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The Journal of the Canadian Rheumatology Association



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JAK: Janus kinase.

Reference: RINVOQ Product Monograph. AbbVie Corporation.

Serendipity

By Philip A. Baer, MDCM, FRCPC, FACP

“The more I draw and write, the more I realize that accidents are a necessary part of any creative act, much more so than logic or wisdom. Sometimes a mistake is the only way of arriving at an original concept, and the history of successful inventions is full of mishaps, serendipity and unintended results.”

– Shaun Tan, Australian artist and writer

I try to get out for a daily walk through the trees for exercise and mental well-being. This so-called “forest bathing” (*shinrin-yoku*) is actually prescribed to patients by their physicians in Japan. Mine is usually carried out in a cemetery, not a real forest. Occasionally, I meet someone I know on these walks, and we chat. I find these random meetings generate positive feelings and make me feel that I chose the specific timing of my walk well.

That feeling is one of serendipity, which has been in the news frequently of late. The 2023 Nobel Prize in Medicine was awarded to Drs. Katalin Kariko and Drew Weissman for their work on mRNA leading to the COVID vaccine. Apparently, their collaboration took off after a chance meeting at a photocopier in 1998.¹ That might not happen in the age of digital rather than printed documents, and then where would our world be today?

Along the same lines, a slow elevator at UCLA in 1988 is said to have facilitated a meeting between a urologist and a physiologist, leading to the discovery of the role of nitric oxide in erectile dysfunction (ED) and to the serendipitous repurposing of sildenafil from an anti-anginal to an ED therapy, and a Nobel Prize in 1998.²

As I was thinking about this, I noted recent articles on serendipity in *The Globe and Mail*³ and *The Medical Post*⁴ as well. There are even conferences on the topic. The concept is based on a Persian fairytale, “The Three Princes of Serendip,” in which the princes travel the world and make discoveries by “happy accident.” The term was coined in 1754 by Horace Walpole, the son of the first Prime Minister of Great Britain. Serendip is the land now known as Sri Lanka.

The annals of scientific discovery are replete with examples of serendipity, in which unexpected and positive findings are observed by chance or accidentally. However, as Louis Pasteur said, “In the field of observations, fortune favours the prepared mind.” Much of the battle lies in recognizing the meaning of the accidental findings and proceeding from there. Among familiar discoveries, serendipity is noted in the development of the Gram stain and the McKenzie method of physiotherapy for low back pain, and the discovery of *Helicobacter pylori*, X-rays, radioactivity, warfarin, tricyclic antidepressants, and of course penicillin. Your office may also make use of microwave ovens and Post-It notes, also discovered and developed in this fashion.^{2,5} Many of these feats eventually garnered a Nobel prize.

The other venue where serendipity lives is at our annual conferences, at least in their live versions. The American College of Rheumatology (ACR) brought back in-person posters for

2023, as the virtual poster hall of the pandemic era was not fit for purpose. We all have wandered those massive halls at ACR and at the European Alliance of Associations for Rheumatology (EULAR), sometimes with a planned route and list of posters to review, but often in haphazard fashion instead, randomly meeting colleagues and stumbling upon research we might never have consciously sought out. That randomness was part of the beauty of the experience, and it occurred not only in the poster hall but at the other conference venues: plenary and breakout sessions, workshops, food courts and industry exhibit halls. No matter how slick the virtual platform, online posters, exhibit booths, and networking lounges did not facilitate serendipity.

As we return to in-person conferences, I commend to you the advice of a plastic surgeon discussing strategies for attending medical conferences and maximizing serendipity: “Plan your day, but don’t stick too closely to the plan” and “Don’t go to (too) many talks, talk to people instead.”⁶

At the Ontario Rheumatology Association (ORA) 2023 Annual Scientific Meeting, our first fully live event since 2019, I had an opportunity that showcased the possibilities. At lunch, my wife and I sat down at a random table, where we met a rheumatology fellow who was training in the U.S. but wanted to return to Canada to practice in the Niagara area. He didn’t know anyone at the meeting, but we spotted a colleague from that area across the room and were able to make the connection. If that leads to one more desperately needed rheumatologist in Niagara, it will be an example of serendipity in action.

Philip A. Baer, MDCM, FRCPC, FACP

Editor-in-chief, CRAJ

Scarborough, Ontario

References:

1. Ting Yu. How Scientists Drew Weissman (MED’87, GRS’87) and Katalin Karikó Developed the Revolutionary mRNA Technology inside COVID Vaccines. Available at www.bu.edu/articles/2021/how-drew-weissman-and-katalin-kariko-developed-mrna-technology-inside-covid-vaccines/. Accessed November 6, 2023.
2. Eldor, J. Serendipity Based Medicine (SBM) : To Infinity and Beyond. Theoretical Medicine Institute, Jerusalem, Israel.
3. Kalaichandran A. Should serendipity play a role in our decision making? *The Globe and Mail*. September 2, 2023. Available at www.theglobeandmail.com/opinion/article-should-serendipity-play-a-role-in-our-decision-making/. Accessed November 6, 2023.
4. Canadian Healthcare Network. Available at www.canadianhealthcarenetwork.ca/just-my-luck-or-serendipity. Accessed November 6, 2023.
5. Pearce JMS. Serendipity in science and medicine. *Hektoen International Journal*. 2022. Available at hekint.org/2022/01/10/serendipity-in-science-and-medicine/. Accessed November 6, 2023.
6. Bhattacharya S. Was attending the conference worth value for money? *Indian J Plast Surg*. 2014 Jan-Apr; 47(1): 1-3. doi: 10.4103/0970-358.129614.

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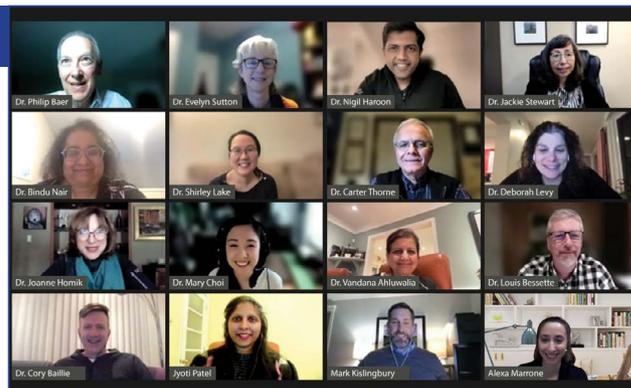
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Who's in the Rheum?

Meet the Winnipeg ASM Rheum Ambassadors!

In this edition of Who's in the Rheum, the Canadian Rheumatology Association (CRA) is proud to highlight Drs. Hani El-Gabalawy, Lily Lim, and Cory Baillie, three Winnipeg rheumatologists selected as ambassadors for the 2024 CRA & Arthritis Health Professions Association (AHPA) Annual Scientific Meeting (ASM) in Winnipeg from February 28 – March 2, 2024!

We're happy to introduce each of our ambassadors and highlight their Winnipeg-specific insights and recommendations below! Make sure to say hello and connect with them during your time at the ASM!



Dr. Hani El-Gabalawy



Dr. Cory Baillie



Dr. Lily Lim

Dr. Hani El-Gabalawy is a Clinician Scientist, Professor of Medicine and Immunology, and Endowed Rheumatology Research Chair at the University of Manitoba. Winnipeg has been Hani's home, both personally and academically, for 33 years.

Dr. Baillie is a community rheumatologist in Winnipeg where he is a clinical faculty member with the University of Manitoba. He is a graduate of the University of Saskatchewan, a past president of both the CRA and Doctors Manitoba, and the current President of the Board of the *Journal of Rheumatology*.

Dr. Lily Lim is a pediatric rheumatologist, Section Head of Pediatric Rheumatology, Associate Professor, and Clinician Scientist at the Children's Hospital Research Institute of Manitoba, at the University of Manitoba.

Why is the CRA important to you?

The CRA is important to me in that it is the hub of Canadian rheumatology activities and represents what I most value in my discipline and professional life: collegiality, professionalism, engagement, and collaboration.

I value the CRA and the CRA ASM for the collegiality and the opportunity to meet and interact with friends and fellow rheumatologists from across the country.

The CRA is a place where generations of Canadian rheumatologists can gather to do great things together — cutting-edge research, guidelines to advance patient care, and mentoring the next generation of rheumatologists to carry on in the footsteps of the giants in our field.

WHAT'S THE CRA DOING FOR YOU?

Who's in the Rheum? (continued)

	Dr. Hani El-Gabalawy	Dr. Cory Baillie	Dr. Lily Lim
What would you like to tell attendees of the 2024 Annual Scientific Meeting about Winnipeg?	I am delighted that, for the first time in the history of the CRA, Winnipeg will host the 2024 Annual Scientific Meeting. The City of Winnipeg is situated exactly at the centre of Canada and is only one flight away from most large Canadian cities. It surrounds the intersection of the Red and Assiniboine Rivers at the historic Forks, and has been the site of trade, commerce, and multicultural engagement. The theme of the 2024 ASM, "Confluence and Collaboration at the Forks," could not be better suited for this vibrant city.	The Scientific Committee has an exciting program planned for the 2024 ASM and Winnipeg can't wait for your visit. There are great restaurants in a modern take on a food court, connected by the skywalk to the convention centre in True North Square. Other fantastic options an Uber-ride away include 529 Wellington, Enoteca, and Deer + Almond.	If you could think of one rheumatologist or professor who influenced you to get into your field of work, who would it be? Brian Feldman, who influenced me to pursue methodology training, before I even came to train in Toronto. Earl Silverman, my clinical and research mentor, is the example for me in terms of his passion for patient care and using research to advance patient care.
What's a must-visit place in Winnipeg?	It goes without saying that the inspirational Canadian Museum of Human Rights, which is a few short blocks from the convention centre, is a must-see. The Winnipeg Art Gallery is the home of what is arguably one of the world's most impressive collections of Inuit art.	Take advantage of your free time during the ASM to visit The Forks, Winnipeg's traditional meeting place for centuries, and the architecturally stunning Canadian Museum of Human Rights during your visit to Winnipeg.	The Canadian Human Rights Museum, the zoo for the polar bears, and the Leaf (especially in winter). There are many wonderful restaurants. Here are a few personal favourites to start: Enoteca, Deer + Almond, and Passero.

