Dubbed FLIRT, short for Future Leaders in RheumaTology, this program operates in two-year cycles, comprised of various initiatives identified directly with its participants, and in collaboration with Canadian mentors as well as expert advisors. The program teaches its participants valuable leadership skills including peer reviewing, mentor-mentee training, coaching, communication and presentation styles, among other skills. Another focus of FLIRT is important skill-building initiatives such as time management, career progression, interpersonal relations, setting expectations and the importance of managing a practical work-life balance.

FLIRT has involved participants from across the country in both adult and pediatric rheumatology, both those involved in community practice and in academia. Participants include basic scientists, clinical researchers, teachers and those with other roles at their institutions or within their communities. All nomination submissions are peer-reviewed and are accepted to participate in the program based on their CV, letter of intent and reference letter. These groups of participants, including those among



the many cycles of graduates, are varied in age and interest with a variety of career pathways. As a result, the program creates outstanding discussion and networking opportunities, which also serve to strengthen the bonds within the rheumatology community. FLIRT participants ultimately represent the future of rheumatology within Canada.

As the program approaches its tenth year of operation, several past graduates have moved on to leadership positions at their institutions and various other establishments, including within the CRA. The current program cycle runs until spring 2020, at which point another call for applications will go out to members of the CRA. If you would like to learn more about the Future Leaders in RheumaTology mentorship program, please visit the Canadian Rheumatology Association's website at [rheum.ca/flirt-mentorship-program/](http://rheum.ca/flirt-mentorship-program/).

## Editorial (Continued from page 3)

Ewen Cameron, a prominent psychiatrist and one-time president of both the Canadian and American Psychiatric Associations. Subjects received LSD, high-intensity electroconvulsive therapy and "psychic driving" treatment, often while in drug-induced comas. The MK Ultra project did not end until 1973. Some Canadian victims received compensation in 1992, but many did not.

Which brings me full circle to the movie "Three Identical Strangers." As a father of twins, I have always been interested in stories about twins, triplets and higher-order multiple births. Without spoiling the movie, which I highly recommend, the story revolves around identical triplets, adopted out to 3 different families in New York state in 1961, and unaware of the

existence of their siblings until chance intervened in 1980. At that point, they experienced their 15 minutes of fame, but the future featured tragedy, as well as the discovery that their adoption had been part of a scientific study gone rogue, akin in its own way to the studies I outlined above.

Next time you wonder why enrolment of patients in clinical trials has become much more rigorous, the answer lies in the failings of scientific researchers not very far removed from the present.

*Philip A. Baer, MDCM, FRCPC, FACP  
Editor-in-chief, CRAJ  
Scarborough, Ontario*

# CIORA Clinician Investigator Awardee: Summary of My Funded Work on SLE

By Zahi Touma, MD, PhD, FACP, FACR

I am a rheumatologist and clinical epidemiologist and my research is focused on patients with systemic lupus erythematosus (SLE) using measurement science, with a particular interest in the assessment of disease activity, patient-reported outcomes and cognitive function. I joined the Faculty of the University of Toronto, Division of Rheumatology as Assistant Professor in March of 2014 and hold School of Graduate Studies appointments. I have been successful in developing a research program which encompasses a multi-disciplinary team of rheumatologists, neuropsychologists, psychometrists, psychiatrists, an occupational therapist, experts on clinical measurement, a neurologist, patient-research partners, a lupus nurse, and a neuroimaging expert.

Patients with SLE often complain of cognitive problems (attention/vigilance, visuospatial span of attention/working memory and simple reaction time). Cognitive impairment (CI) is one of the most common manifestations of neuropsychiatric lupus, with a prevalence of 38%. Currently, the diagnosis of CI is delayed and its monitoring is not well developed. In 2015 my team and I embarked on a research project aiming to improve the assessment of CI in SLE. This project focuses on the assessment of CI based on a neurocognitive battery, an automated computerized test, along with patient self-report questionnaires for evaluating CI. This project will identify the best screening, diagnostic and monitoring metrics for CI and study the effects of CI on patients' participation in social roles. It will also highlight patients' quality of life and productivity as it relates to CI, and examines the role of anxiety and depression in SLE and CI. More importantly, this project will study the trajectories of worsening and/or improvement of CI in SLE. This will lead to a better understanding of CI in SLE patients and



potentially enable early intervention/therapy to prevent the accrual of long-term damage and disability. Currently, we have assessed over 250 patients.

I am privileged to be the recipient of the CRA-CIORA-Arthritis Society Clinician Investigator award. This award will allow me to continue to develop my program in CI in SLE. Specifically, our team is very interested in determining the utility of a multimodal brain imaging (structural and functional) approach to phenotype CI in lupus patients. It is only with the support of programs like the CRA-CIORA-Arthritis Clinician Investigator Award that early investigators such as myself can grow and develop their research programs, and ultimately have an impact on the quality of life of Canadians suffering from rheumatic diseases.

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## News from the ASM Program Committee

By Tom Appleton, MD, PhD, FRCPC

# Building Bridges to 2019 and Beyond in Montreal!

Rheumatology is all about “Building Bridges.” Few specialties are more active in forging relationships among patients, professional care providers, the public, government and policy-makers, advocacy groups, research initiatives, education leaders, among others. Only a few blocks from the Jacques Cartier Bridge in Montreal, we come together again at the Fairmont - Queen Elizabeth hotel for the 2019 Annual Scientific Meeting (ASM) of the Canadian Rheumatology Association (CRA) on February 27-March 2, 2019. Canadian and international colleagues in rheumatology will be treated to an exciting and interactive opportunity to engage with new science and emerging themes in rheumatology in the wide-open, newly renovated QE hotel.

Several exciting accomplishments have been propelled by the Scientific Committee this year, including development of an advanced curriculum for the Indigenous Health Initiative (IHI). Co-chairs Dr. Cheryl Barnabe and Dr. Lindsey Crowshoe have tirelessly built bridges toward a better future through this program. The IHI will feature a “train-the-trainer” workshop during the pre-meeting agenda on February 27. Dr. Ron Laxer led an initiative to establish a partnership with the *Journal of Rheumatology* to ensconce the proceedings of the Dunlop-Dottridge Lecture. The lecture is an auspicious distinction bestowed on career rheumatologists who have advanced the field.

The 2019 ASM will also feature a new “State of the Art” Workshops track with exceptional content provided daily, developed by world leaders on practical clinical topics for immediate applicability to clinical practice. Another new session will spotlight the success of the CIORA granting program, a long-running, national initiative supported by the CRA and its partners. Trainees can expect another fantastic opportunity to learn from the best during the Resident’s Review Course and will provide top-line learning points for attendees during the Mysterious Cases and Clinical Pearls session, which has become a perennial highlight of the ASM!

The Scientific Committee is very pleased to present an outstanding meeting and world-renowned speakers at this year’s ASM. The 2019 ASM will feature three keynote addresses by internationally recognized figures including the *Globe and Mail’s* André Picard who will kick off the ASM on February 27. Myopathy expert and neuromuscular specialist Dr. Mark Roberts from Manchester, U.K., will link rheumatology and neuromuscular medicine. And the CRA’s own Dr. Gilles Boire from Sherbrooke, QC, will give the 2019 Dunlop-Dottridge Lecture.

Registration opens soon! Old friends, new connections, important causes, Canadian content, and world-class opportunities in rheumatology await. Together, we can bridge any gap.

I look forward to seeing you in Montreal. *Bienvenue!*

*Tom Appleton, MD, PhD, FRCPC  
Chair, CRA Scientific Committee,  
Assistant Professor of Medicine and Rheumatology,  
The University of Western Ontario  
London, Canada*



André Picard



Dr. Mark Roberts



Dr. Gilles Boire

# Update from the Abstract Selection Committee

By Vinod Chandran, MBBS, MD, DM, PhD

The CRA abstract selection committee, stupendously aided by Virginia Hopkins, is in the thick of reviewing and selecting abstracts for posters and oral presentations. We have more than 250 abstracts submitted this year on topics ranging from basic to clinical and translational medicine, as well as education, quality improvement and health services research, submitted by students, residents, graduate trainees, academic and community rheumatologists and allied health professionals.

Our revitalized panel of reviewers have the satisfying and enviable task of scoring the abstracts, each abstract being scored by three reviewers. Their commitment to highlighting the best of rheumatology in Canada is deeply appreciated.

