



Institute of Musculoskeletal Health and Arthritis Newsletter: June 2014

# IMHA - *On the Move!*

## A Message from the Scientific Director



Put on a sun hat and sunscreen and get active outside this summer! Advocating physical activity is, has always been, and continues to be a major part of IMHA's mandate, but so is skin health, so don't forget to protect your skin while you enjoy the summer sun.

### National Athletic Therapy Month & National Sun Awareness Week

June is National Athletic Therapy month and as it happens, at least seven marathons happened from [coast to coast](#), with more coming throughout the summer. [One inspiring story](#) from the Manitoba Marathon was that of a young girl with juvenile rheumatoid arthritis who completed a 2.6 mile kids' event. June 8th was the Arthritis Society's [Walk to Fight Arthritis](#), with events across Canada. National Sun Awareness Week was June 2 to 8, organized by the [Canadian Dermatology Association](#) to increase awareness about the harmful effects of UV radiation exposure on the skin.

### Pathways to Health Equity

The [Pathways to Health Equity for Aboriginal Peoples](#) program is well underway and IMHA is pleased to take a leadership role in the Oral Health area. The program's other exemplar areas include Suicide Prevention, Diabetes/Obesity, and Tuberculosis. The program is [currently accepting](#) Letter of Intent applications with a deadline of August 5, 2014. For more information about the registration process, contact [Melanie Bergeron](#).

### ME/CFS and FM in Canada

It's a mouthful to say but try living with one of these painful chronic illnesses: Myalgic Encephalopathy, Chronic Fatigue Syndrome and Fibromyalgia affect thousands of Canadians each year. IMHA staff attended a special session on ME/CFS and FM Awareness Day, May 12th, 2014. Organized by the Public Health Agency of Canada (PHAC) Health Promotion and Chronic Disease Prevention Branch, the session's speakers included Margaret Parlor, President of the National ME/FM Action Network, Lisa Schneiderman, Patient Advocate for the Network, and Dr. Gordon

Broderick, Director, Systems Biology Group, Institute for Neuro-Immune Medicine, Nova Southeastern University. The session was incredibly insightful and eye-opening as to the prevalence of these illnesses, the seriousness of their debilitating effects and the need for further awareness and understanding.

### Research Day

IMHA staff also attended a research day hosted by the University of Manitoba's Health, Leisure and Human Performance Research Institute at the Faculty of Kinesiology and Recreational Management. Researchers including the U of M's "Professor Popsicle", Dr. Gordon Giesbrecht, are investigating topics ranging from exercise in extreme climates and altitudes, to exercise adherence, to motor control and rehabilitation. Dr. Dean Kriellaars, who works on injury prevention with the members of Cirque du Soleil, emphasized the importance of fitness and physical literacy to promote daily healthier living.

### Network Catalyst Grant – Featured Researcher

IMHA is pleased to support the development two important Networks this year with a Network Catalyst Grant: the Advancement of Burn Care Network (ABCN) (PI Dr. Sarvesh Logsetty), and the Canadian Neuromuscular (CAN-NMD) Network (PI Dr. Lawrence Korngut). Dr. Logsetty kindly visited our offices at Winnipeg's Health Sciences Centre to chat about his plans for the Burn Care Network. Meet Dr. Logsetty [here](#).

### Institute Collaboration: Joint IAB Meeting

At the end of May, IMHA was part of a unique undertaking: a joint IAB meeting with the Institute of Nutrition, Metabolism and Diabetes (INMD). The Advisory Boards of both Institutes met in Toronto May 29th to discuss a variety of commonly-shared issues. This collaboration was found to be very productive for all. Guest speaker Dr. Alison Buchan, Vice Dean of Research and International Relations at the University of Toronto, emphasized to attendees the importance of putting knowledge into action and the need for clear and open communication between University institutions and the CIHR.

*Continued on page 2...*



...continued from page 1

## Farewell, Dr. Esdaile

We would like express our deepest thanks to [Dr. John Esdaile](#) for his years of service on IMHA's Institute Advisory Board. A distinguished Rheumatologist and Scientific Director of the Arthritis Research Centre of Canada, John and his sage and candid words will be missed. We wish him all the best in his future adventures.