Project Athena Update: CRA Member Input



The Canadian Rheumatology Association (CRA) continues to address practice and Electronic Medical Records (EMR) inefficiency as a top priority through Project Athena.

Here are the latest Project Athena updates:

1. The CRA continues to explore multiple technological solutions which can potentially reduce administrative burden and standardize charting.
2. Project Athena consultants continue to work with the Quality Care Committee to provide oversight over an EMR optimization project and a Digital Quality Improvement project. Meetings will be held monthly.
3. In-depth interviews were held with rheumatologists to gain further insights into key problems and how they are being overcome.
4. Consultants are looking for examples of forms that are difficult/time-consuming to use from the membership.

The CRA values your input. Please send the top 2 or 3 most troublesome forms and what is most difficult/time-consuming about filling them out to info@rheum.ca.

If you have any questions or would like to discuss Project Athena, please contact CRA CEO Dr. Ahmad Zbib at azbib@rheum.ca.

2023 CIORA Grant Award Recipients



The Canadian Rheumatology Association Foundation (CRAF) is pleased to announce that its granting division, the Canadian Initiative for Outcomes in Rheumatology cAre (CIORA), will be funding 3 two-year grants and 2 one-year grants for a total of \$421,043 CAD to projects that will enhance access and innovation in rheumatology care.

Over the last 15 years, CIORA has funded 119 projects and provided almost \$9 million CAD in research funding since 2006.

CIORA's grant program supports sustainable projects related to:

- Academic clinical research initiatives related to all rheumatic diseases
- Clinical research initiatives for community rheumatologists related to all rheumatic diseases

Principal Investigator(s)	Title	Award
Marie Hudson Sindhu Johnson Christopher Denton	Multicriteria Decision Analysis with 1000Minds for Developing Scleroderma Renal Crisis Classification Criteria	\$ 58,815.95
Shahin Jamal Tom Appleton	Early Adalimumab Induction for Treatment of Steroid-Dependent Checkpoint Inhibitor Associated Inflammatory Arthritis: A Pragmatic Randomized Clinical Trial	\$ 116,400.00
Dianne Mosher	Collaborative, Participatory Co-Production of a Clinical Dashboard for Patients with Inflammatory Arthritis to Enhance Patient-Centred Care and Shared Decision-Making	\$ 116,400.00
Stephanie Keeling	Peripartum Outcomes of Women with Rheumatoid and Psoriatic Arthritis, Spondyloarthritis and Systemic Lupus Erythematosus	\$ 72,750.00
Alan Rosenberg	Identifying Facilitators of and Barriers to Digital Health Literacy in Pediatric Rheumatic Disease Patients and Their Families	\$ 56,677.10

A listing of all current and previous recipients is available at rheum.ca/CIORA.

A special thanks to our sponsors for their continued support:



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recherche en rhumatologie



CIORA is issuing another call for grants!

CIORA Online Grant Application System opens on **January 29, 2024**.

Letter of Intent must be submitted by **March 8, 2024**.
CIORA Online Grant Application submission deadline is **April 5, 2024, at 17:00 (Pacific Time)**.
Grant notifications will be sent out in **July 2024**.

News from the ASM Program Committee

By Marinka Twilt, MD, MScE, PhD

The CRA Annual Scientific Meeting (ASM) Program Committee looks forward to seeing you all at the 2024 CRA and AHPA Annual Scientific Meeting, this coming February 28th-March 2nd, 2024. We are looking forward to reconnecting with colleagues and friends in Winnipeg! Of course, a modified virtual conference will be made available for those who would prefer or who cannot attend in person.

As we celebrate the 78th anniversary of the CRA and move towards more equity, inclusivity and diversity in all aspects, this year's meeting theme, "Confluence and Collaboration at the Forks", will focus on collaboration and shared decision-making in our complex rheumatology practices and strengthen our rare diseases research. We will once again provide unparalleled educational and networking opportunities, centered on a program that will deliver innovative leading-edge science, interactive programming, and insights from Canadian and international experts.

In addition to the Distinguished Investigator lecture that will be announced in the coming months, the ASM will feature three keynote addresses: Dr. Jillian Horton from the University of Winnipeg, an award-winning medical educator, will present her lecture focused on Physician Wellness; Dr. Lihi Eder from the University of Toronto will discuss psoriatic arthritis; and the CRA's own Dr. Hani El-Gabalawy will present the 2024 Dunlop-Dottridge Lecture on rheumatoid arthritis.

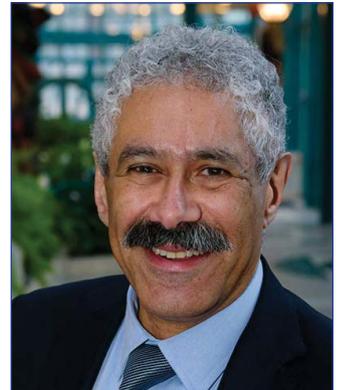
This year's schedule will follow last year's modified ASM schedule, with core educational content featured from Wednesday afternoon to Friday evening (Wednesday morning before the start of the ASM and Saturday morning will be reserved for small group and committee meetings). The meeting will commence the afternoon of Wednesday, February 28th, 2024, with a discussion on Mysterious Cases and Clinical Pearls and will end Friday, March 1st, 2024, with the gala dinner and awards cere-



Dr. Jillian Horton



Dr. Lihi Eder



Dr. Hani El-Gabalawy

mony. Each day will offer a full day of educational events, with adequate time for networking.

The meeting will, of course, feature all of the compelling content you have come to expect from the CRA & Arthritis Health Professions Association (AHPA) ASM. We will have poster sessions and poster tours for trainees and investigators to showcase their research activities; state-of-the-art, paired specialty and crowd-sourced workshops; satellite symposia; as well as favorites such as Mysterious Cases and Clinical Pearls, Controversies in Rheumatology, the Year in Review, RheumJeopardy and the Great Debate! This year's debate topic is "Be it Resolved that EMRs Save Time for Healthcare Providers and Improve Quality of Care". Opportunities to celebrate our award-winning colleagues will be featured throughout the meeting. Satellite meetings include the Residents' Pre-Course, CRA RheumReview (formerly CRA Review Course), and AHPA Pre-Course.

We welcome all CRA and AHPA members and other colleagues within the rheumatology community from across Canada and around the world. We look forward to seeing you all in Winnipeg and celebrating our achievements together in February 2024.

*Marinka Twilt, MD, MScE, PhD
Chair, ASM Program Committee
Pediatric Rheumatologist, Clinician Scientist,
Associate Professor, Cumming School of Medicine
University of Calgary, Calgary, Alberta*

Abstract Review Committee Update

By Mohammed Osman, MD, PhD, FRCPC

Dear Colleagues,

The abstracts have been submitted, and the CRA Abstract Review Committee has been working hard, reading and scoring the abstracts, ably supported by Virginia Hopkins (Manager, Research & Innovation). The committee aims to select the abstracts worthy of poster or podium presentations at the 78th CRA & AHPA Annual Scientific Meeting. We are excited to see you all in Winnipeg!

The Annual Scientific Meeting Committee, supported by Claire McGowan (Manager, Educational Programs and Events), has also been actively engaged to foster the multiple learning opportunities available at the ASM. Our meeting continues to garner interest from researchers, clinicians, trainees, and industry across Canada. This year, we received 171 abstract submissions (150 abstracts and 21 late-breaking abstracts). Each abstract is scored by three reviewers, and the best in each category are chosen based on the average score. The chair will break any ties for a spot on the in-person poster tours and for podium presentations. Thank you to all our reviewers for their help and commitment!

There will be in-person podium presentations and poster tours during which the top-ranked abstracts will be presented. There will also be interactive in-person poster sessions where attendees will be able to discuss posters with the presenters. The top 5 abstracts in each award category will be judged during the scheduled podium, poster tour, or poster session for the following awards:

- 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
- Best Abstract on Spondyloarthritis Research Award

We look forward to seeing you all during the in person (and virtual) CRA & AHPA ASM!

Sincerely,

*Mohammed Osman, MD, PhD, FRCPC
Chair, CRA Abstract Review Committee
Consultant Rheumatologist and Immunologist
Associate Professor, Department of Medicine
University of Alberta
Edmonton, Alberta*

Pediatrics Committee News

By Roberta Berard, MD, MSc, FRCPC

The CRA Pediatrics Committee is a diverse and active group of 95 pediatric rheumatologists, trainees and researchers. The Pediatric Executive Committee oversees the work of several subcommittees including Human Resources, Education, and a number of working groups. Dr. Bobbi Berard will complete her term as Chair of the Pediatric Executive Committee after the Annual Scientific Meeting (ASM) in February 2024, with Dr. Nadia Luca stepping into this role, and Dr. Julie Barsalou will serve as Vice-Chair. We would like to thank Dr. Ron Laxer, who will complete his term as past-chair, having served on this committee for the last 8 years. We will be seeking volunteers for the role of secretary. We are grateful for the valuable insight provided by our ex-officio members, Dr. Lily Lim (member-at-large) and Dr. Lillian Lim (CRA board liaison).

The Pediatric subcommittees have been very busy over the last twelve months, offering a variety of educational opportunities in addition to producing manuscripts and guidance materials.

Here is a summary of some of the important work they have completed over the past year:

- The Canadian Autoinflammatory Case Rounds (CANaC) Steering Committee offered two presentations for pediatric members with interactive case presentations by CRA members, Drs. Jason An, Roxana Bolaria, and Liane Heale.
- The Education Subcommittee offered two accredited National Grand Rounds webinars: Diet and Inflammatory Rheumatic Disease by Ms. Inez Martincevic and Systemic JIA-related Interstitial Lung Diseases (ILD) by Dr. Grant Schulert.

- The HR subcommittee has completed phase 2 of their work aiming to describe models of pediatric rheumatology care across Canada through qualitative research methods. Key themes of importance in care processes include geographical barriers to care; accessibility of community advanced clinician practitioners in arthritis care (ACPACs); shortages of social work and mental health resources; and use of virtual care. Identification of these themes will lead to future advocacy efforts to improve equity and access to care for pediatric rheumatology patients.
- The CRA recommendations for the screening, monitoring, and treatment of JIA-associated uveitis were featured in an editorial (with author response) in the *Journal of Rheumatology*.
- The manuscript "Choosing Wisely: The Canadian Rheumatology Association Pediatric Committee's List of Items Physicians and Patients Should Question" has been published in the *Journal of Rheumatology*, led by Drs. Nadia Luca and Lillian Lim.
- The Pediatrics Committee continues to collaborate with the Therapeutics Committee and Stakeholder Engagement to advocate for permanent access to triamcinolone hexacetonide (Trispan™).