There will be two interactive poster sessions where attendees will be able to discuss posters with the presenters and be judged. There will also be two podium sessions, during which the top-ranked abstracts will be presented and judged. This year eleven awards are up for grabs, including:

- Best Abstract on Quality Care Initiatives in Rheumatology
- Best Abstract on Research by Young Faculty
- Best Abstract on Pediatric Research by Young Faculty
- Best Abstract on Basic Science Research by a Trainee

- Best Abstract on Clinical or Epidemiology Research by a Trainee – Phil Rosen Award
- Best Abstract on SLE Research by a Trainee – Ian Watson Award
- Best Abstract by a Medical Student
- Best Abstract by a Rheumatology Resident
- Best Abstract by an Undergraduate Student
- Best Abstract by a Post-Graduate Research Trainee
- Best Abstract by a Rheumatology Post-Graduate Research Trainee

We look forward to seeing you all in Montreal!

*Vinod Chandran MBBS, MD, DM, PhD  
Chair, CRA Abstract Committee,  
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Division of Rheumatology, University of Toronto  
Affiliate Scientist, Krembil Research Institute,  
University Health Network, Toronto, Ontario  
Adjunct Professor, Memorial University of Newfoundland,  
St. John's, Newfoundland*

# Update from the Communications Committee

By Dax G. Rumsey, MD, FRCP(C)

Hello to all you out there in CRA Land! The CRA Communications Committee has an exciting year ahead for 2019! Our mandate is to facilitate optimal and fluid communications between the CRA and its members, amongst members, and between the CRA and various stakeholders, including industry, allied health professionals, patients and families, and the general public.

Exciting news for this coming year is that we have a new dedicated Marketing and Communications Co-ordinator, Kevin Bajjnauth! Kevin will work closely with our committee to help us more effectively co-ordinate and deliver the communications plan for the CRA!

In line with the 2019 CRA Board's priorities for our committee, some of our goals for 2019 include:

1. Improve the CRA's Social Media Presence (i.e. through Twitter, Facebook, and other social media platforms).
2. Develop CRA-endorsed podcasts with content of interest to our members.

3. Complete our CRA History project!
4. Identify CRA members from each region of Canada (West, Central, East) to respond to media requests (and offer training).
5. Support Effective Communication/Collaboration Amongst Community Rheumatologists!
6. Continue the Who's In The Rheum? Column and establish Accounting and Board of Directors Columns in the CRA Newsletter!

We are a small but vibrant and engaged committee and invite others to join the fun!

*Dax G. Rumsey, MD, FRCP(C)  
Chair, CRA Communications Committee  
Pediatric Rheumatologist and Assistant Professor  
Stollery Children's Hospital and University of Alberta  
Edmonton, Alberta*

# News from the Education Committee

By Raheem B. Kherani, BSc (Pharm), MD, FRCPC, MHPE

The education committee has undergone renewal with the development of four key subcommittees to help better represent one of the CRA's key pillars – education (with care and research). This includes Continuing Professional Development (CPD), postgraduate medical education and undergraduate medical education along with the Canadian Rheumatology Education and Learning program (CanREAL) to help foster scholarly work in rheumatology education. These four arms are led by subcommittee co-chairs (Drs. Gregory Choy, Christopher Penney, Marie Clements-Baker, Michelle Jung, Lori Albert, Robert Ferrari, Mercedes Chan, and Sue Humphrey-Murto). They have all committed to this change in structure to help serve the needs of our association. Of course, this has all been enhanced by our excellent CRA staff.

Continuing to help support and collaborate with the Annual Scientific Meeting Committee in fostering high-calibre, peer-assessed education for our membership has been a priority. Self-accrediting this important member activity enables and encourages us all to maintain this high standard. In addition to a focus on CPD, there has been additional CanREAL input, with their scholarly medical education expertise.

Undergraduate medical education has been looking at the feasibility and potential development of a national rheumatology curriculum and/or learning objectives. The first steps are to collaborate with members across the country to evaluate this, and then assess the feasibility of moving forward.



CRA Education Committee discussions with the CRA CEO, Dr. Ahmad Zbib.



RCPSC Specialty Committee in Rheumatology members with the CRA CEO, Dr. Ahmad Zbib.

Postgraduate medical education has members engaged with spreading the word about Competence By Design (CBD), the Royal College implementation of competency-based medical education. This will be upon us – nationwide – in July 2019! Schools across the country are gearing up to assist community-based and university-based faculty to learn about this. Postgraduate medical education also hopes to ensure that members of our association are versed in this.

With the January 31, 2019, Royal College Maintenance of Certification deadline looming, I encourage members to revisit the series previously published in the *CRAJ*, “CPD for the Busy Rheumatologist” in the Summer 2017, Fall 2017 and Spring 2018 issues (available at [craj.ca](http://craj.ca)), for tips on how to complete the requirements for your certification cycle.

*Raheem B. Kherani, BSc (Pharm), MD, FRCPC, MHPE  
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# Quality Care Committee Update

By Cheryl Barnabe, MD, FRCPC, MSc

The Quality Care Committee (which was previously known as the Optimal Care committee and was renamed this year) is responsible for issues in the field of optimal care for rheumatologic diseases relevant to Canadian practice in alignment with the Canadian Rheumatology Association (CRA) Strategic Priorities. These issues are conceptualized in four separate domains: equity, quality, access, and resource stewardship.

**Equity:** The major activity was the CRA Indigenous Health Initiative, led by the Quality Care Committee in collaboration with the Education and Annual Scientific Meeting Committee Chairs and an academic family physician. The purpose was to ensure a national distribution of interactive and in-depth educational opportunities in Indigenous Health for CRA members, based on an evidence-based continuing medical education program. Our first cohort of rheumatologists completed their training in September 2018, and the formal evaluation of program outcomes will be presented during the 2019 Annual Scientific Meeting.

**Quality:** The Quality Care Committee has participated in previous work to develop system-level quality care indicators, and the selection of data items in a core dataset to determine provider-patient quality care indicators. This year we supported work led by Dr. Claire Barber in the development of a balanced scorecard, which will provide feedback on performance of these indicators. The inaugural award to recognize an outstanding project in Quality Care Initiatives was awarded during the 2018 Annual Scientific Meeting in Vancouver.

**Access:** The Quality Care Committee Chair and several committee members participate in the Arthritis Alliance of Canada Models of Care Working Group. Funding was pro-

vided to the Arthritis Alliance of Canada to support the development of a business case for innovative models of care. Dr. Rachel Shupak and Dr. Katie Lundon are completing their analysis of the Stand Up and Be Counted 2 Survey, to capture allied health resources in rheumatology across Canada.

**Resource Stewardship:** The Choosing Wisely subcommittee participates in national Choosing Wisely events, identifies opportunities for practice audits and Choosing Wisely implementation projects, and distributed a Joint Count Survey to identify needs and directions in this activity.

In 2019, we will be working with the Guidelines Committee to ensure equity considerations are integrated into the RA and SpA Guidelines. Members and residents who are interested in participating in this aspect are welcome to contact me.

*Cheryl Barnabe, MD, FRCPC, MSc  
Chair, Quality Care Committee  
Associate Professor  
University of Calgary  
Calgary, Alberta*

The CRA has launched a new and improved, mobile-friendly and easy-to-navigate website. See it here: [www.rheum.ca](http://www.rheum.ca)

# Report from the Human Resources Committee

By Claire Barber, MD, PhD, FRCPC; and Jessica Widdifield, PhD

The CRA Human Resources committee was established more than 15 years ago in response to rheumatologist workforce shortages across Canada and low trainee numbers. The committee has undertaken a number of important initiatives since its inception including the successful summer studentship program, the Training Rheumatologists for Tomorrow (TROT) program,<sup>1</sup> which highlights rheumatology as a sub-specialty to students early in their medical careers, the Stand Up and Be Counted national workforce survey,<sup>2</sup> and #MakeRheum for Rheumatology Campaign - a marketing and awareness strategy for rheumatology programs (available at [rheum.ca](http://rheum.ca)). The committee would like to thank outgoing HR chair Dr. Alfred Cividino for his leadership on these initiatives, as well as the hard-working committee members who have served their term.

In the fall of 2018, Drs. Claire Barber (University of Calgary, Arthritis Research Canada) and Jessica Widdifield (Sunnybrook Research Institute, University of Toronto, ICES) were appointed as the next co-chairs of the committee and have recruited 18 committee members from across Canada. The committee work plan follows a framework of "Curate, Collaborate and Create". Aims for the upcoming year include the following:

### HR Curate:

Conduct an environmental scan of workforce-related research and ensure these materials are available to the CRA.

### HR Collaborate:

Explore interprofessional collaboration opportunities related to rheumatology models of care as well as synergies with other CRA committees and related rheumatology and medical organizations (ACR, Royal College of Physicians and Surgeons of Canada). Collaborate with ongoing programs addressing workforce needs (FLIRT, TROT).