As always, I encourage you to continue to submit any questions or comments to [IMHA@cihr-irsc.gc.ca](mailto:IMHA@cihr-irsc.gc.ca). Please also follow me on Twitter [@HaniElgalalawy](#).

Sincerely,



Hani El-Gabalawy MD FRCPC  
Scientific Director  
CIHR Institute of Musculoskeletal Health and Arthritis

## Funding Opportunities and Research News

For information on current funding opportunities, please visit [IMHA's Funding Opportunities](#) online.

### Pathways to Health Equity for Aboriginal Peoples: Implementation Research Team Grants - Component 1

[Pathways to Health Equity for Aboriginal Peoples](#) (Pathways) is a [CIHR Signature Initiative](#) with an overall goal to develop a better understanding of how to design, implement and scale up population health interventions that will improve First Nations, Inuit and Métis health in four exemplar areas: Suicide Prevention, Diabetes/Obesity, Tuberculosis, and Oral Health.

This Pathways Implementation Research Teams (IRTs) [Funding Opportunity](#) will provide funding for Component 1 Implementation Research Teams, which are team development grants to support research teams in building relationships with First Nations, Inuit, and/or Métis communities and identifying promising or effective, multi-faceted population health interventions in any of the 4 exemplar areas that are based in Indigenous practices, and scalable for inclusion in later components.

The funding for this Component is intended to support teams as they work towards preparing an application to Component 2 and/or Component 3.

The total amount available for this funding opportunity is \$800,000, enough to fund approximately 8 grants. The maximum amount per grant is \$100,000 for up to 18 months.

**Note:** CIHR will be launching a separate Funding Opportunity for Component 2 applications across the exemplar areas at a later date. A Component 3 Funding Opportunity is planned for a later date.

### IMPORTANT DATES

Phase 1 – Letter of Intent:

- Planned Application deadline: **August 5, 2014**
- Notice of Decision: **August 20, 2014**

Phase 2 – Full Application:

- Application deadline: **October 15, 2014**
- Notice of Decision: **January 30, 2015**
- Funding start date: **February 1, 2015**

**IMHA - On the Move! 2**

## Partner Corner

### Arthritis Consumer Experts



is **Looking for Canada's Best Workplace for Employees Living with Arthritis**. Successful organizations are paying more attention to the needs of employees living with arthritis, underlining the significant role 4.6 million Canadians living with arthritis have in the work force and economy. At the 2014 Canadian Life and Health Insurance of Canada Annual Claims Conference in Quebec City, Arthritis Consumer Experts (ACE) announced a nationwide search for best arthritis strategies and practices in the Canadian workplace as part of the official launch of the **Canada's Best Workplaces for Employees Living with Arthritis** program 2014.

The **deadline for applications is 5:00 p.m. EST on July 31, 2014** and winners will be announced during Arthritis Awareness Month in September 2014. To determine if your company is eligible for Canada's Best Workplaces for Employees Living with Arthritis program, please contact [chan@jointhealth.org](mailto:chan@jointhealth.org).

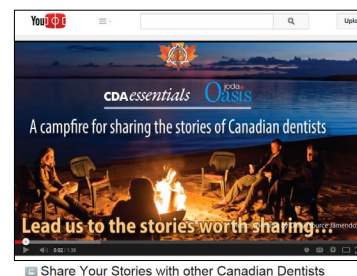
Congratulations to Dr. Kam Shojania, Chair of the Arthritis Consumer Experts' advisory board who was awarded this year's St. Paul's Hospital Howard B. Stein Award at a ceremony on May 29, at UBC. The Award is presented each year in memory of Dr. Stein, renowned rheumatologist, political advocate and ambassador for world peace. The award is given to someone recognized as a leader in the rheumatology community.

### Canadian Arthritis Patient Alliance (CAPA)



with support from the [Ontario Rheumatology Association](#), is seeking input for an Arthritis Patient Charter. If you would like to contribute, please complete the Patient Charter survey [here](#). The Patient Charter is available in English only.

The **Canadian Dental Association (CDA)** is seeking 'campfire' stories from Canadian dentists as submissions to its new magazine, *CDAessentials*. In this [video call](#) for submissions, Dr. O'Keefe and other Canadian dentists explain what they're looking for. Read the latest issue of *CDAessentials* [here](#).