*Roberta Berard, MD, MSc, FRCPC
Chair, CRA Pediatrics Committee
Associate Professor of Pediatrics,
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Division Director, Pediatric Rheumatology,
Children's Hospital, London Health Sciences Centre
London, Ontario*

Update from the CRA Therapeutics Committee

By Alison Kydd, MD, PhD, FRCPC

The CRA Therapeutics Committee has been busy over the past year. We have been working on new initiatives for the CRA involving the review and approval of Canadian Agency for Drugs and Technologies in Health (CADTH) submissions for rheumatic medications. Some of the highlights over the past year include the following:

- Ongoing work on several different drug shortage issues.
- Development of a review process for CADTH clinician input applications for submission by the CRA.
- Completion of two CADTH reviews.
- Initial meetings regarding the development of a Drug Access and Adjudication (Pharmacare) Subcommittee.

Monitoring drug shortages and advocating for CRA members and their patients are always our top priorities. We will continue to respond to emerging issues on behalf of our members through position statements.

This work is only possible through the dedication of our volunteer committee members, who are all very busy with their numerous other roles. I would particularly like to thank my former Co-Chair Dr. Rosie Scuccimarri who was vital in overseeing a huge amount of work regarding COVID vaccinations. She continues her work as one of our committee members. We have had several new members join our committee who are highly committed and efficient. I am always impressed with our committee members' timely responses and expert guidance. As always, our work would not be possible without Sarah Webster, a CRA staff member, who is critical to our ongoing functioning.

*Alison Kydd, MD, PhD, FRCPC
Chair, CRA Therapeutics Committee
Clinical Associate Professor, Rheumatology
University of British Columbia
Nanaimo, British Columbia*

New Report Highlights Significant Gaps in Arthritis Care and Research Across Canada

Arthritis Society Canada released the **State of Arthritis in Canada Report Card** on October 23, 2023, giving low grades to all provinces and territories and underscoring the urgent need for collaboration and innovation in arthritis care.

The report was developed through collaboration within the arthritis community across Canada and stressed the need for a concrete solution-oriented arthritis plan.

Here are the key findings of the State of Arthritis in Canada Report Card:

- **Canada needs better arthritis data:** Data across the country is inconsistent, insufficient, and too siloed to show a clear picture of the problem and its potential solutions.
- **Getting access to care is the challenge:** Too many Canadians cannot access arthritis care and demands outweigh system capacity.
- **Arthritis research is underfunded:** Relative to the burden of disease, including the number of Canadians impacted, more investment is needed in arthritis research.

- **Provincial/territorial findings and opportunities for action:** The highest grade among all jurisdictions in Canada was a "C," indicating significant room for improvement and that much work needs to be done.

This report serves as a launch point, with a renewed sense of urgency, focused on collaboration and innovation in the field of arthritis. We must come together as a community, including governments — provincial, territorial, and federal, embracing the power of partnership and leveraging our collective strengths to enact meaningful change.

For more information, read the Arthritis Report Card at arthritis.ca/about-us/what-we-do/advocacy/report-card.



Quality Care Committee Report

By Amanda Steiman, MD, MSc, FRCPC

The mandate of the Quality Care Committee, true to its name, is to improve the quality of rheumatologic care delivery nationally. This can be viewed through patient-centered and physician-centered lenses: Quality care through patient lenses is a gold standard to which we all aspire — care that is safe, effective, patient-centered, timely, efficient and equitable. We are compelled, however, to balance this against the challenges of rheumatologic practice in Canada: supply/demand mismatch, a dearth of funding for extended role providers, lengthy wait times, and increased complexity.

Indeed, now, perhaps more than ever, the impact of the unrelenting demands of clinical practice in Canada has come to the fore. Burnout looms large in the context of these “system issues.” Odes to physician wellness are no more than platitudes without a lever by which we can lower the (system) floodgates — if only by a little. Free massages or coffee (as nice as they are) will not address the root cause and allow us to move meaningfully forward. How can we deliver the best quality care when the odds are stacked against us? This question is at the core of physician-centered quality care delivery.

What makes the launch of Project Athena so exciting is that it is meant to tackle both issues. Project Athena has been championed by Ahmad Zbib and will be supported by Dr. Karim Keshavjee and his team at the SRA

Academy, who will provide their expertise in digital lean sigma, to create an electronic medical records (EMR) output that makes life easier for clinicians AND captures core data elements for disease processes. EMR optimization and data quality subcommittees, comprised in large part of Quality Care Committee members, will serve as consultants, with opportunities for further CRA member engagement as the project progresses. At its core, Project Athena will work towards optimizing EMR workflows to ensure rheumatologists across the country are collecting core clinical data elements without additional effort. This, in turn, will bolster opportunities for quality improvement and for clinical and academic collaborations across the country while providing a tool to optimize care delivery.

I look forward to getting started with subcommittee launch meetings in the coming weeks, and to sharing updates as the project evolves.

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Report from the Human Resources Committee

By Dana Jerome, MD, MEd, FRCPC

The CRA Human Resource (HR) Committee has had two main foci over the course of this year. The first has been to continue the work on burnout to provide resources for our membership to identify and address this issue. The second is work on addressing access to rheumatology care, particularly in remote and underserved areas and populations.

The systematic review of published systematic reviews entitled, “An Overview of Reviews to Inform Organi-

zation-level Interventions to Address Burnout in Rheumatologists” led by HR Committee member Dr. Barber, her colleague Dr. Kheirhah, as well as registered psychologist Nicole Hartfeld, was completed and published in the *Journal of Rheumatology*. A link to this publication can be found on the CRA website: rheum.ca/resources/cra-workforce-and-wellness-surveys/.

The CRA membership survey demonstrated burnout as one of the top two issues of concern amongst Canadian

rheumatologists. Ongoing work to promote recognition of burnout and practical information to address the issue will be a focus for the upcoming year.

Outreach care, either through travelling clinics or virtual care, is one of the strategies for addressing access to rheumatology care. To eventually promote outreach care, a survey of current rheumatology training programs was performed. This has demonstrated that only 50% of our national training programs in rheumatology have outreach care as a part of the training program, and in most cases it is optional. However, 100% of program directors felt trainees would be interested in participating in outreach care as part of their training. Over the course of

the upcoming year, the committee will focus on gaining a better understanding of the landscape of outreach care across the country to identify steps that might be taken to promote and/or facilitate rheumatology care for patients and communities currently less well served.

*Dana Jerome, MD, MEd, FRCPC
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Program Director, Rheumatology Training Program
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Update from the Guidelines Committee

By Glen Hazlewood, MD, PhD, FRCPC; and Orit Schieir, PhD

The Guidelines Committee is very much “alive”. CRA living guidelines are now active for rheumatoid arthritis, juvenile idiopathic arthritis (JIA) uveitis, and COVID-19 vaccination, with spondyloarthritis and transition of care slated for 2024. Living guidelines are continually updated over time, with new recommendations added and existing recommendations modified if necessary. All of CRA’s living guidelines are published through the MAGICApp, an online guideline publishing platform. They can be accessed through the CRA website at rheum.ca/resources/publications/. Each guideline is also published in journal format through the *Journal of Rheumatology*, but the online version will always be the latest version.

Over this year, we are also working on some CME activities linked to the guidelines, in collaboration with the Education Committee. Our “Guidelines Corner” section of the *CRAJ* launched in the Fall issue and will highlight selected recommendations from our guidelines.

The Guidelines Committee would like to thank all the people who have contributed to the success of the committee over the past year: Sarah Webster for the amazing administrative support to the committee; Jordi Pardo and Cochrane Musculoskeletal for providing methodological support; Arnav Agarwal and the MAGICApp team; and of course all members of the Guidelines Committee and panelists, including the dedicated patients who participate in the guideline panels.

There are many opportunities to be involved in evidence reviews or guidelines through the CRA, either as a trainee or a practicing rheumatologist. CRA members, please reach out to Sarah Webster at swebster@rheum.ca.

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CRA Education Committee Update

By Beth Hazel, OLY, MDCM, FRCPC, MM

In taking over as the Chair of the CRA Education Committee, I reviewed the impressive record of my predecessor, Dr. Raheem Kherani. It is not an overstatement to say that he, along with the steadfast dedication of many committee members, transformed this committee.

At the start of his tenure, the Education Committee was a group of passionate educators who were involved in various projects across Canada. Raheem built on the excellent work of Chris Penney and, with the dedication of many committee members, was able to further organize this group and structure subcommittees to take on specific tasks. Under his leadership, the committee went from meeting annually to quarterly, and the results speak for themselves. The Undergraduate Subcommittee took on the project of developing a national rheumatology curriculum. The Postgraduate Subcommittee developed an impressive slate of resources and events to support rheumatology residents and program directors across the country; the Continuing Professional Development (CPD) Subcommittee addressed accreditation and maintenance of certification (MOC) projects; and Raheem refined the role of the CanREAL group of medical educators to serve as scholarly resources.

Over the past year, this well-oiled machine has continued to turn out exciting new projects. The Postgraduate Subcommittee, under the leadership of Drs. Dharini Mahendira and Marie Clements-Baker, is advancing a national rheumatology immunology curriculum. Dr. Greg Choy is working with the CPD Subcommittee to facilitate MOC requirements for our CRA membership. The Un-

dergraduate Subcommittee is exploring developing a resource hub to support undergraduate, internal medicine, pediatrics and early postgraduate learners.

One of the Education Committee's long-term projects is to restructure the committee to oversee all educational priorities of our members and optimize educational content delivery across different committees. To this end, we will be changing the timing of the annual needs assessment to early each calendar year, so that we can help facilitate the development of pertinent educational activities throughout the year. We have begun our restructuring efforts by increasing collaboration between all groups involved in resident educational activities, including the Residents' Pre-Course, the National Written Rheumatology In Training Exam (NWRITE), the National Rheumatology virtual OSCE, and the spring and fall resident education events offered by the National Rheumatology Residents' Curriculum (NRRC) Program Committee.

I am excited to work with Claire McGowan, Deborah Kim, and our tireless group of rheumatology educators to continue to build on the work that this committee has achieved.