### HR Create:

Prepare materials (slides, briefs, etc.) to ensure consistent messaging about workforce shortages and an ongoing maldistribution of rheumatology resources for education and advocacy; launch a 2020 Stand Up and Be Counted Survey; continue supporting the successful summer studentship program.

The committee looks forward to supporting CRA members in advocating for HR resources in their regions.

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2. Barber C, Jewett L, Ahluwalia V, et al. Measuring the Rheumatologist Workforce in Canada: Stand Up and Be Counted! *J of Rheumatol* 2016; 43(6):1204-5.

*Claire Barber, MD, PhD, FRCPC*  
Assistant Professor,  
Rheumatologist,  
University of Calgary,  
Calgary, Alberta

*Jessica Widdifield, PhD*  
Scientist,  
Sunnybrook Research Institute, ICES  
Assistant Professor, University of Toronto,  
Institute of Health Policy, Management & Evaluation  
Toronto, Ontario



## Update from the Pediatrics Committee

By Ronald M. Laxer, MDCM, FRCPC

The CRA Pediatrics group includes all Canadian pediatric rheumatologists and trainees. The executive committee includes the Chair [Ron Laxer], past Chair [Deb Levy], vice-Chair [Bobbi Berard] and Secretary [Nadia Luca]. Executive meetings are held by teleconference at least four times annually and more often if necessary. Face-to-face meetings of the entire committee are held at both the American College of Rheumatology and Canadian Rheumatology Association annual meetings.

In order to accomplish our tasks in a timely manner, several subcommittees have been formed. They include Human Resources (chair Michelle Batthish), Education (co-chairs Mercedes Chan and Evelyn Rozenblyum) and Advocacy. We also try to ensure that all CRA committees have appropriate pediatric representation.

This past year, the committee struck up a relationship with the Canadian Pediatric Society (CPS) to form a Special Interest Group and hold workshops at the CPS annual

meeting. A new sub-committee, Community Pediatrics, has been established and will be led by Tommy Gerschman. This will provide wonderful opportunities for connection for our community pediatrics members. Under the leadership of Deb Levy, triamcinolone hexacetonide has now become available in Canada without the need for a Special Access Program, which will facilitate patient care immensely.

There are many opportunities to become involved with the Pediatrics Committee of the CRA. Please contact any member of the executive to learn about these. We would welcome your input.

*Ronald M. Laxer, MDCM, FRCPC  
Professor of Pediatrics and Medicine  
University of Toronto  
Staff Rheumatologist  
The Hospital for Sick Children  
Toronto, Ontario*

## B.C. Society of Rheumatologists (BCSR) – Update from the Pacific

By Jason Kur, MD, FRCPC



Celebrating the accomplishments of Dr. Bob Offer with his partner Yoli Hassey at the BRIESE meeting in Vancouver in September.

Several projects are underway to help evaluate the impact of negotiated special fee codes in B.C., in particular the impact of rheumatology nurses in the province as well as the changing demographics of the rheumatology community. In 2010, we documented a critical shortage of rheumatologists in BC. In the past eight years we have seen a transformation from 34 full-time-equivalent (FTE) rheumatologists to more than 55 FTEs in 2018. Plans are underway for a provincial rheumatology human resources summit to discuss the inequity in distribution of rheumatologists in the province. Work has also begun to look at the impact of nursing through a collaboration with the Doctors of B.C. and the Specialist Services Committee.

**Provincial mandated non-medical biosimilar switching.** We anticipate that the provincial government will mandate non-medical switches from originator to biosimilar in the coming months, one of the first jurisdictions in Canada to do so. We have been working with the province to try and make this process as safe and seamless as possible for patients and physicians.

Dr. Bob Offer is retiring this year after a highly decorated rheumatology career in B.C. His contributions to teaching, leadership, and patient care were recently celebrated at a reception hosted by the BCSR at the BRIESE meeting.

The Northwest Rheumatism meeting is going to be hosted in Vancouver April 25-27, 2019. Updates are available at [www.nwrsmeeeting.org](http://www.nwrsmeeeting.org)

### B.C. Society of Rheumatologists (BCSR) – Update from the Pacific (Continued from page 13)

In September, the members elected a new board for the Society. Congratulations to the new Board for the next two years. The board includes the following members: President, Jason Kur; Vice President, Carson Chin; Treasurer, John Wade; Secretary, Michelle Teo; and Members-at-Large, Megan Hiltz and Mitch Uh.

Jason Kur, MD, FRCPC  
Artus Health Centre  
University of British Columbia  
President,  
B.C. Society of Rheumatologists  
Vancouver, British Columbia

## Update from the AMRQ

By Frédéric Massicotte, PhD, MD, FRCPC

Even though former Quebec Health Minister Gaetan Barrette's term has ended, there remain several laws that have greatly disrupted the healthcare system, even if they were not fully implemented. Luckily, after Dr. Barrette's removal in extremis from negotiations with doctors, the *Fédération des médecins spécialistes du Québec (FMSQ)* quickly came to an acceptable agreement with the government. Under this new climate of collaboration with the Ministry, several committees have been set up to assess the future of medical practice in Quebec. A pan-Canadian study is currently being conducted among the committees to get an actual look at the remuneration of medical specialists in Quebec compared to the rest of Canada and to make adjustments, if necessary. Apart from coercive laws, the Barrette reforms also left behind a new referral process used in specialist practice in Quebec. Therefore, any requests for specialized care in Quebec will be made through a form that is unique to each speciality. This referral process has been used in rheumatology for the last few months. We are still in the early stages, but if good collaboration with the Ministry (and with internal medicine) continues, this new process may be truly beneficial for patients. We will continue to monitor this situation.

Fortunately, the *Association des médecins rhumatologue du Québec (AMRQ)* is holding up well! I am honoured to be reappointed for a second term as president, and some new names have been added to the General Council: Dr. Guylaine Arsenault, Dr. Sophie Ligier and Dr. Lucie Roy. Welcome! These new arrivals will replace Dr. Ariel Massetto, Dr. Angèle Turcotte and Dr. Anne St-Pierre. I would like to personally thank them for their dedication and exemplary work with the General Council and in their respective fields. Their contribution has allowed rheumatology to boom and it has become one of the most desirable specialties in Quebec in the past few years.

This year, the Merit Scholarship was awarded to my colleague, Dr. Denis Choquette. His work, particularly the

creation of Rhumadata Inc. in 1999, allowed Quebec's expertise in rheumatology to stand out at the biggest international conferences. It is important to note that Rhumadata Inc. is the biggest rheumatology databank in Canada. To date, it has more than 5,000 patients and has generated more than 200 scientific abstracts.

The latest *Top 3 en rhumatologie* event, which is a half-day continuing professional development affair, was a success once again. This activity was supervised by Dr. Anne St-Pierre and Dr. Angèle Turcotte. Unfortunately, Dr. St-Pierre has bowed out this year and Dr. Turcotte will do the same next year. The rheumatology community wishes to thank them for this activity that is greatly appreciated and beneficial to all. They have the assurance that we will continue their work!

For the past few years already, we've maintained growing partnerships with our French colleagues. As planned, about thirty rheumatologists from Quebec met with French rheumatologists in Bordeaux in April 2018 to take part in the National Days of Rheumatology conference. Those present can attest to the extreme generosity and exceptional welcome that we received. We have fond (though sometimes vague) memories of this event, and we will be sure to do the same for them when they visit Quebec in fall 2020.

There is not enough space here to highlight the excellence and professionalism of several outstanding colleagues. It is this transfer of knowledge between senior and junior colleagues that is one of the undeniable strengths of our association. This accessibility and closeness between colleagues is a treasure that we must protect. I am proud to be a part of this association which I would actually call a rheumatological family. And, we all know how important family is.

Frédéric Massicotte, PhD, MD, FRCPC  
President,  
Association des médecins rhumatologues du Québec (AMRQ)  
Montreal, Quebec

# News from SOAR

By Trudy Taylor, MD, FRCPC

A strong contingent of rheumatologists from across the Maritime provinces descended on Dalvay by the Sea on Prince Edward Island for the 35th annual meeting of the Society of Atlantic Rheumatologists (SOAR) from June 22-24, 2018. The meeting was a great venue for rejuvenation of the mind and spirit, while spending some much-needed time with colleagues and family.

This year's David Hawkins Lecture in Rheumatology, "Mortality in Rheumatoid Arthritis, Have We Made Any Headway?" was given by Dr. Diane Lacaille, MD, MHSc, FRCPC, from the University of British Columbia. She followed this up with a thought-provoking lecture on "Comorbidities in RA."