Though the [Canadian Arthritis Network \(CAN\)](#) completed its mission in March, 2014, its legacy continues with a website that includes informative multimedia for arthritis communities: researchers, health care providers, patient advocates, investors, and policy makers. Videos regarding the impact of Arthritis Research in Canada, the Value of Consumers in Research, and the Value of Collaboration and Partnership are [available to view](#) on the CAN website.

## Featured Researcher

In April, IMHA was pleased to award two Network Catalyst Grants to two research teams: one for the Canadian Neuromuscular Network headed by Dr. Lawrence Korngut (to be featured in the next newsletter), and one for the Advancement of Burn Care Network (ABCN) headed by Dr. Sarvesh Logsetty.

**NETWORK PROFILE:** The ABCN's objectives are to improve burn survivor health outcomes by promoting research; including burn survivors and the multidisciplinary team in the creation of research and knowledge sharing activities; and reducing the duplication of resources in order to accelerate implementing best clinical practices. The directors of the six largest regional adult and four largest children's burn centres in Canada have collaborated to build this network.

**PI PROFILE:** Dr. Logsetty is the Burn Unit Director at Winnipeg's Health Sciences Centre, an Associate Professor of Surgery at the University of Manitoba, and Director of Resident Research for the Section of Plastic Surgery. A busy and widely-published researcher with memberships in many medical and scientific organizations, Dr. Logsetty kindly stopped by the IMHA office to talk about the new ABCN. Please [meet Dr. Logsetty here](#).

**THE INTERVIEW:** Why burns? Initially, Dr. Logsetty chose surgery for the "hands-on interaction with patients" and the ability to see the immediate results of medical intervention. Specializing in burns was a step further: "You get to see how people do over time and how they re-integrate into society, overcome their challenges," Dr. Logsetty explained. "You see the strength of human nature and humanity as they return to doing things that they love and return to being part of society that they value, that they're part of."

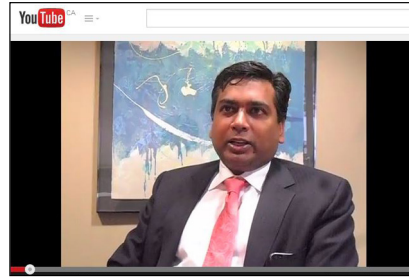
Lured by the challenging multidisciplinary nature of burns and the satisfaction of seeing patients improve and rebuild their lives, Dr. Logsetty found that on a practical level, "You can't take care of burns patients without the nursing staff to help do the dressings and make sure they all practice isolation and infection control, the therapists are essential in helping people get back to their activities and helping with scar management, maintain their function, nutrition and dieticians are essential in making sure that wound healing progresses and keep up the building blocks to continue with that. Psychologists, psychiatrists, social work, everybody including housekeeping are essential, because if we don't pay attention to what's happening to the environment, then burn patients are at risk of infection and that drastically alters their outcomes, more so than a lot of other aspects in medicine."

"The other aspect of burns that I found interesting was that there's a huge amount of still unknown in terms of opportunity for growth and an opportunity for understanding things [...]. Even on the same person there's areas that scar versus other areas where you might not even see where they were burned

or grafted in the first place. We don't understand why one area might be different than another area, let alone why one patient might scar more than another patient. There's a huge amount of opportunity to try and understand that to improve wound healing and

### Burns in film...

*Trial by Fire: Lives Re-Forged* is a new Canadian documentary that was up for Oscar consideration this year. Toronto-based director Megan Smith-Harris was inspired to make the film after seeing a photo in a magazine of kids at a burn camp. Read about the film's Canadian premiere in the [Edmonton Journal](#).



try and improve overall patient care."

Pursuing these opportunities is a reason why Dr. Logsetty saw a need for a burn network. Having visited most of the major burn centres in North

America as the American Burn Association Travelling Fellow, Dr. Logsetty saw that though some of Canada's burn units are among the best in the world from both a clinical and basic science research perspective, "The challenge is that we're all busy."