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Photo (left): The CRA Education Committee at their meeting at the 2023 ASM in Québec City.

Photo (right): Dr. Elizabeth Hazel (current Chair of the Education Committee) and Dr. Raheem Kherani (Past-Chair).

Highlights of the Year from the Equity, Diversity and Inclusion Task Force

By Nicole Johnson, MD, FRCPC

The Canadian Rheumatology Association (CRA) Equity, Diversity and Inclusion (EDI) Task Force continues to function in an advisory capacity to the CRA CEO and Board. The Task Force is helping the CRA to deepen its commitment to EDI by reviewing policies and other material and making recommendations/suggestions. Our EDI consultant, Amorell Saunders N'Daw, is actively supporting the work of the EDI Task Force and produced a report on the Annual Scientific Meeting in 2023 via an EDI and Accessibility (EDIA) lens, which is informing future meeting planning. There will be ongoing work to review CRA governance documents through an EDIA lens.

The EDI Task Force has resumed the Equity Corner in the CRA newsletters to highlight EDI issues, and we welcome contributions by CRA members to amplify any equity work. The CRA's EDI journey was highlighted in the global segment of the annual meeting of the Association of Women in Rheumatology (AWIR) in both 2022 and 2023.

The Task Force members also contribute to the CRA community by offering educational opportunities to CRA members. Examples include a plenary segment on Structural Competency for the Ontario Rheumatology Association, and presentations to the LEADership Program (LEAP). Workshops by task force members on inclusive medical education and trauma-informed care were presented at the CRA Annual Scientific Meeting in 2023 and are available for review on the CRA's members' portal. At the upcoming Annual Scientific Meeting in March 2024, the Task Force will be presenting a workshop on cross-cultural communication in rheumatology care. This was a topic of interest identified through the annual membership needs assessment, so we look forward to an informative and interactive session with CRA members.

The CRA EDI Special Project, sponsored through an unrestricted grant from Pfizer Canada, has launched its three-part webinar series on healthcare inequities in rheumatology. In October, the first guest speaker of the series was Dr. Grace Wright, President of the Association of Women in Rheumatology (AWIR). The recording of this presentation is accessible through the members' portal of the CRA website.

Upcoming webinars will feature dynamic speakers including Dr. Lynden (Lindsay) Crowshoe, a Blackfoot primary care physician and researcher, who will speak on health equity action for Indigenous, First Nations and Inuit communities in January 2024 (look out for the date), and Dr. Katherine Smart, a pediatrician in Whitehorse and a past-president of the Canadian Medical Association, who will address health equity considerations for rural and

remote communities in February 2024. In collaboration with Dr. Cheryl Barnabe and her CIORA research team, the EDI Special Project also supported the production of an online educational resource on health equity in rheumatology which will launch shortly on the University of Calgary website, and to which CRA members and Arthritis Health Professions Association (AHPA) members will have exclusive initial access. We strongly encourage CRA members to access this resource once available. More information will be circulated once the website is active.

As always, the Task Force welcomes any feedback, comments, and ideas from our CRA members. Please reach out by emailing our coordinator, Erin Stewart, at estewart@rheum.ca.

CRA EDI Task Force Members:

- Dr. Nicole Johnson, Chair
- Dr. Aurore Fifi-Mah
- Dr. Natasha Gakhhal
- Dr. Susan Humphrey-Murto
- Dr. Raphaël Kraus
- Dr. Manisha Mulgund
- Dr. Trudy Taylor
- Dr. Alan Zhou
- EDI consultant: Ms. Amorell Saunders N'Daw
- Administrative support: Ms. Erin Stewart



Pictured from left to right: Alan Zhou, Natasha Gakhhal, Nicole Johnson, Aurore Fifi-Mah, Raphaël Kraus, Amorell Saunders N'Daw, and Trudy Taylor. Absent: Manisha Mulgund and Susan Humphrey-Murto

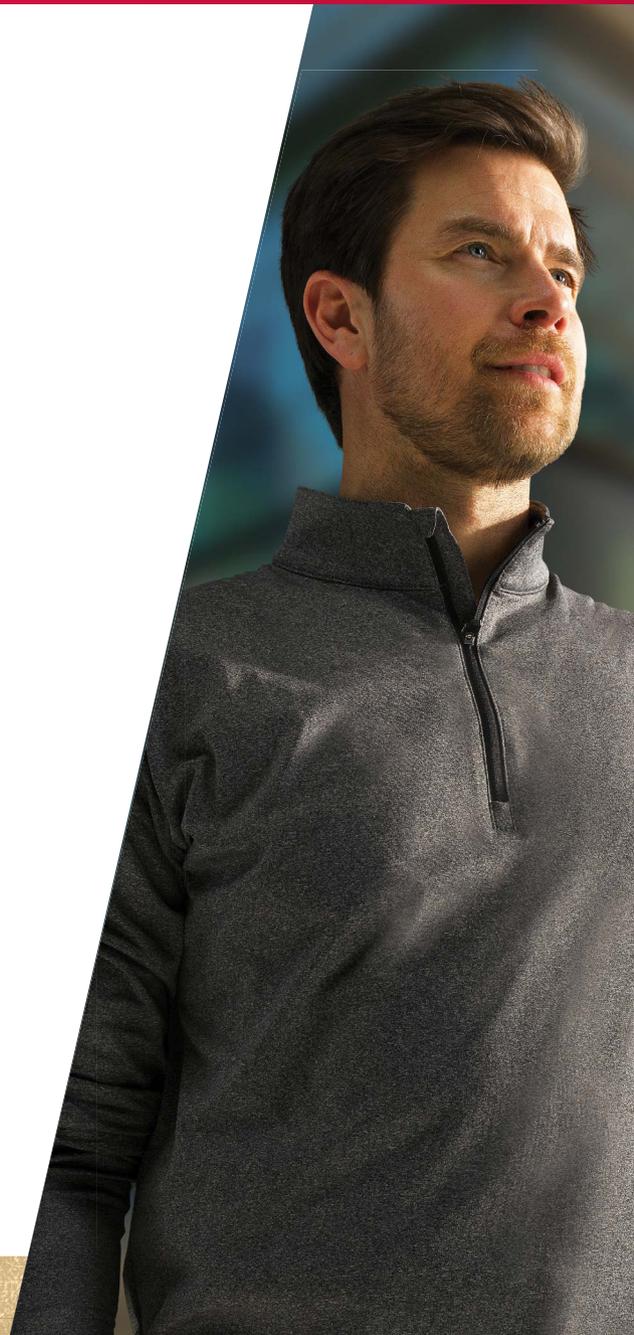
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News from SOAR

By Evelyn Sutton, MD, FRCPC, FACP

Attendees at SOAR are encouraged to bring their families and, over the years, not only have the rheumatologists formed strong friendships, but so have their children. It is a fantastic conference for rheumatologists to learn from each other and guest lecturers, yet not lose time with family. The weekend agenda, tried and true for 39 years, is of educational activities restricted to Saturday and Sunday mornings. On Saturday afternoon attendees choose between participating in the annual golf competition (with allegedly fabulous prizes for the winners) or selecting their own activity.

This past meeting, June 23rd–25th, was again a wonderful mix of education and fun at Dalvay by the Sea. Most families arrived in time Friday evening for a buffet dinner, and the saying “no one grows faster than other people’s children” was in full evidence through the now-grown daughters of New Brunswick rheumatologist, Leo Picard, and Nova Scotia’s Volodko Bakowsky. Regular attendees could remember these young women when they came to SOAR as literally babes in arms. It was wonderful to witness the delight with which they greeted each other and to see them welcome the younger children of newer SOAR members.

Drs. Jason An and Sebastian Unizony were our guest experts this year and provided state-of-the-art lectures on autoinflammatory/immune dysregulation and vasculitis respectively. I highly recommend them both to other groups looking for engaging and informative speakers (speaking of other people’s children growing fast, I recalled meeting Dr. An when he was an Internal Medicine resident at the University of Alberta!).

We are heading back to Dalvay for the 40th anniversary of SOAR, and all former members are welcome to join us. Our guest speakers will be Dr. Tom Appleton and Dr. Hughes Allard-Chamard. I am confident we will have another great meeting, East Coast style.



From left to right: Dr. Sebastian Unizony, Dr. Alexa Smith (last year's SOAR president) and Dr. Jason An.

Best wishes to all!

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Past-President, Canadian Rheumatology Association
Associate Dean,
Undergraduate Medical Education
Professor of Medicine,
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B.C. Society of Rheumatologists (BCSR) — Update from the Pacific

By Jason Kur, MD, FRCPC

2023 was a year for reconnection in British Columbia (BC) Rheumatology. We have reconnected through leadership activities, learnings, and celebrations.

Drs. Tommy Gerschman and Michelle Teo continue to lead the way with their impactful project in specialist team care. Ten sites and eight different specialties have transformed their practices based on learnings primarily gathered from the rheumatology nursing experience over the past decade. System transformation in BC is also gaining momentum as we put the challenging days of the pandemic behind

us. A new provincial digital health strategy is in the works with high hopes to “axe the fax”. Time will tell how successful this will be, but the potential to streamline the referral process for specialists is significant. In addition, the Ministry of Health is very much interested in capturing better wait-time data. It seems this province is at the beginning of some critical and much-needed system transformation. We are still struggling with shortages in primary care. However, there have been some limited community successes with the new Longitudinal Family Practice (LFP) model that was announced last year as part of the latest Physician Master Agreement (PMA). Rheumatology also concluded another successful round of intersectional disparity negotiations as mandated by the last PMA. For the first time, there was a concerted effort to try and identify and address some of the factors contributing to the gender pay gap in medicine.

In addition to the annual Western Alliance of Rheumatology meeting hosted in Kelowna in the spring, Dr. David Collins chaired the North West Rheumatology Society (NWRs) meeting in 2023. At this gathering, the community recognized our dear friend and colleague Dr. Luke Chen (hematology) as an honorary BC rheumatology member for his contributions and collaborations throughout his career in BC. His recent relocation to Halifax is a gain for the East Coast. The 18th annual British Columbia Rheumatology Invitational Education Series (BRIESE) took place in September. Another stellar event, with learnings from Dr. Tom Appleton (University of Western Ontario), Dr. Mohammad Bardi (University of British Columbia), Dr. Cheryl Barnabe (University of Calgary), Dr. Daniel Marinescu (University of British Columbia), Dr. Alexis Ogdie-Beatty (University of Pennsylvania) and Dr. Michelle Petri (Johns Hopkins Medicine).