Our second expert lecturer was Dr. Rebecca Manno, MD, MHS, from John Hopkins University, Baltimore. She gave us two excellent talks, "Large Vessel Vasculitis" and "Cutaneous Vasculitis."

In a break from tradition, we welcomed Dr. Mark Gilbert, PhD, Medical Humanities-(HEALS) Program from the Faculty of Medicine at Dalhousie University to our meeting this year. He enlightened us on the use of visual arts in medicine and made some great ties between the visual arts and the field of rheumatology.

Finally, there were original research and interesting case presentations from our bright and talented rheumatologists-to-be. We are very fortunate to have such promising talent in our region!



Dr. Diane Lacaille (left) and Dr. Rebecca Manno (right) were guest speakers at the meeting.

After their inaugural appearance at the 2017 SOAR meeting, The Big Country Ramblers were back by popular demand to get the group tapping their toes and moving to the rhythm of their rich bluegrass tunes. Rumor has it there was even a Bosnian Circle Dance performed. Now the unofficial band of SOAR, we are looking forward to having them join us again next year!

SOAR members loved the venue so much that we unanimously decided to return to Dalvay by the Sea next year for the annual meeting from June 21-23, 2019. Save the date!



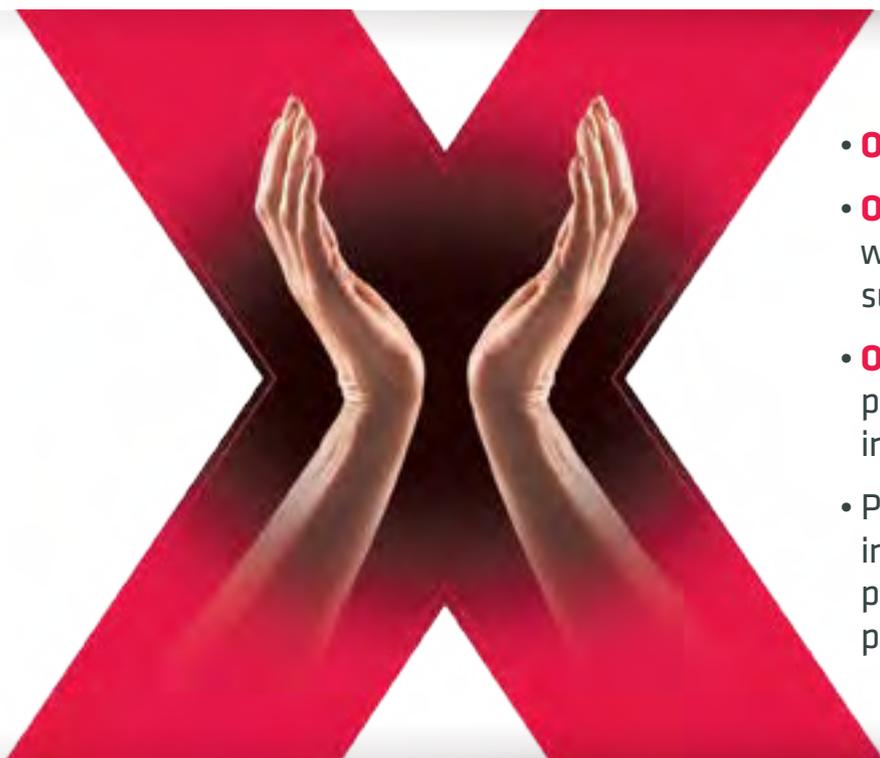
The 35th annual SOAR meeting took place from June 22-24, 2018, at Dalvay by the Sea on Prince Edward Island.

*Trudy Taylor, MD, FRCPC  
Associate Professor,  
Division of Rheumatology  
Department of Medicine  
Division of Medical Education,  
Halifax, Nova Scotia*

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\* Comparative clinical significance is unknown

† Prescription and physician data were obtained from eXel™ support program enrollment forms collected from June 2014 to April 2018

**References:**

1. Pfizer Canada Inc. XELJANZ/XELJANZ XR Product Monograph. December 11, 2017.
2. Health Canada. XELJANZ XR Notice of Compliance information.
3. Pfizer. Data on file. 2018.
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### Update from the ORA

By Henry Aaverns, MB, ChB, FRCP (UK), FRCPC

The Ontario Rheumatology Association (ORA) remains highly active on behalf of its members, representing the interests of rheumatologists and their patients through ongoing meetings with multiple stakeholders. We succeed thanks to the amazing engagement of our members. We continue to work closely with the Ontario Public Drug Program Exceptional Access Program (EAP) and private payers to highlight areas important to our members. We also developed a new biosimilar position statement on the principles we would like to see attached to non-medical switching, if imposed.

This year we also developed a revised governance structure for the Board, and a Code of Conduct for our members. Our manpower committee is planning on merging with our emerging rheumatologists project, and plans include a mentorship program and an event early in 2019 to help young rheumatologists transition into practice, as well as ongoing development of our "RheumCareers" website.

Our Annual Meeting was once again combined with an

Objective Structured Clinical Examination (OSCE) for the trainees, and this is proving to be an annual highlight for the Fellows.

The Bill Bensen memorial fund has been accepting applications, and we hope to announce successful recipients of the first award soon.

We have almost completed a process for inviting external IT developers to tender for our Informatics project. By 2019, we believe we will have technology to produce real-world evidence from the data within our electronic medical records (EMRs) to inform our own practices and develop comparative outcome data.

*Henry Aaverns, MB, ChB, FRCP (UK), FRCPC  
Consultant Rheumatologist  
President,  
Ontario Rheumatology Association  
Kingston, Ontario*

### Update from the CRA Residents' Pre-Course Committee

By Dharini Mahendira, MD, FRCPC, MScCH; and Shahin Jamal, MD, MSc, FRCPC

As in years past, the CRA Residents' Pre-Course will precede the Annual Scientific Meeting (ASM) in Montreal on Wednesday, February 27, 2019. This full-day program features a broad range of relevant topics, from basic science and clinical assessment to practice management strategies.

The Residents' Pre-Course Committee, comprised of Drs. Jamal, Mahendira, Cui, Hewson, and LeBlanc, have crafted a program to expand participants' knowledge of rheumatic diseases. An exciting line-up of dynamic speakers will be delivering the program, comprised of both national and international experts. The pre-course content has been carefully constructed, based on topics of interest identified by current rheumatology residents. While designed for PGY4-5 rheumatology residents, this program is also open to all medical students (including CRA summer students), as well as internal medicine and pediatric residents interested in rheumatology.

This year's program will not disappoint! The curriculum includes: immunology 101, ophthalmologic screening in patients with rheumatic diseases, antiphospholipid antibody syndrome as well as an immunization update for the rheumatologist. Attendees will also benefit from case-based presentations, X-ray interpretation challenges and practice-based pearls. Furthermore, we cordially invite trainees to partake in a career fair hosted immediately following the Residents' Pre-Course. We look forward to you joining us!

*Shahin Jamal, MD, MSc, FRCPC  
Co-chair, Residents' Pre-Course Program Committee  
Rheumatologist, Vancouver General Hospital*

*Dharini Mahendira, MD, FRCPC, MScCH  
Co-chair, Residents' Pre-Course Program Committee  
Rheumatologist, St. Michael's Hospital*

# Arthritis Alliance of Canada: Osteoarthritis (OA) Information Tool for Patients

Last year, the Arthritis Alliance of Canada (AAC) in partnership with the College of Family Physicians of Canada (CFPC) and the Centre for Effective Practice (CEP), developed and launched the Osteoarthritis (OA) Tool (available at [arthritisalliance.ca/en/osteoarthritis-toolbox](http://arthritisalliance.ca/en/osteoarthritis-toolbox)) to help family doctors assist patients who have suspected, new or established OA of the hands, knees or hips. Earlier this year, a working group of the AAC, composed of representatives from patient-led or patient-focused organizations and clinical and scientific experts in OA, was formed to develop a patient version of the tool to assist those with or at risk of OA, in having better conversations with their doctor or other health care professional by informing them about the care they can expect to receive.

The working committee conducted a survey among the arthritis consumer community and stakeholders to help inform what key pieces of information from the original OA Tool for family doctors should also be included in the OA Information Tool for Patients. The working team received a strong response, which included 328 English and 94 French responses. The survey results were analyzed and assisted in the development of this valuable resource.

The initial draft of the Tool will be presented to AAC members and the community early 2019. The final product is expected to be launched in March 2019!

Stay tuned!