"Although we communicate regularly and we're all cooperative, the true nature of collaboration involves regular meetings, an ability to share resources," he explained. "The ability to bring people together on a regular basis and say, what's the update in your lab, what's happening in a collaborative fashion, allows us to decrease the resources needed to increase the efficiencies of what's happening and maybe potentially explore novel new ideas from that catalyst of having two different thought processes brought together." Clinically, while outcomes across Canada are "among the best," according to Dr. Logsetty, "We all do things slightly differently. We use slightly different fluids, surgical techniques, dressings. It doesn't mean that we all have to do the same but the fact that we do things differently to achieve the same goal means that maybe there's an opportunity to examine what the best ways to do things are. Unfortunately no one centre is large enough, has enough numbers in terms of patients or population to be able to do that. By collaborating across the country we can do that."

Input from burn survivors is the final piece of the Network puzzle. "Burn survivors are vocal, they participate in our national conferences, they are individuals who are very enthusiastic about trying to help and improve care," said Dr. Logsetty. "At the end of the day it's useless to talk about creating a new technique that doesn't improve the outcome of the survivor's quality of life."

The first [Canadian Burn Symposium](#) was held at the end of May at which the first official network meeting took place. Work is well underway: "We've already started to do cross-Canada surveys to try and understand how different aspects of burn care are being done," said Dr. Logsetty.

**FINALLY:** Why Winnipeg? Not only because Dr. Logsetty, Principal Investigator is based here, but as he says, "Every major burn centre in Canada has come on board, so all the burn directors from every major burn program in Canada is a participant and they've all agreed that we'll base it out of Winnipeg. It's a testament to the excellent infrastructure we have and the reputation we have across Canada for doing excellent work."

## Meetings of Interest

Sclerodoma Foundation National Patient Education Conference  
July 25-27, 2014 Anaheim, FL

Myoelectric Controls Symposium  
August 18-22, 2014 Fredericton, NB

American Society for Bone & Mineral Research  
September 12-15, 2014 Houston, TX

Scleroderma Society of Canada Conference  
September 18-20, 2014 Winnipeg, MB

Cochrane Collaboration Colloquium  
September 21-26, 2014 Hyderabad, India

Work Disability International Conference  
September 29-October 1, 2014 Toronto, ON

Quebec Rheumatology Association  
October 23-25  
Quebec, QC

Arthritis Alliance of Canada 2nd Annual Conference and  
Research Symposium  
October 30 – November 1, 2014  
Toronto, ON

American College of Rheumatology Annual Meeting  
November 14-19, 2014  
Boston, MA

## Share your news with the IMHA community

Do you have a story that has helped sustain health and enhance quality of life by eradicating the pain, suffering and disability caused by arthritis, musculoskeletal, oral and skin conditions? Are you planning an event that might be of interest to the IMHA community? Is your organization launching a funding opportunity? IMHA would like to celebrate our partners' and stakeholders' success stories, events, and funding opportunities in our monthly newsletter. Please make your submissions to [IMHA@cihr-irsc.gc.ca](mailto:IMHA@cihr-irsc.gc.ca). We look forward to sharing your information with the IMHA community!

### Contact Us

CIHR - Institute of Musculoskeletal Health and Arthritis  
University of Manitoba  
290 Brodie Centre, 727 McDermot Avenue  
Winnipeg, MB, R3E 3P5  
Email: [IMHA@cihr-irsc.gc.ca](mailto:IMHA@cihr-irsc.gc.ca)

Subscribe to *IMHA On the Move!*

### Fare Thee Well...

This month IMHA said goodbye to both IAB member John Esdaile and Staff member, Project Coordinator Emily Neff. Congratulations, Emily, on your new position at IHDCYH!



## Collaboration at its Best

IMHA and INMD joint IAB meeting, Toronto, May 29, 2014



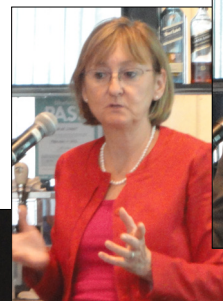
Monique Gignac, Chair, IMHA IAB; Stephanie Atkinson, Chair, INMD IAB



Scientific Directors Hani El Gabalawy, IMHA (left); Phil Sherman, INMD (above)



CIHR guest speakers Thérèse Roy and David Peckham



IMHA and INMD IAB members hard at work!



Guest speaker Dr. Alison Buchan, Vice Dean Research and International Relations, University of Toronto