We also took the opportunity to praise some of our finest with the Annual BCSR/UBC Award presenta-



From left to right: Kam Shojania, Shahin Jamal, and Annie Colwill at BRIESE and, in second photo, David Collins and Luke Chen at NWRs.

tions in September. The Innovation Award was given to Dr. Shahin Jamal. She has become an international expert in immune complications of cancer immunotherapy. She co-founded the pioneering CanRIO (www.canrio.ca) — The Canadian Research Group of Rheumatology in Immunology. Dr. Jamal's research will help patients with cancer who have immune complications and will also shed light on the triggers and treatment of our patients with autoimmune rheumatic diseases. Dr. Peter Van Stolk was awarded the UBC BCSR Teaching Award for outstanding contributions to the medical training program. Dr. Van Stolk, who practices in Kelowna, demonstrates the importance of mentorship and teaching in communities outside Vancouver's lower mainland.

Finally, Dr. Alice Klinkhoff received the Advocacy Award. She was the medical director of the Mary Pack Arthritis Program for 18 years. Dr. Klinkhoff has always been a strong advocate for patients focusing on access to vital rheumatology care resources. Dr. Klinkhoff has also served for many years as a medical link in Haida Gwaii, where she has cared for patients as part of the Mary Pack Arthritis Program Travelling Consultation Service.

We also took time to properly fete the contributions of some pillars of the BC rheumatology community who retired over the past few years, but due to the pandemic were deprived of an appropriate celebration. A special gala was held at the Arbutus Club in Vancouver in August. Dr. Milton Baker, Dr. James Dunne, Dr. John Esdaile, and Dr. Graham Reid were roasted and toasted by the entire BC community.

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President, B.C. Society of Rheumatologists
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News from the ORA

By Felix Leung, MD, FRCPC

Greetings from the Ontario Rheumatology Association (ORA)! I was asked to reflect on the achievements of the past year, and I can say that I am truly inspired by the remarkable strides our organization has made. I am also very humbled and thankful for the hard-working ORA executive, board, committee chairs, and members. These achievements are a testament to our collective commitment to improving rheumatological care in Ontario.

Here are a few highlights:

The Annual Scientific Meeting (ASM) at Kingbridge Centre just north of Toronto this past May was a great success! This was our first fully in-person meeting since 2019. We had one of the highest registrations ever. We featured well-known speakers including Dr. Atul Deodhar, Dr. Eduardo Mysler, Dr. Georg Schett, and Dr. Cynthia Cooper. The reviews from attendees were excellent. I am looking forward to the next ASM taking place May 24-26th, 2024. This is open to all rheumatologists so please mark your calendars. Details will be available in the new year.

The Informatics Committee chaired by Dr. Tom Appleton has made exciting progress in the past year. Our new RheumView digital health solution was introduced at the May ASM to huge fanfare and is now officially launched! This intuitive interface integrates seamlessly with electronic medical records (EMRs) to organize and



present the most relevant patient data in a meaningful way. This improves office efficiency, decision-making, and ultimately, patient care. RheumView is fully designed, developed, owned, and supported by the ORA.

We have continued to build relationships with the Ontario Ministry of Health and with private payers. We are in constant communication with the government and our members regarding the biosimilar transition, which is currently happening in Ontario. A recent success: anti-CCP and ANCA testing is now publicly funded as of September 2023. We have also been working with private payers to

create unified criteria and a common application form for biologics to reduce administrative burden.

The Northern Ontario Committee chaired by Dr. Sahil Koppikar has made great strides in setting up a structure to enhance rheumatological care in this underserved area of the province. We have worked with the Ontario government to implement a model of rheumatological care in Thunder Bay, and we continue to work on identifying candidates for Advanced Clinician Practitioner in Arthritis Care (ACPAC) training in all northern hubs.

The ORA has created a Planetary Health working group, headed by Dr. Stephanie Tom. The goal is to promote eco-friendly habits by making changes in our practice. Even small changes in our office, such as using less examination table paper, can make a difference to the environment. A toolkit with rheumatology-specific recommendations has been created with workshops and town-halls being planned soon. I'm looking forward to great things from this group!

All of these events and initiatives are made possible through the hard work of our ORA leadership team and ORA members, as well as our Executive Director Sandy Kennedy, to whom I am deeply grateful.

All the best for the coming year.

*Felix Leung, MD, FRCPC
President, ORA
Rheumatologist
Toronto, Ontario*



Update from the AMRQ — Is the Mirage Over?

By Frédéric Morin, MD

The *Association des médecins rhumatologues du Québec* is committed to long-term efforts to improving the conditions of practice for rheumatologists in Quebec, as well as to increasing access for patients already under care and for new patients suffering from rheumatic diseases.

In the last two annual articles, I announced the implementation of a program, in cooperation with the Quebec Ministry of Health and Social Services, designed to provide a more optimal environment for the practice of rheumatology. In the end, over 75 full-time equivalent positions could be deployed in Quebec to assist rheumatologists to fulfil their caring role without being bogged down by all the clerical burdens associated with practice. Of course, resources and needs differ from one environment to the next, so we're aiming to develop an innovative "à la carte" model, enabling each rheumatologist to benefit from half of a full-time equivalent position to support their practice. Now that the project's acceptability phases have been completed, we are on the verge of rolling out three pilot projects to demonstrate improvements in access and quality of care. Should everything go well, this project could be deployed across Quebec. For my part, although the process is long and tedious by our standards of governance, I can see a real interest on the part of the authorities in setting up these structures. We remain vi-

gilant but hope to see the program fully implemented by 2025. Finally, can we look forward to a concrete improvement in rheumatology practice conditions in Quebec without any mirages?

No more hybrid conventions! Quebec rheumatologists met face to face with a record attendance of over 120 participants at my alma mater, Trois-Rivières. In addition to a scientific conference of the highest level, a lively evening of 50's festivities let us rediscover the talents of the organizing committee's dancers, including the skillful stylings of Drs. Guylaine Arsenault, Josiane Bourré-Tessier, Ariel Masetto, Geneviève Oigny-Longpré, Jean-Pierre Raynauld and Édith Villeneuve!

The AMRQ has honoured Dr. Isabelle Fortin, a pioneer of rheumatology in remote regions, with the *Bourse du mérite 2023*. On her own and covering the vast territory of the *Bas-Saint-Laurent*, Dr. Fortin has worked closely with front-line and specialist physicians in her region. She has also developed a successful clinical research organization. Through her initiatives, Dr. Fortin has always put our arthritis patients at the core of all her decisions.

*Frédéric Morin, MD
President, Association des médecins rhumatologues
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CPD for the Busy Rheumatologist

Knowledge Translation: What's in It for Me?

By Raheem B. Kherani, BSc (Pharm), MD, FRCPC, MHPE; Elizabeth M. Wooster, M.Ed, PhD(c); and Douglas L. Wooster, MD, FRCSC, FACS, DFSVS, RVT, RPVI

Dr. AKI Joint has just finished obtaining MOC section 3 credits and reviewing the QI cycle (www.craj.ca/archives/2023/English/Fall/Kherani-Wooster-Wooster.php).

“I now have a better idea about what to do to garner some section 3 credits. They seem a bit easier to obtain. However, during my review, I read about knowledge translation (KT) and was curious about how this would apply to my learning.”

What is Knowledge Translation?

The Canadian Institutes of Health Research define knowledge translation as “a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve health, provide more effective health services and products, and strengthen the health care system” (Strauss et al). In Canada, the term is often used interchangeably with knowledge transfer and knowledge exchange. The important parts to focus on in this definition are the concepts of movement of knowledge (usually from creator to user) for the improvement of the health-care system and the services it provides (Figure 1). This movement can occur in many ways and is often seen as integrated with the generation of knowledge. However, if the step of KT does not occur, new learnings are not integrated into medical practice.

Reflection continues to be an important process for learning. Through KT we can reflect on what we know and, thereby, transform concepts from personal experiences

and generalizations to changes in behaviour. KT helps us to incorporate continually changing evidence into application. As such, this process is important for patients and practitioners.