## 3rd Annual MSK Ultrasound Guided Cadaver Intervention Course



**DATES:** March 2 & 3, 2019  
**LOCATION:** Steinberg Centre for Simulation and Interactive Learning  
 3575 Parc Ave, Suite 5640  
 Montreal, QC H2X 3P9



There is still time to register for and participate in CRUS's upcoming Diagnostic and Interventional MSK Ultrasound Course, which takes place March 2 & 3. All interested participants will receive extensive hands-on supervised instruction, cadaver lab time, and an opportunity to meet directly with the course faculty.

### DESCRIPTION:

Focus on relevant sonoanatomy, participants will experience extensive demonstrations & hands-on supervised scanning of common MSK procedures in the shoulder, wrist, hand, hip, ankle and foot. A special feature includes an introduction to ultrasound guided synovial biopsy. Low student to tutor ratio ensures individual attention for advanced skills acquisition.

### COURSE DIRECTORS:



**Abraham Chaiton**  
 MD MSc FRCPCC RhMSUS  
 Assistant Professor of Medicine  
 University of Toronto  
 Rheumatologist – Sunnybrook  
 & Humber River Hospitals



**Johannes Roth**  
 MD PhD FRCPCC RhMSUS  
 Professor of Paediatrics  
 University of Ottawa  
 Chief Paediatric Rheumatology  
 Children's Hospital of  
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**Alessandra Bruns**  
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**Stephen Kelly**  
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**Gurjit S Kealey**  
 MBBS MRCP  
 Professor of Medicine  
 Chief of Rheumatology  
 Director of Musculoskeletal  
 Ultrasound University of  
 Florida College of Medicine  
 Jacksonville, Florida



**Michael Stein**  
 MD FRCP(C)  
 Assistant Professor of Medicine  
 McGill University Montreal Canada  
 President Canadian Rheumatology  
 Ultrasound Society



**Diane Wilson**  
 MD SFRCPCC  
 Atlantic Rheumatology  
 Ultrasound Society  
 Lunenburg, Nova Scotia

**REGISTRATION FEE:** \$1895 CDN - Discount for CRA members \$1650

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### EDUCATION CREDITS:

Eligible for Royal College MOC section 1 credits of 3 hrs and section 3 credits of 11 hrs. All credits are eligible for conversion to AMA PRA category 1 credits.

# Summary: The First Annual Cardio-Rheumatology Scientific Day at Women's College Hospital

By Keith Colaco, PhD Candidate;  
Shadi Akhtari, MD, FRCPC;  
Paula Harvey, MBBS, PhD; and  
Lihi Eder, MD, PhD

The Women's College Hospital (WCH) Cardio-Rheumatology Program was established in 2017 as part of a wider collaborative network within the University of Toronto (U of T), to address current gaps in knowledge and care of cardiovascular diseases in patients with chronic rheumatic diseases. Through a collaborative model of care between rheumatologists, cardiologists and other allied health care providers, the program aims to improve the management of cardiovascular diseases in these patients through research, education and advocacy. Importantly, there are gaps in diagnosis and treatment of cardiovascular risk factors in this patient population, partly due to unawareness of the increased cardiovascular risk, and limited knowledge about and research into cardiovascular prevention strategies. To address these issues, the program hosted their first annual Cardio-Rheumatology Scientific Day at Women's College Hospital on September 14, 2018. The event brought together 120 attendees, including physicians, nurses, allied health professionals, scientists and students.

The event had informative lectures from experts in the field on the association between inflammation, cardiovascular disease and rheumatic diseases. Dr. Husam Abdel-Qadir (cardiologist and scientist, Women's College Research Institute (WCRI), WCH and U of T) opened the day by outlining the role of inflammation in atherosclerosis and the use of anti-inflammatory and biologic medications to aid in prevention of cardiovascular disease. Dr. Lihi Eder (rheumatologist and scientist WCRI, Co-Director Cardio-Rheumatology Program, WCH and U of T) discussed the link between inflammatory arthritis and cardiovascular risk. She also presented data from WCH's Cardio-Rheumatology Clinic, highlighting that 54% of patients seen in the clinic required changes in treatment, such as initiation of medication to lower cholesterol or high blood pressure. Dr. Shadi Akhtari (cardiologist, WCH), who runs the week-



WCH Cardio-Rheumatology Scientific Day speakers (left to right): Dr. Husam Abdel-Qadir, Dr. Shadi Akhtari, Dr. Bindee Kuriya, Dr. Paula Harvey, Dr. Kate Hanneman and Dr. Lihi Eder.

ly cardio-rheumatology clinic, highlighted different approaches to assess and treat cardiovascular risk in rheumatic patients. These included the use of advanced imaging and recommendations for different types of medications. Dr. Paula Harvey (cardiologist and scientist WCRI, Co-Director Cardio-Rheumatology Program, WCH, and U of T) shifted the focus to lupus by providing case presentations and outlining its associated heart conditions, such as anti-malarial induced cardiomyopathy. Dr. Bindee Kuriya (rheumatologist, Sinai Health System and U of T) reviewed therapies and strategies for cardiovascular disease prevention in patients with rheumatoid arthritis. As rheumatoid arthritis is a "whole body" disease, she stressed the importance of multidisciplinary models of care needed to control disease activity and treat traditional risk factors (such as diet, smoking and obesity). Dr. Kate Hanneman (cardio-thoracic radiologist, Toronto General Hospital and U of T) described the strengths and limitations of using different imaging modalities (such as MRI and CT) to detect inflammation or lack of oxygen supplied to the heart and arteries.

Following their lectures, the experts participated in a panel to discuss how to manage cardiovascular risk. Some of the topics discussed included the challenges related to delivery of care between rheumatologists, cardiologists and family physicians, the effect of non-steroidal anti-inflammatory drugs on cardiac risk, approach to screening for anti-malarial cardiac toxicity and others.

*Continued on page 21*

## Therapeutics Committee Update

By Mary-Ann Fitzcharles, MD, FRCPC

This has been a particularly productive year for the CRA Therapeutics Committee. We are delighted that our membership has reached the nice round figure of 15, with representation from rheumatologists in both academia and the community, rheumatologists from across the country, and also members spanning the ages from the young, bright and enthusiastic to the more seasoned and, dare I say, grey-haired. In line with the stellar leadership of CRA CEO Ahmad Zbib, we have clearly defined standard operating procedures for reporting of conflicts of interest by committee members, response to drug shortages, development of position statements, and standards for a CRA member representing the CRA at a national/international forum, committee or advisory panel.

We have continued to alert membership to drug shortages, which this year have included most importantly myochrysin and prednisolone. We responded to a Health Canada review on immune globulin (IVIG) product supply by emphasizing the importance of this agent in the treatment of Kawasaki Disease, as well as the emerging use of IVIG in patients with childhood dermatomyositis, systemic onset juvenile polyarthritis that is poorly responsive to conventional treatments, and treatment-resistant vasculitis.

Our most important activity this year was to develop a position statement for medical cannabis use in the rheumatic diseases, as well as an update of the previous position statement for biosimilars. We are particularly excited that the medical cannabis position statement is now in press at the *Journal of Rheumatology*. The CRA is the first rheumatology association worldwide to come forward in this regard, and also to provide real-life pragmatic direction for rheumatologists and patients alike. We will be looking carefully at stem cell transplantation, which is currently being suggested as a treatment for many of our patients with osteoarthritis and even soft tissue rheumatism, and we will provide a position statement in this regard in early 2019. Finally, we have developed a succession plan, to ensure that our committee remains vigorous and vibrant. Therefore, I would like to warmly welcome Rosie Scuccimarrì as the vice-chair of the Therapeutics Committee.

*Mary-Ann Fitzcharles, MD, FRCPC  
Associate Professor of Medicine,  
McGill University Health Centre  
Montreal, Quebec*

### Summary: The First Annual Cardio-Rheumatology Scientific Day at Women's College Hospital

*(Continued from page 20)*

Overall, the event brought together healthcare providers of different disciplines to shed light on an area that is not well known in rheumatology. To reduce the burden of cardiovascular morbidity and mortality, more research is needed in the area to inform development of disease-specific guidelines. Since rheumatic patients are also likely to have other co-morbidities, collaboration among family physicians, specialists and allied health professionals is needed to reduce cardiovascular risk. Looking to the future, early intervention and prevention of heart disease will require the development of disease-specific models that accurately stratify patients according to their risk of developing cardiovascular events.

