

MIS-C and PIMS (continued from page 15)

cluding tocilizumab (IL-6 inhibitor) and infliximab (TNF inhibitor)^{9,10} but insufficient data exists for clear recommendations. Similar to KD, MIS-C patients are treated with anti-platelet low dose aspirin (ASA) (3-5 mg per kg per day) as thromboprophylaxis. Anticoagulation with enoxaparin should be considered in MIS-C patients with coronary artery aneurysms as per KD management guidelines and in those with moderate-severe left ventricular dysfunction (Ejection Fraction < 35%).⁸

Serial monitoring of clinical and laboratory parameters, including ECG and ECHO, are recommended as part of the comprehensive follow up post-discharge.

In summary, MIS-C is a post-infectious hyperinflammatory syndrome temporally associated with SARS-CoV-2 infections affecting children. There is a wide spectrum of disease with many sharing features with KD and the most severely affected children presenting with cardiogenic shock and MAS. Immunomodulation is the foundation of therapeutic management, with most children responding rapidly to treatment. MIS-C remains a rare complication of SARS-CoV-2 infection.

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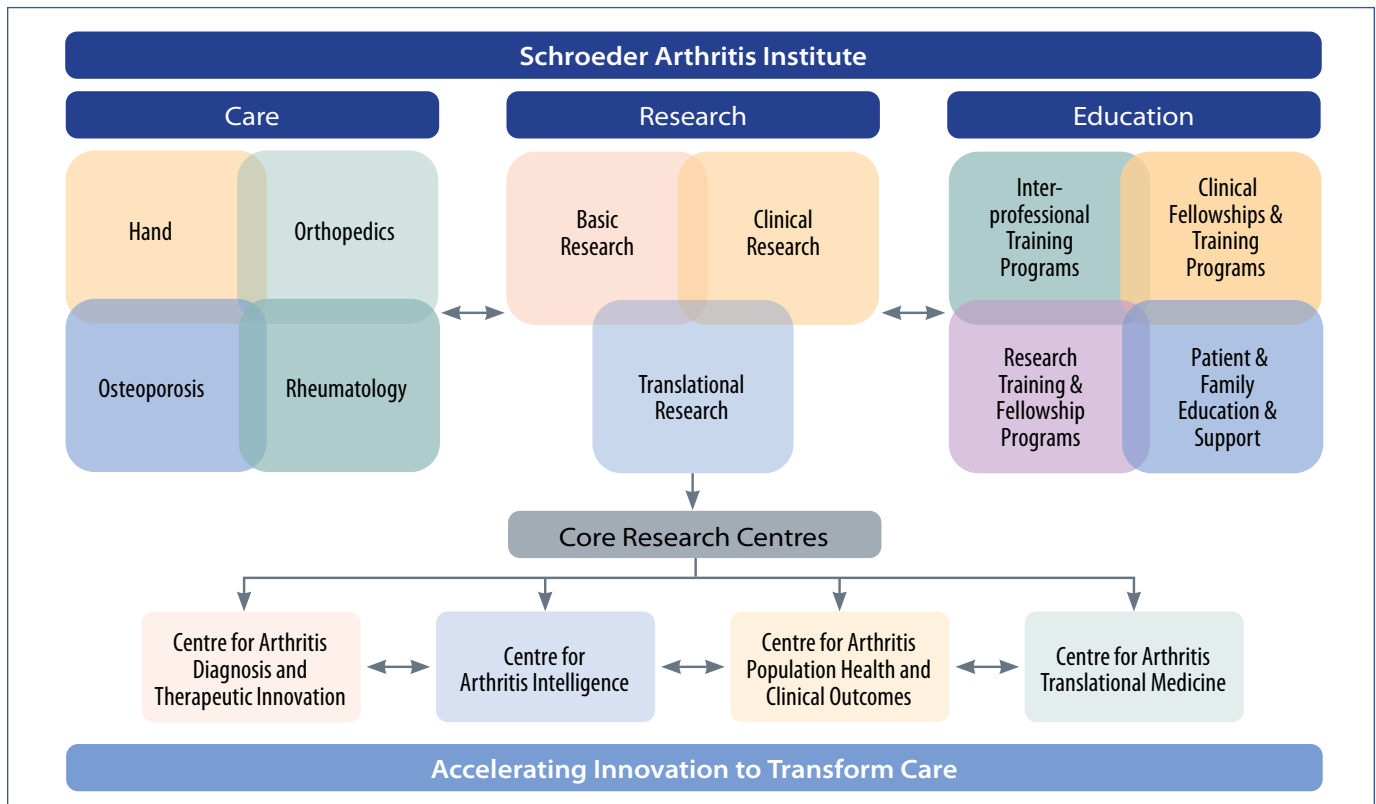
The Schroeder Arthritis Institute: Transforming Arthritis Care Through Research and Education

By Robert Inman, MD, FRCPC, FACP, FRCP Edin; and Mohit Kapoor, PhD

The Schroeder Arthritis Institute at the University Health Network in Toronto was launched on October 9, 2020, with a \$25 million donation by philanthropists Walter and Maria Schroeder. The Institute is the largest multidisciplinary arthritis hub in Canada and provides a comprehensive approach to the management of bone, joint, spine and connective tissue diseases. The primary goal of the Institute is to provide the best patient care while pursuing a cure, advancing this care across the spectrum of diseases from the clinic to the community.

The Schroeder Arthritis Institute integrates medical, surgical and basic science aspects of four major clinical programs: Hand, orthopedics, osteoporosis and rheumatology. The Institute comprises 46 scientists and clinician-scientists, 113 trainees, and 200 staff. In the past 18 months, investigators at the Institute were supported by over \$12M in peer-reviewed research funding and have published more than 400 research articles in peer-reviewed journals.

Created with an integrated vision, a strategic plan developed with broad input, and a sustainable business mo-



del, the Schroeder Arthritis Institute is home to highly innovative and cross-functional research platforms and technologies to help decode the origins of musculoskeletal and auto-immune diseases. The launch of the Institute builds on the momentum of the progress of our arthritis team in recent years, including innovations in surgical approaches for bone and joint diseases, new diagnostics and prognostics – particularly in lupus, spondyloarthritis, osteoporosis, and osteoarthritis, as well as the development of predictive tools for orthopedic surgery outcomes. This positions the Institute to make a global impact through early diagnosis, innovative treatments and prevention of arthritis and related diseases.

The Arthritis Institute includes four major research platforms:

- i. Centre for Arthritis Diagnostic and Therapeutic Innovation
- ii. Centre for Arthritis Intelligence
- iii. Centre for Arthritis Population Health and Clinical Outcomes
- iv. Centre for Arthritis Translational Medicine

These cross-functional and multidisciplinary centres have been created to enhance basic understanding of the diseases, to create new diagnostic tests, and foster innovative therapies all ultimately focused on improved quality of life for Canadians living with arthritis (see chart above).

The Schroeder Arthritis Institute is also the central hub for training and education, ranging from medical and research training programs including undergraduate, post-graduate and clinical/research fellowships. The extensive education opportunities at the Institute are anchored in the breadth of clinical resources, which include (1) 80,000 patients treated annually; (2) 1,200 joint replacements performed each year; (3) one of the largest arthritis clinical cohorts and tissue biobanks in the world; and (4) high throughput research platforms with cutting-edge technologies such as gene sequencing and metabolomics.

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