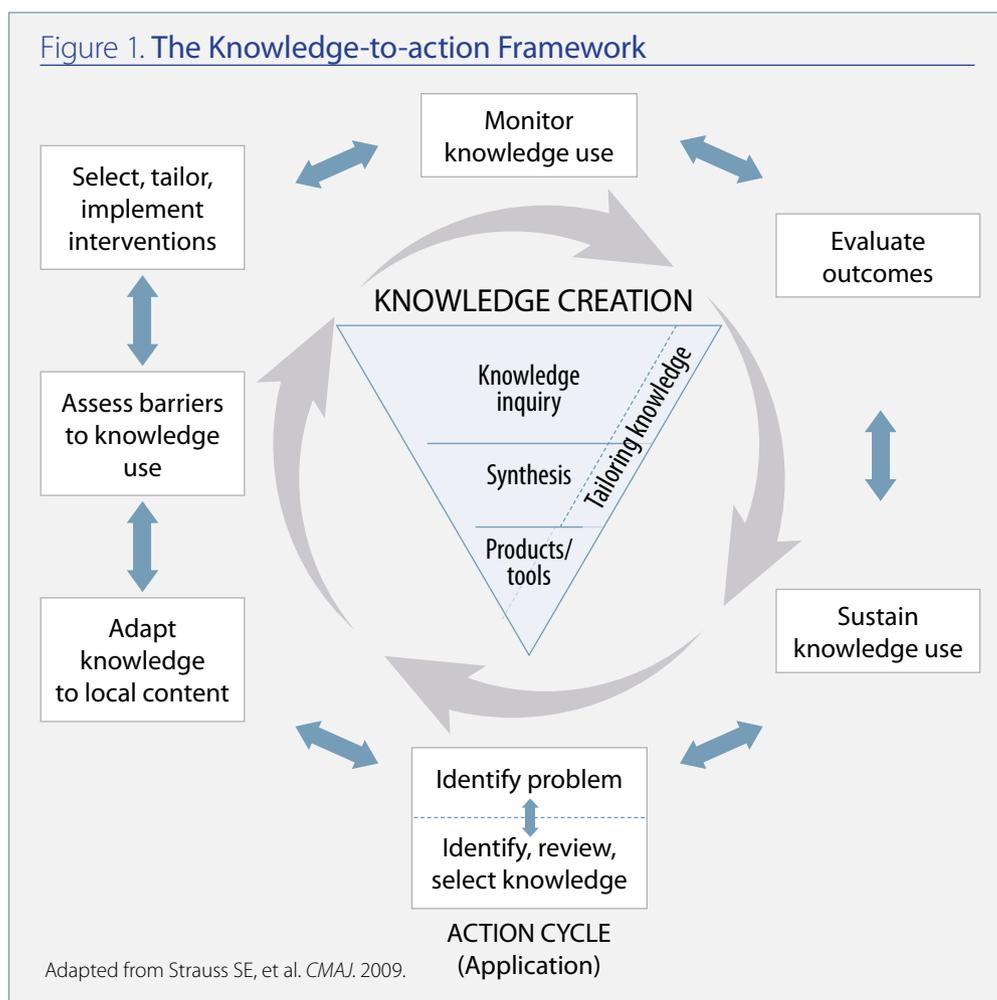
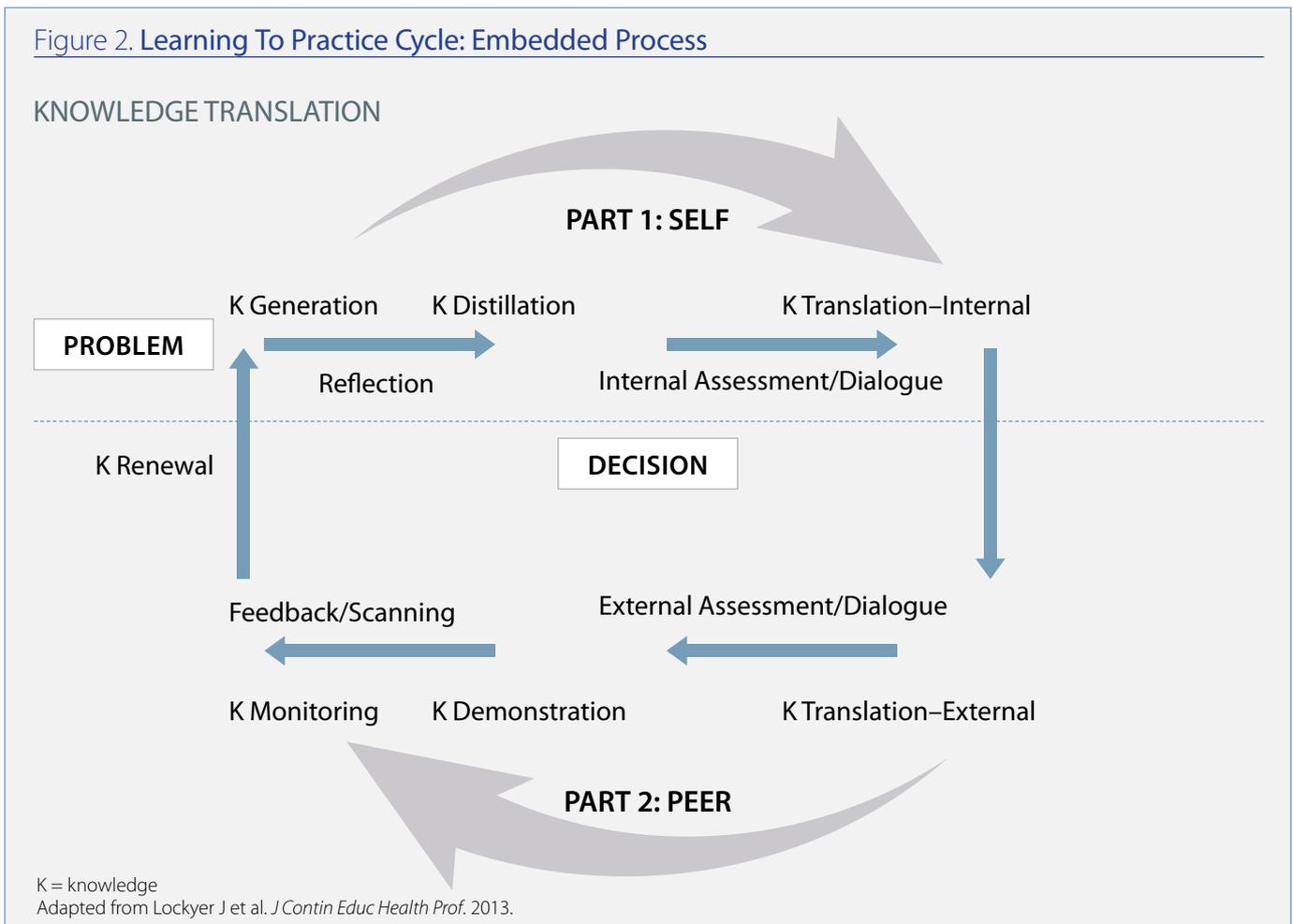


Figure 2. Learning To Practice Cycle: Embedded Process



Knowledge Translation and Rheumatology

The history of rheumatology provides an excellent example of this process. In the early 1800s, Augustin Jacob Landré-Beauvais described “Primary Asthenic Gout”. In 1859 Alfred Garrod redefined “Rheumatic Gout”. In comparing these treatises, we have come a long way in separating rheumatoid arthritis (RA) from gout. Although pathology is foundational, KT has catapulted our knowledge base forward, through our comprehension of immunology and clinical science. The discovery and application of HLA-DR4 as a susceptibility factor for RA has been an important contributor, but it is not the sole determinant of who will develop RA. Fast forward and our progressive understanding of the immune system and potential therapeutic targets has dramatically improved the quality of life of our patients. In translating this knowledge, we need strategies to review, reflect, and apply this knowledge to our day-to-day practice and patient care.

“Now, that I have learned a bit more about KT, I will need to look at continuing to improve my practice to improve patient care.”

— Dr. AKI Joint.

References:

- Entezami P, Fox DA, Clapham PJ, et al. Historical perspective on the etiology of rheumatoid arthritis. *Hand Clin.* 2011; 27(1):1-10. doi:10.1016/j.hcl.2010.09.006
- Kitto SC, Bell M, Goldman J, et al. (Mis)perceptions of continuing education: insights from knowledge translation, quality improvement, and patient safety leaders. *J Contin Educ Health Prof.* 2013 Spring; 33(2):81-8. doi: 10.1002/chp.21169. PMID: 23775908.
- Lockyer J, Gondocz ST, Thivierge RL. Knowledge translation: the role and place of practice reflection. *J Contin Educ Health Prof.* 2004 Winter; 24(1):50-6. doi: 10.1002/chp.1340240108. PMID: 15069912.
- Straus SE, Tetroe J, Graham I. Defining knowledge translation. *CMAJ.* 2009 Aug 4;181(3-4):165-8. doi: 10.1503/cmaj.081229. Epub 2009 Jul 20. PMID: 19620273; PMCID: PMC2717660.

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ACR Convergence 2023 Review

By Philip A. Baer, MDCM, FRCPC, FACR

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ACR Convergence returned to San Diego this year, running from November 10-15th, 2023. San Diego has been a popular location for ACR (the American College of Rheumatology), with the last meeting there in 2017, which I attended in person. This year, the meeting was again in hybrid format, with some sessions livestreamed, others available on demand, and some only available in person. Overall, 80% of attendees chose to be in person and 20% attended virtually. There were over 240 sessions and thousands of abstracts to choose from.

By popular demand, the in-person poster hall returned to facilitate dialogue and networking. Apparently, the most exciting poster was a late-breaker on a Phase 2b study of TAK-279 in psoriatic arthritis. The poster was purloined from its display board, and searches of the trash bins and closed-circuit TV footage were unrevealing. The data itself is no mystery: the study met its primary endpoint, and the abstract is available online on the ACR abstract website.

I chose to attend virtually. The feed was excellent, and any issues with the stream were more likely at the viewer's end, not at the ACR source. PDFs of slides were available for a number of sessions. Why go virtual? Cheaper, more environmentally friendly, less time missed from work, allows for multi-tasking, etc. I took my cue from many play-by-play sports broadcasters who now call games from a studio in Toronto rather than actually travelling with the team to away games. If it's good enough for Arash Madani and Sharon Fichman, who covered Canada's historic win in the Billie Jean King Cup on the same weekend as ACR, I can manage it as well. I will plan to be at the 2024 CRA and ORA meetings in person, and EULAR no longer offers a virtual option.

The meta-conference also helps ensure you don't miss anything. By this, I refer to the conference feeds on X, LinkedIn, RheumNow, the Cytokine Signalling Forum (CSF) and coverage from Arthritis Consumer Experts (ACE). Key sessions and abstracts are analyzed and deconstructed. The ACR also puts out press releases covering key studies, and all abstracts are available online.

I attended the Global Rheumatology Summit Friday, which was entirely online. Sessions were excellent, inclu-

ding one on Rheumatology and Indigenous Populations featuring our own Dr. Cheryl Barnabe. Saturday included various offerings, with the Review Course the most popular. From eye disease to relapsing polychondritis, spondyloarthritis (SpA) to vasculitis, the lectures were wide-ranging and excellent.

The opening ceremonies featured ACR/Association of Rheumatology Professionals (ARP) Award Winners, including Toronto's Dr. Jorge Sanchez-Guerrero (ACR Master) and Vancouver's Catherine Backman (ARP Master). The keynote speaker was also Canadian: economist Avi Goldfarb from the University of Toronto's Creative Destruction Lab. His talk on artificial intelligence (AI) was thought-provoking and engaging. The cost of prediction is falling, but human judgment will always be required, both to decide on the rules that the AI or large language model follows, as well as what to do with the output. He indicated that health care lags in the adoption of this technology, as it has for many others (we are still trying to "axe the fax", with limited success). Canada is a leader in AI research, as it has been for decades when the field was largely ignored. Amazon is another leader, and if its "Recommended for You" prediction engine improves, the day may come when Amazon ships you what it thinks you want without any order being placed, confident that you will actually want most of what it sends you. The patent for that dates back to 2013. My only quibble was that this lecture did not award any CME credits on the ACR's Credit Tracker. AI also featured in the CPC session "My Oh Myositis."