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*Paula Harvey, MBBS, PhD  
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*Lihì Eder, MD, PhD  
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University of Toronto,  
Toronto, Ontario*

# The Dunlop-Dottridge Lectureship: A Heritage of Excellence

By Elvira Bangert, MD, FRCPC; and Ronald M. Laxer, MDCM, FRCPC

The Canadian Rheumatology Association (CRA) annual Dunlop-Dottridge Lectureship is presented by giants in the field of rheumatology on an international scale.<sup>1</sup> Initially established in 1973 as the Dunlop Annual Lectureship (later Dunlop-Dottridge), this started a long tradition of excellence, through which world leaders in rheumatology (Table 1) have been awarded this prestigious honour at the time of the Annual Scientific Meeting.<sup>1</sup>

Named after arthritis care pioneers Mr. Edward Dunlop and Mrs. Rita Dottridge, the Dunlop-Dottridge lectureship has a rich history. Mr. Edward Dunlop (June 27, 1919-January 6, 1981) was a soldier, politician, and public servant who served as the initial Executive Director of the Canadian Arthritis and Rheumatism Society (CARS), now known as The Arthritis Society. He was a Progressive Conservative member of the Legislative Assembly of Ontario from 1963 to 1971, representing the Toronto ridings of Forest Hill and York-Forest Hill. He also served as a cabinet minister in the government of Bill Davis.<sup>2</sup> In 1943, in a heroic attempt to protect his soldiers by attempting to dispose of a grenade during a training exercise, he was blinded and lost part of his right hand.<sup>3</sup> Mr. Dunlop was awarded the George Medal as well as the Order of the British Empire for World War II service, and was named a member of the Order of Canada in 1980. Queens University granted him a Legum Doctor (L.L.D.) and organized an International Scientific Symposium in 1983, "In Memory of Edward Dunlop."<sup>3</sup>

Under the leadership of Mr. Dunlop, CARS, a voluntary health agency composed both of lay and medical scientific representatives, offered bursaries and raised funds to support research, education, and treatment of rheumatologic conditions. Mr. Dunlop played a crucial role in establishing Rheumatic Disease Units (RDU) promoting education in the field of rheumatology at all medical schools in Canada.<sup>4</sup> It was 1975 when CARS achieved its major objective and the last of these units was established at *Université Laval*. Each of these RDUs was supported by inpatient beds and provided medical students, students in the allied health professions, residents and fellows with a wide range of clin-



Honorary Lieutenant Colonel Edward A. Dunlop, GM, OBE, CM, 1919-1981.

ical, educational and research opportunities. In addition, CARS actively supported patient education initiatives in the arthritis care field. It also offered bursaries and educational support to increase the number of allied health professionals in particular physiotherapists and occupational therapists.<sup>4</sup>

It is not surprising at all given the outstanding accomplishments, services and significant commitment and contribution of Mr. Edward Dunlop to the field of rheumatology that the Dunlop Annual Lectureship was named in his honour. The lectureship was initiated by the CRA to recognize a rheumatologist who was deemed as having made a major contribution to the advancement of rheumatology on an international scale. With humility, Mr. Dunlop was hesitant at first to accept the recognition of the lectureship, but reluctantly agreed, providing that Rita Dottridge be co-named. Mrs. Rita Dottridge was his devoted personal assistant and due to his blindness, he relied on her for much of his administrative work.<sup>5</sup>

Today, we are proud that the CRA has chosen to honour the legacy of Mr. Dunlop and Mrs. Dottridge with the annual Dunlop-Dottridge lectureship recognizing excellence in rheumatology on an international scale.

**Table 1. Past Dunlop-Dottridge Lecturers**

Year	Awardee	Affiliation
2019	Gilles Boire	Université de Sherbrooke, QC
2018	Marvin Fritzler	University of Calgary, AB
2017	Allen C. Steere	Harvard University, USA
2016	Berent Prakken	Utrecht Medical Center, Netherlands
2015	James Rosenbaum	Oregon Health & Science University, USA
2014	Walter Grassi	Jesi Medical Center, Italy
2013	Joel Kremer	Albany Medical College, USA
2012	Paul-Peter Tak	Academic Medical Center, Netherlands
2011	Sherine Gabriel	Mayo Clinic, USA
2010	Iain McInnes	University of Glasgow, UK
2009	Cornelia Weyand	Stanford University, USA
2008	Michael Weinblatt	Brigham and Women's Hospital, USA
2007	John Stone	Harvard Medical School, USA
2006	none	
2005	Fred Miller	National Institute of Health, USA
2004	David Felson	Boston Medical Center, USA
2003	William Koopman	University of Alabama, USA
2002	Duncan Gordon	University of Toronto, ON
2001	Brian Kotzin	University of Colorado Health Sciences Center, USA
2000	Lee Nelson	Fred Hutchinson Cancer Research Center and University of Washington, USA
1999	Cornelia Weyand	Mayo Clinic, USA
1998	Robert Inman	University of Toronto, ON
1997	Paul Emery	University of Leeds, UK
1996	Bruce M. Rothschild	Northeastern Ohio Universities College of Medicine, USA
1995	Thomas Medsger	University of Pittsburgh School of Medicine, USA
1994	Andrei Calin	Royal National Hospital for Rheumatic Diseases, UK
1993	Daniel J McCarty	Medical College of Wisconsin, USA
1992	Malcolm Jayson	University of Manchester, UK
1991	J.T. Lie	Mayo Clinic, USA
1990	Morris Reichlin	University of Oklahoma Health Sciences Center, Oklahoma Medical Research Foundation, USA
1989	Bevra Hahn	University of California, USA
1988	Paul Bacon	University of Birmingham, UK
1987	Bernard Amor	Paris, France
1986	Jacques Sany	Université de Montpellier, France
1985	Barry Vernon-Roberts	University of Adelaide Medical School, Australia
1984	P.J. Meunier	Edouard Herriot Hospital, France
1983	William H. Kelley	University of Pennsylvania, USA
1979	J.H. Vaughan	The Scripps Clinic and Research Foundation, USA

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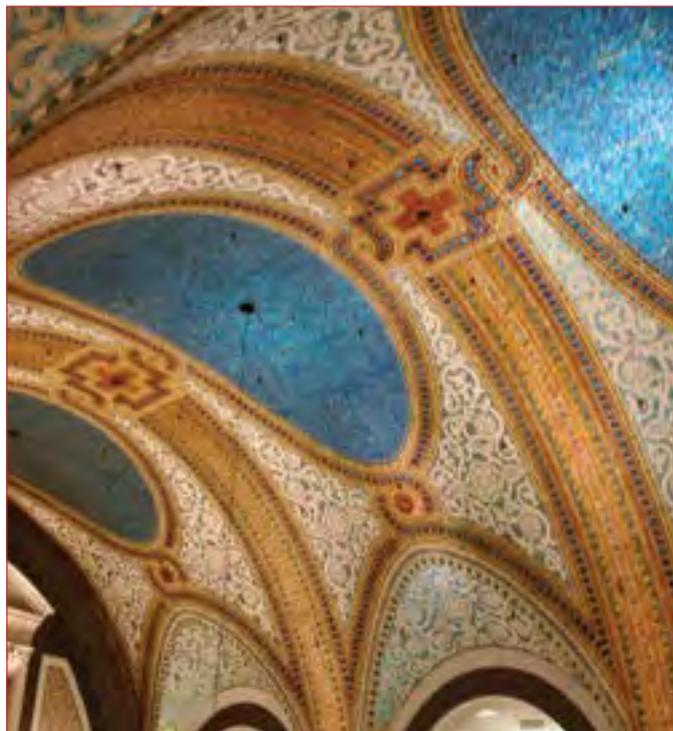
# ACR 2018 Report

By Philip A. Baer, MDCM, FRCPC, FACR

The ACR returned to Chicago this year after a seven-year absence. Apparently, Chicago is named the Windy City based on the hot air generated by its politicians in the past. This year it was windy in the weather sense as well, with flight turbulence en-route and flying debris while walking on the Magnificent Mile and near Lake Michigan being commonly noted.

The meeting was at the spacious McCormick Place south of downtown, with excellent access via Chicago Transit Authority (CTA) trains and the American College of Rheumatology (ACR) Shuttle. Canadians were well represented at the opening awards ceremonies, with Earl Silverman being recognized as an ACR Master, and Dafna Gladman picking up yet another award, this time as ACR Distinguished Clinical Investigator. Interestingly, of the 21 new ACR Masters, only one was listed as retired, despite the age 65+ requirement to be a Master. Looks like rheumatologists really love their work!

I had no posters to present, so much more freedom to wander through the meeting sessions. Congratulations to Ines Colmegna and Vinod Chandran who each presented at the podium during an ACR Plenary Session. Dr. Colmegna's work with her group at McGill was also highlighted at an ACR press conference. Her abstract #837 highlighted the improved immune response noted in seropositive rheumatoid



Famous Tiffany dome ceiling at Macy's State Street store.

arthritis (RA) patients immunized with a high-dose trivalent influenza vaccine versus a standard-dose quadrivalent vaccine. Good to know as the flu season approaches. Dr. Chandran's abstract #2787 showed that -21 HLA-Class I Dimorphism differentiates psoriatic arthritis (PsA) from psoriasis without psoriatic arthritis (PsC). PsC patients within their discovery cohort and replication study had a significantly lower prevalence of -21M compared to controls, as well as those with PsA.

This study provides indications for a potential role of natural killer (NK) cells in PsA pathogenesis, as well as providing a genetic marker that differentiates PsA from PsC. I will have to stop abbreviating psoriasis as PsO if PsC is the correct term.

The ACR Year in Review session kicked the meeting off with all kinds of interesting material: A human skeletal stem cell has been recently identified. Somewhat ignored cells such as fibroblasts and stromal cells may have important pathogenetic roles in our rheumatic diseases. Platelets can donate sugars to glycosylate antibodies. On the clinical side, no bleeding was encountered in 1,050 joint aspirations/injections done at the Mayo Clinic on patients taking direct-acting oral anti-coagulants (DOACs)/novel oral anti-coagulants (NOACs). Opioids were no better than non-opioids regarding function and pain interference in patients with hip and knee OA or chronic low back pain, but performed worse regarding pain intensity reductions. Apparently, there



Sculpture at McCormick Square: Are those joints arthritic?



JAKs were everywhere at ACR 2018.

is a DREAM study as well as a DREAM registry: the DREAM study showed oral fatty acids were ineffective for dry eyes in Sjogren's syndrome. Mortality in systemic lupus erythematosus (SLE) is declining, but not as rapidly as mortality in non-SLE populations. The ARTIS registry concluded that, overall, TNF inhibitors do not increase the risk of recurrent cancer in RA.

The meeting highlighted many papers on Janus kinase (JAK) inhibitors, cardiovascular disease in RA, and real-world evidence on the effectiveness and safety of many familiar therapies. Patient-related outcomes and biosimilars continue to be topical, as well as immune-related adverse events to checkpoint inhibitors used in oncology. New ACR and ACR/EULAR guidelines and criteria were presented on reproductive health in rheumatology patients, large-vessel vasculitis and IgG-4 related disease.

I really enjoyed The Great Debate on monitoring for retinal toxicity in patients on hydroxychloroquine (HCQ). Both debaters, Dr. James Rosenbaum (the only rheumatologist who heads a Department of Ophthalmology) and Dr. Michelle Petri (passionate lupologist at Hopkins), did an excellent job. I think Dr. Petri won, based on her argument that HCQ toxicity is low, manageable, and reversible if caught early, and that the documented efficacy of HCQ in preventing morbidity and mortality in SLE must not be compromised.

Dr. John O'Shea, the key scientist who led the development of jakinibs, gave an excellent overview of the field. With four JAKs handling 57 cytokines (including growth hormone and leptin), the science can be quite confusing. He reviewed all the agents and clinical trials, as well as issues in assessing selectivity. New formulations could



The Gentlemen Statues near the Chicago River downtown.

include inhaled, topical and non-absorbable jakinibs. He also covered oclacitinib, a jakinib only approved in dogs for atopic dermatitis, which I encountered recently when reviewing the medications of a canine member of our extended family (the drug brand name is Apoquel, which sounded to me like a generic version of Seroquel, but I was wrong).

Overall, this year's meeting was very well-attended, with 15,000 attendees, of which 12,000 were scientific attendees. A total of 3,032 abstracts were accepted with 106 countries represented.

All in all, another successful and jam-packed meeting, which still allowed time to enjoy all that Chicago has to offer in terms of architecture, shopping and restaurants. Next year we will be in Atlanta for ACR 2019.

*Philip A. Baer, MDCM, FRCPC, FACR  
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The future of healthcare: Vision for 2030.

# Top Six Things Rheumatologists Should (And Might Not) Know About Pregnancy and Rheumatic Diseases

By \*Neda Amiri, MD, FRCPC, MHSc; Maeve Gamble, MD, FRCPC; Elizabeth Hazel, MDCM, FRCP(C); Shahin Jamal, MD, FRCPC, MSc; Stephanie Keeling, MD, MSc, FRCPC; Dianne Mosher, MD, FRCPC; \*Viktoria Pavlova, MD, FRCPC; \*Sarah Troster, MD, FRCPC; and Ola Wierzbicki, MD, FRCPC

\*Members of The Canadian Pregnancy in Rheumatic Diseases Consortium

The 10th International Conference on Reproduction, Pregnancy and Rheumatic Diseases was held in Bern, Switzerland from Sept 27-29, 2018, and attended by several Canadian rheumatologists. We, of course, missed Carl Laskin, who has inspired so many of us! Key learnings include the following:

## 1. Contraception

It is well known that low disease activity prior to conception results in better pregnancy outcomes, both for mom and baby. Unfortunately, 40-50% of pregnancies are unplanned. With the shortage of primary health care in Canada, the discussion surrounding contraception often falls to the rheumatologist. The Canadian Contraception Consensus<sup>1</sup> is a current and thorough resource to help guide discussion with patients, particularly those without access to primary care.

risk assessment, stop harmful medications, use pregnancy compatible medications prior to conception, and reassure the patient. A risk assessment should include: previous pregnancy complications (preeclampsia), organ damage, recent/current disease activity, antibody status (lupus anti-coagulant [LAC], anti-cardiolipin [aCL], beta-2 glycoprotein 1 [2GPI], Ro/La), exposure to fetotoxic drugs, smoking and other chronic medical conditions.

## 2. Fertility

Subfertility is reported in up to 48% of women with rheumatoid arthritis (RA); twenty-eight per cent (28%) of which is due to anovulation and 48% being unexplained. Higher maternal age, medication use (such as non-steroidal anti-inflammatory drugs [NSAIDs]) inhibiting ovulation, and low health-related quality of life (HRQoL) all contribute. Infertility treatment (IVF) is a safe option for women with connective tissue disease (CTD).

## 3. Pre-pregnancy Counselling

A key question we should be asking regularly to all women of childbearing age is "Would you like to become pregnant in the next year?" Pregnancy preparation in our patients is important and often begins months prior to conception. Start with a realistic



Sarah Troster, Edmonton AB, Neda Amiri, Vancouver BC, Dianne Mosher, Calgary AB, Viktoria Pavlova, Hamilton ON, Ola Wierzbicki, Hamilton ON, Elizabeth Hazel, Montreal QC, Shahin Jamal, Vancouver BC, Stephanie Keeling, Edmonton AB, Maeve Gamble, London ON

#### 4. Pregnancy Compatible Medications

“Safe treatment in pregnancy” should be understood as “no evidence of risk,” and as the safest option among eligible drugs and compared to the risk of untreated disease. Refer to the EULAR Points to Consider,<sup>2</sup> BSR Guidelines<sup>3</sup> and RheumInfo Pregnancy and Lactation brochure.<sup>4</sup> Prednisone use in any trimester is an independent risk factor for preterm birth. Higher doses are associated with shorter gestational length. Medication use in lactation is poorly studied: LactMed<sup>5</sup>, a National Institute of Health (NIH) database, is updated monthly, and reports drug levels in milk, the infant, and possible adverse effects to the infant.

#### 5. Peripartum Monitoring

Active CTD can be associated with defective placentation which leads to placental insufficiency, preeclampsia, intra-uterine growth restriction (IUGR), and HELLP syndrome. Monitoring during pregnancy may include the following:

- a. Screening for Ro/La antibodies. Risk of congenital heart block (CHB) is 1-2% overall and 10-20% in those with previous CHB. It develops between 18-24 weeks gestation and can be monitored by fetal echo. Hydroxychloroquine (HCQ) reduces risk by 50%. Once developed, the only proven treatment is a pacemaker.
- b. Doppler screening for fetal growth restriction.
- c. New markers for preeclampsia → (placental growth factor [PLGF]), soluble fms-like tyrosine kinase-1 (sFlt1)/PLGF ratio.