The meeting began in earnest with the popular Year in Review session. Dr. Philip Seo, former editor of *The Rheumatologist*, did the adult clinical review. Our own Dr. Marinka Twilt chaired the Pediatric Year in Review session. Interestingly, both sessions highlighted DOCK11 deficiency, a rare condition I had never heard of, marked by actinopathy and immune dysfunction. VEXAS was also mentioned as perhaps a more common condition than we have thought. In fact, advice provided in several sessions was that, as a group, rare diseases may not be as rare as we believe and should be considered in patients presenting with seronegative rheumatoid arthritis (RA), ANA-negative lupus (no longer possible with the new systemic lupus erythematosus [SLE] criteria), and other atypical presentations. Other highlights of the Year in Review were further analyses of ORAL-Surveillance, showing risk confined mainly to the over 65 ever-smoker

group, and a prediction for 2050 of the global arthritis burden, showing massive increases in knee osteoarthritis (OA) and OA in general (will GLP-1 receptor agonists change that?), as well as other rheumatic conditions. Job security for rheumatologists in 2050 is certain, while a net-zero world is not. Studies summarized included LODOCO, MAINRITSAN, SAPHYR, and case reports where CAR-T cell therapy failed in myositis and systemic sclerosis, while depletion of TRBV9+ T cells worked in an ankylosing spondylitis (AS) patient who had failed tumor necrosis factor therapy and stem cell transplantation. The Basic Science segment covered novel concepts including ferroptosis.

There were two Great Debates. The adult one posed the question "Should PMR and GCA Be Treated with Advanced Therapies at Disease Onset?" No vote was taken at the end. Debaters were Philip Seo on the "yes" side and Robert Spiera on the "no" side. Dr. Spiera was the principal investigator of the recent SAPHYR study of sarimumab in refractory polymyalgia rheumatica (PMR), and his father Dr. Harry Spiera was apparently the first person to describe PMR in the United States. The pediatric Great Debate revolved around "Combination Therapy vs. Step-up Therapy for Juvenile Idiopathic Arthritis".

Excellent Canadian representation was evident in the plenary sessions. Janet Pope moderated the Plenary 2 and Late-Breaking Abstracts oral sessions, and the final wrap-up "Clinical Year in Preview" session (no manels there, as it was the Janet Pope, Joan Bathon and Jill Buyon show). Dr. Maria Powell presented Abstract 726 at the Plenary 1 session on "Expert Consensus Recommendations for Musculoskeletal Ultrasound Education in Canadian Rheumatology Residency Training Programs". Apparently, 40% of such programs do not offer formalized MSK ultrasound training. Dr. Arielle Mendel from McGill presented Abstract 1584 on "Effect of Trimethoprim Sulfamethoxazole Prophylaxis on Infections During Treatment of Granulomatosis with Polyangiitis with Rituximab: A Population-Based Study."

I also noted the SMART Study on Split-Dose Methotrexate (Abstract #1583). This study evaluated whether split dose methotrexate (MTX) may have better efficacy compared to a single weekly dose of MTX. This randomized, controlled trial randomized 253 RA patients to MTX 25 mg single dose qweek (n=128) vs. split-dose MTX (10 mg QAM, 15 mg QPM qweek; n=125). Patients were allowed to add leflunomide or sulfasalazine at week 16 if they had persistent disease activity. The primary endpoint was a EULAR good response at 24 weeks, which did not show statistical significance. However, at week 16, split dose MTX was superior to placebo (DAS28-ESR, ACR20, ACR50, ACR70) and patients were less likely to have to add another DMARD (35% vs 54.5%, $p=0.005$). There was a higher frequency of transaminitis in the split dose group compared to the single weekly dose group, which had a greater frequency of leukopenia. Implications for

practice: Split dosing of MTX may show better early efficacy compared to single weekly dose; closer monitoring of liver enzymes may be needed with split dosing.

During ACR Convergence 2023, ACR announced the appointment of Deborah Dyett Desir, MD, as the College's 87th president. In this role, Dr. Desir was noted to be the first Black woman to lead the organization for its 90th year. Aileen Ledingham, PT, MS, PhD became the 58th ARP President. The Rheumatology Research Foundation President is now Liana Fraenkel, MD, MPH, a graduate of McGill University, where she earned her bachelor's and medical degrees.

The Daltroy lecture featured Dr. Puja Mehta on the impostor syndrome, which she indicated should be relabeled as testimonial injustice caused by bias. Women and minority groups were the most affected. "Recruiting for growth not fit" was a key take-home message. Dr Kaleb Michaud's ARP Keynote was the most evocative and emotional lecture of the ACR meeting. He traced his life story dating back to his juvenile idiopathic arthritis (JIA) diagnosis at age 3, leading to being treated by the late Dr. Fred Wolfe, with whom he eventually partnered in research using large databases of physician and patient-reported data. His harrowing disease trajectory recalled my professional journey in rheumatology, with therapies ranging from high-dose aspirin and gold salts to the trepidatious use of methotrexate and eventually success with biologics and reconstructive surgery. The discordance between the patient's perception of their disease course and its impact versus that of the treating physician was highlighted.

The most common arthritis, OA, was not forgotten. However, the news was sadly similar to what we have heard before. Dr. Tuhina Neogi, another speaker with a Canadian connection, presented the Rheumatology Research Foundation Memorial Lecture to Memorialize Dr. Roy Altman—"Osteoarthritis: Highlights From The Past Informing the Future". Learnings: There are no breakthroughs in therapy, trial design is an issue, and we should stop using the negative term "non-pharmacologic therapy" and replace it with the longer but more positive "physical, psychosocial, and mind-body approaches." Another session covered "OA Knee: Inject or Not" with a panel of two rheumatologists supporting injections, with repeat injections indicated to be safe and effective, but with no major impact on structural progression. The radiologist panelist reported seeing a succession of post-injection patients with osteonecrosis, rapidly progressive OA, and insufficiency fractures, but these were felt to be relatively rare events by the other clinicians.

Next year ACR Convergence will be held in Washington DC in November shortly after the US election. Mark your calendars!

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Celebrating 50 Years of HLA-B27 and Axial Spondyloarthritis: Top 10 Common Questions Answered

By Ibraheem Almani, MD; and Akihiro Nakamura, MD, PhD

1. What is HLA-B27? What role does HLA-B27 play?

The human leukocyte antigen B27 (HLA-B27), a unique label on the surface of our cells, plays a pivotal role in the immune system. This antigen helps our immune system by showing off pieces (peptides) of pathogenic antigens (like viruses and dying cells) to other immune cells called cytotoxic T cells. When the cytotoxic T cells receive the signal, they swoop in and get rid of the troublemakers, thereby contributing to immune surveillance and response.¹

2. Which diseases are linked to HLA-B27?

The most striking association is with axial spondyloarthritis (axSpA), where up to 90% of ankylosing spondylitis (AS) and around 70-80% of non-radiographic axSpA patients possess the HLA-B27 allele, respectively.^{2,3} Besides axSpA, HLA-B27 is also associated with other diseases within the SpA spectrum, such as acute anterior uveitis, psoriatic arthritis, reactive arthritis, and juvenile idiopathic arthritis.⁴⁻⁷ Furthermore, there have been reports of an association between inflammatory bowel diseases (IBD) such as Crohn's disease and ulcerative colitis and HLA-B27, although conclusive evidence has yet to be established.⁸

3. How does HLA-B27 cause these diseases?

The short answer is that we don't know yet. However, HLA-B27, in combination with other genetic variants, is thought to lead to the chronic activation of downstream immune cells.^{9,10} This activation might be mediated by an abnormal gut microbiome, in which HLA-B27 presents disease-associated peptides to downstream T cells. Subsequently, cross-reactive self-attacking T cells migrate to the joints and spine, causing inflammation (Figure 1). It's worth noting that up to 60% of axSpA patients exhibit clinical or subclinical inflammation in the gut.¹¹ Furthermore, HLA-B27 transgenic mice do not develop SpA symptoms under germ-free conditions.¹² These facts demonstrate a close relationship between the gut and axSpA, and also suggest that specific peptides presented by HLA-B27 in the gut activate downstream T-cell responses leading to SpA-spectrum diseases.

4. Does the HLA-B27 test need to be repeated?

Once a patient has tested positive or negative for HLA-B27 based on established methods such as PCR, the test does not need to be repeated as the presence of this antigen is a stable trait that does not change over time.¹³

Figure 1. Potential Mechanisms of HLA-B27-Mediated Inflammation in Joints and the Spine

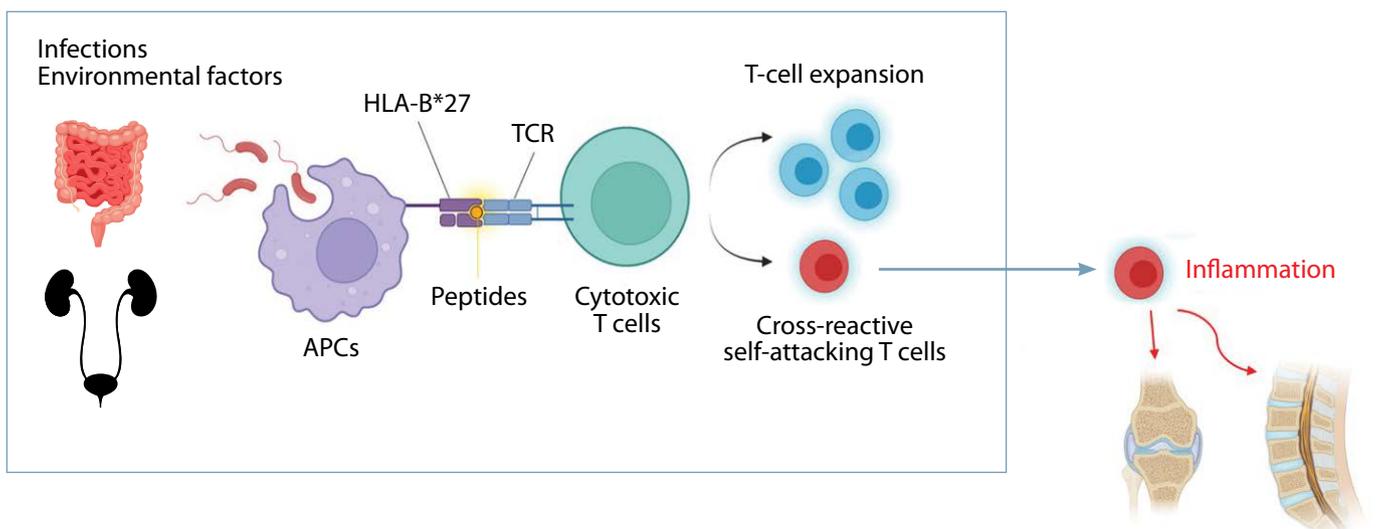
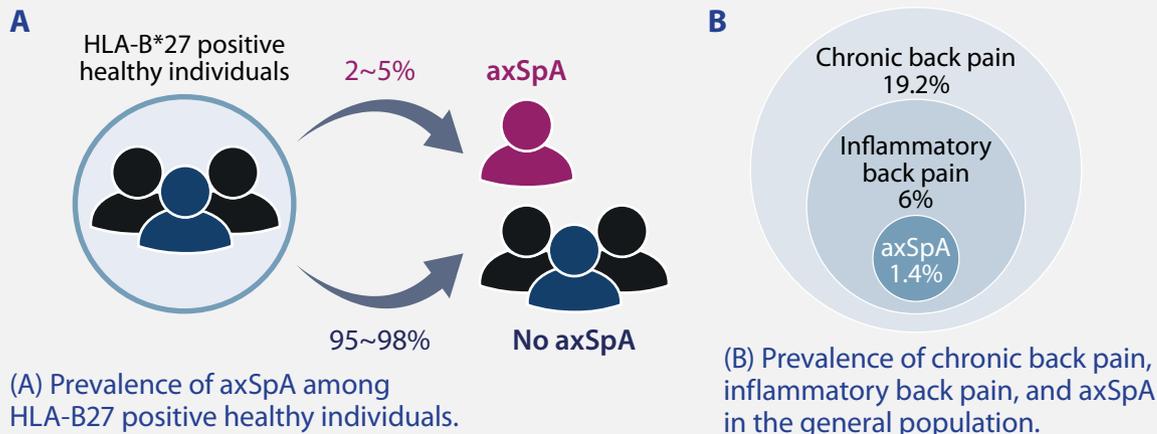