#### 6. Pregnancy Behavior with Various Rheumatic Diseases:

- a. Inflammatory arthritis (IA): Patients with stable IA generally have good outcomes. In RA, 29% flare during pregnancy, with higher risk in the third trimester and postpartum. SpA patients have higher risk of flare in the second trimester, whereas patients with juvenile idiopathic arthritis (JIA) tend to flare in the first few months postpartum. The risk of flare is higher when there is active disease at conception and when TNF inhibitors are discontinued.
- b. Systemic lupus erythematosus (SLE): SLE in pregnancy mimics SLE prior to pregnancy: Prior to pregnancy you would want to see quiet nephritis, stable x 6 months, proteinuria < 1 gram/day, and no active sediment. Flare risk is low (< 3%) with inactive or stable active disease at conception and flare is reduced by 50% with HCQ, which should be continued through pregnancy. Helpful resources include RheumInfo<sup>4</sup> and the Healthy Outcomes in Pregnancy Hop-Step Program.<sup>5</sup>

- c. Obstetric Antiphospholipid Syndrome (OAPS): OAPS is characterized by defective placentation (not placental infarction as previously thought). Beta-2-glycoprotein (β2GPI) plays a pivotal role in the pathophysiology of OAPS and has potential as a screening tool. Seronegative OAPS has also been described. The soon to be published “Management of Maternal Antiphospholipid Syndrome”<sup>7</sup> includes treatment options according to clinical features. Maternal follow-up is recommended, as 20-60% of women with OAPS will eventually develop thrombosis (vascular APS).
- d. Systemic sclerosis (SSc): Pregnancy has minimal impact on disease activity of patients with SSc. However, SSc is associated with higher risk of maternal (gestational hypertension, preeclampsia) and fetal (miscarriage, stillbirth, IUGR, preterm birth) complications. Severe pulmonary arterial hypertension (> 25mm Hg) is an absolute contraindication.
- e. Takayasu Arteritis (TA): TA is associated with increased risk of gestational hypertension and preeclampsia. Patients with severe aortic valvular disease, aortic aneurysms and dissections have increased morbidity and mortality and should be counselled to avoid pregnancy.
- f. Behcet’s Disease: Patients with Behcet’s Disease have no apparent increase in maternal, obstetrical or fetal complications during pregnancy. (See 2018 update of EULAR recommendations for Behcet’s)<sup>8</sup>

The Canadian Pregnancy and Rheumatic Diseases Consortium\* is a national database for the prospective observational study of pregnant patients with rheumatic disease, with sites at many academic centers across Canada.

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\*References available online at [www.craj.ca](http://www.craj.ca).

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# CRA Survey Results: CIORA

As readers may already be aware, the Canadian Initiative for Outcomes in Rheumatology cAre (CIORA) is a unique granting division of the CRA committed to acting as a catalyst for improving the care of Canadians living with all rheumatic diseases.

CIORA's grant program supports sustainable projects related to rheumatic diseases that promote: (1) awareness/advocacy/education (including health economics/sustainability of health care/quality improvement); (2) Early access for rheumatic disease patients; and (3) Multi-disciplinary care teams.

For this issue of the *CRAJ*, the CRA surveyed its members on CIORA. While most respondents (approximately 80%) were familiar with CIORA grants, there were some who were not. For those who had never applied for a CIORA grant, when asked to explain why, most answered by saying that they either did not do research or that CIORA's granting categories did not encompass their particular area of focus.

However, 85% of survey takers felt that the CRA should better inform the membership of what CIORA-funded research has been used for. Suggestions on how the CRA could disseminate CIORA information to its membership included featuring summaries of CIORA-funded work in the *CRAJ*, in the CRA e-newsletter, on its website ([rheum.ca/research/ciora/](http://rheum.ca/research/ciora/)) and with a presentation at the CRA ASM.



Indeed, the current issue of the *CRAJ* features an article from Dr. Zahi Touma, the recipient of the 2018 CRA-CIORA-Arthritis Society Clinician Investigator Award, in which he discusses how the award will help him further his research on cognitive impairment in systemic lupus erythematosus (SLE) (see page 7). Recently, in the summer 2018 issue, the *CRAJ* also featured Dr. Bindee Kuriya and her work on the risk of self-harm in patients with rheumatoid arthritis (RA) and ankylosing spondylitis (AS) (for the full article visit [www.craj.ca/archives/2018/English/Summer/News\\_ciora.php](http://www.craj.ca/archives/2018/English/Summer/News_ciora.php)).

The CRA also asked its members if there are any other research-related activities that they would like the CRA to pursue. Suggestions from members included focusing on quality improvement (QI) activities, patient-centred care, models of care, non-CIHR funded topics, community-based initiatives, education related to rheumatology, non-pharmacologic management of diseases, sponsoring a national biobank, connective tissue diseases (*i.e.*, lupus), imaging/ultrasound (in the assessment of rheumatic diseases), and medical cannabis.

While many of the members commented on their support and appreciation for CIORA, some members did express frustration, citing that the CIORA grants were very competitive, the difficulty in fitting proposals within the three traditional pillar topics, as well as a lack of focus on discovery research. While there is room for improvement, other members noted that CIORA has filled an important gap in the arthritis research landscape, and that many CIORA-funded projects have either achieved their intended objective or allowed researchers to get started and obtain further funding from other agencies.

## CIORA Call for Grants

### CIORA is Issuing Another Call for Grants in 2019!

The CIORA Online Grant Application System opens January 28, 2019.

Letter of intent must be submitted by February 25, 2019.

The CIORA Online Grant Application submission deadline is April 1, 2019, at 17:00 Pacific Time

Please visit [rheum.ca/en/research/](http://rheum.ca/en/research/) for more information.

Any questions can be directed to Virginia Hopkins at [virginia@rheum.ca](mailto:virginia@rheum.ca).

## News from Ontario

### Update from Deborah Levy, MD, FRCPC, MSc

Pediatric Rheumatology at SickKids continues to thrive. This year we celebrated Dr. Earl Silverman's amazing career with an international symposium and recently enjoyed a retirement roast and toast for Dr. Bonnie Cameron. We have welcomed Dr. Andrea Knight to our faculty, a native Torontonian who spent several successful years at The Children's Hospital of Philadelphia. We are currently training 8 spirited core rheumatology fellows (6 are Canadian!) and 2 subspecialty fellows in SLE and vasculitis.



### Update from Shirley Lake, MD, FRCPC, MSc

Dr. Dana Jerome (far left), the University of Toronto Rheumatology Program Director, with a new rheumatology fellow Dr. Bahar Moghaddam to her left, and two recent graduates of the rheumatology program, Dr. Vanessa Ocampo and Dr. Alexandra Saltman. They were at the ACR meeting in Chicago.



The 8th annual Canadian Rheumatology Ultrasound Society Basic Musculoskeletal Ultrasound Course was held in Toronto in October 2018. It was a fun weekend of learning with rheumatologists from across the country, and even joined by some physiatrists, orthopedic surgeons and internal medicine trainees.



### Update from John Thomson, MD, FRCPC

Ottawa is humming! Over the past year, six new rheumatologists have sprung into action in the national capital region. Drs. Noura Alosaimi, Hafsa Al-Azem, Catherine Ivory, Krista Rostom, and Nancy Maltez are all recent graduates of our training program. Dr. Ivory has taken a full-time faculty appointment in the division. Dr. Maltez is completing a year of fellowship training in scleroderma/myositis, while taking on some clinical responsibilities. Noura, Hafsa, and Krista are all practicing and involved in teaching and on-call responsibilities. Dr. Ashley Sterrett has joined us in Ottawa after practicing in the USA for some years. She has a busy clinical practice and is actively involved in teaching and on-call duties.

Gunnar (Kraag) and Doug (Smith) have very recently retired after many years of very distinguished service. This is big. These guys are missed.

Most importantly, on May 24, 2018, Drs. Ines Midzic and Nataliya Milman each delivered beautiful baby boys one hour apart in the same hospital. We are a close-knit group!

### Update from Roberta Berard, MD, FRCPC

An update from Pediatric Rheumatology at the Children's Hospital, London Health Science Centre: Dr. Erkan Demirkaya joined the Division of Pediatric Rheumatology at the Children's Hospital and Western University as a Professor of Pediatrics in 2017. Dr. Demirkaya's main research interests are in the autoinflammatory diseases, vasculitis and outcomes in rheumatic diseases in children. Dr. Demirkaya's aim is to develop a comprehensive multidisciplinary translational research program in Behçet's and Autoinflammatory disease at Western University.

Dr. Berard has successfully piloted an Advanced Clinician Practitioner in Arthritis Care (ACPAC)-led pediatric rheumatology outreach clinic with the use of the Ontario Telehealth Network in Windsor, Ontario. Sue MacQueen, ACPAC physiotherapist (PT) travelled to Windsor from Kitchener to run these clinics. Many thanks to Sue and to the funders for this project – the Ontario Rheumatology Association, the Arthritis Society and Sick Kids.

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1. Pfizer Canada Inc. XELJANZ XR Product Monograph. December 11, 2017.
2. Health Canada. XELJANZ XR Notice of Compliance information.

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