Figure 2.



5. What is the prevalence of HLA-B27 in the general population?

The prevalence of HLA-B27 in the general population varies significantly across different ethnic groups and geographic regions. On a global average, approximately 6-8% of individuals carry the HLA-B27 antigen, and the Canadian population frequency is also reported to be around 7%. Notably, the prevalence is as low as less than 1% in the Japanese population, to as high as approximately 24% in certain indigenous populations of Alaska.¹⁴⁻¹⁶

6. If someone is HLA-B27 positive, what is their likelihood of developing axSpA?

It is known that HLA-B27-positive individuals face a lifetime risk of approximately 2-5% for the development of axSpA (Figure 2A), compared to around 1% in the general population.¹⁷ While this risk is higher than that in the general population, it's important to note that more than 95% of HLA-B27-positive individuals do not develop axSpA. However, the risk is higher for individuals who not only carry the HLA-B27 antigen but also have a first-degree relative with axSpA, with estimates at around 20%.¹⁸

7. Are genetic tests necessary for other family members if one tests positive for HLA-B27?

Despite the hereditary component associated with HLA-B27, genetic testing for HLA-B27 status in asymptomatic family members is not typically recommended or required. Testing is usually reserved for those presenting with suggestive clinical symptoms of an HLA-B27-associated condition.

8. Is it recommended for HLA-B27-positive individuals to consult rheumatologists?

While HLA-B27 alone without any symptoms does not require a rheumatology consultation, when an individual tests positive for HLA-B27 and is experiencing symptoms indicative of a rheumatic condition, it is recommended to consult a rheumatologist for a comprehensive assessment. It is also important to note that although around 20% of the general population has chronic back pain, with 6% being inflammatory back pain, only 1.4% of them have axSpA (Figure 2B).¹⁹

9. What does a positive HLA-B27 result signify in patients with axSpA?

In the context of axSpA, HLA-B27 positivity is known to be a risk factor for earlier disease onset, a more severe disease course, the development of new bone formation, and a higher incidence of extra-articular manifestations such as anterior uveitis.²⁰

10. Does the presence of HLA-B27 affect the response to treatment or the prognosis of axSpA?

Data on the correlation between HLA-B27 status and treatment response in axSpA are diverse and somewhat ambiguous. However, previous studies have reported a better response in HLA-B27-positive patients toward tumor necrosis factor inhibitors (TNFi).²¹⁻²⁴ Regarding prognosis, while axSpA disease may impact life expectancy compared to general populations, carrying HLA-B27 variants itself does not increase mortality risks in either axSpA patients or healthy individuals.²⁵

Acknowledgment: Figure 1 and Figure 2 were created with BioRender ([BioRender.com](https://www.biorender.com)).

Suggested readings:

- Ranganathan V, Gracey E, Brown MA, et al. Pathogenesis of ankylosing spondylitis - recent advances and future directions. *Nat Rev Rheumatol*. 2017 Jun; 13(6):359-367. PMID: 28446810.
- Nakamura A, Boroojeni SF, Haroon N. Aberrant antigen processing and presentation: Key pathogenic factors leading to immune activation in Ankylosing spondylitis. *Semin Immunopathol*. 2021 Apr; 43(2):245-253. PMID:33532928.
- Yang X, Garner LI, Zvyagin IV, et al. Autoimmunity-associated T cell receptors recognize HLA-B*27-bound peptides. *Nature*. 2022; 612:771-7. PMID: 36477533.

*A complete list of references used in the article is available online at [craj.ca](https://www.craj.ca).

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Survey Results: Educational Resources To Better Teach Rheumatology

This issue's Joint Count survey focused on educational needs in rheumatology. The survey included both university- and community-based rheumatologists as well as rheumatology residents from across Canada. Eighty percent of survey-takers said they taught rheumatology content to medical students and non-rheumatology residents. Read on for more below.

When asked about their top rheumatology resources and techniques, below are some of the responses (in no particular order):

- The CRA/ACR websites for their guidelines
- UpToDate (uptodate.com)
- Rheum Guide (Rheumguide.ca)
- RheumTutor (Rheumtutor.com)
- Rheum Info (Rheuminfo.com)
- RheumExamAtlas
- RheumaHelper (rheumahelper.com/)
- "The Rheumatology Handbook for Clinicians" by Lori Albert
- "A Primer on Musculoskeletal Examination" by Evelyn Sutton
- "Rheumatology Secrets" by Sterling G. West
- "The Resident's Guide to Pediatric Rheumatology" (rheum.ca/education/educational-resources/)
- "ABC of Rheumatology" edited by Lisa Dunkley and Ade Adebajo
- University of British Columbia (UBC) Undergraduate Musculoskeletal Teaching Resources
- Autoinflammatory Alliance website, PRES/PRINTO website
- One-on-one in-person instruction, in-clinic history-taking/exam/case discussion
- Socratic case-based method
- PubMed journal clubs and scientific journal articles
- Textbooks on MSK Radiology

As part of the survey, respondents were also asked to complete the sentence, "To help better teach rheumatology to medical students/residents, I wish..."

Some of the responses are as follows:

- "... I had more time."
- "... I had designated time to teach."
- "...for more inclusive representation, and to be able to present pictures of people of colour with rheumatic diseases to trainees."
- "...that learners had more exposure to community rheumatology."
- "...rheumatology was more involved in planning curriculum."
- "...we could collaborate more to learn from each other and share best practices."
- "...we had a database with resources and presentations."

In summary, as one comment stated, "our residents are being trained to work in tertiary academic centers. They may feel lost if they go out into the community after completing their training." Another reiterated that students lament that they get very little rheumatology teaching. The committee is evaluating these results and is working on building resources for members to enable better teaching of our trainees. For any questions or feedback, please reach out to Claire McGowan at cmcgowan@rheum.ca.



Dr. Amber Cogar and family



Dr. Liam O'Neil and family



Dr. Ceri Richards and family

News from Manitoba

By Cory Baillie, MD, FRCPC; and Christine A. Peschken, MD, MSc, FRCPC

Since our last update from Manitoba, Drs. Amber Cogar, Liam O'Neil and Ceri Richards have been busy helping to solve the next generation's rheumatologist shortage by giving birth to or fathering future rheumatologists. Drs. Cogar and O'Neil are fully back at work and Dr. Richards returns in Spring 2024.

We have also added a few new faces to the Winnipeg rheumatology community of late. We are proud to welcome our rheumatology residents Dr. Shane Cameron PGY5, Dr. Kaien Gu PGY5 and Dr. Matthew Thiessen PGY4 to the CRA. Joining the University of Manitoba faculty is Dr. Juanita Romero-Diaz, Associate Professor, Department of Medicine. Dr. Juanita Romero-Diaz joins us from the Department of Immunology and Rheumatology of The National Institute of Medical Sciences and Nutrition in Mexico City. She obtained her medical degree from the University of Puebla, Puebla City, Mexico, and trained in Internal Medicine and Rheumatology at The Mexican National Autonomous University in Mexico City; there she also obtained a master's degree

in medical sciences. She also did a research fellowship with Dr. Rosalind Ramsey-Goldman at Northwestern University, Chicago, in 2010, and is an active member of the Systemic Lupus International Cooperating Clinics Research (SLICC) group. She has internationally recognized expertise in lupus and lupus research, and we are very pleased she has joined us here in the north!

We all look forward to hosting the CRA Annual Scientific Meeting in Winnipeg in February 2024. We hope to see you there!

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* Please see Product Monograph for complete dosing and administration information.

† The Arthritis Society Ease-of-Use commendation recognizes products that have been independently tested with people living with arthritis and is not intended as a general product endorsement. The Ease-of-Use logo indicates the ease of use only and does not endorse the therapeutic properties of the product.

References: 1. RINVOQ Product Monograph. AbbVie Corporation.
2. AbbVie Corporation. Data on file.

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References: **1.** Leger. Reputation Survey. 2023: Ranking The Most Reputable Companies in Canada. **2.** Patient View. The corporate reputation of Pharma in 2021. The patient perspective—Canada edition. The views of 124 patient groups. Published June 2022. **3.** Fortune Magazine. FORTUNE World's Most Admired Companies 2022. <https://fortune.com/company/pfizer/worlds-most-admired-companies/>. **4.** Ethisphere. The 2023 World's Most Ethical Companies® Honoree List. <https://worldsmoethicalcompanies.com/honorees/>.