



A Newsletter from the CIHR Institute of Nutrition, Metabolism and Diabetes

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# INMD Connections

*Helping you make connections and stay connected*

## Message from Philip Sherman, INMD Scientific Director

### *The Essential Role of Partners*

The beginning of the new year is an opportunity to reflect on the last year and consider future opportunities. Last month, we hosted a terrific New Investigator meeting in which partners played an instrumental role in the planning process and in the running of the meeting. I would like to start the year by acknowledging our INMD partners. These voluntary health organizations and medical professional societies are critical to the research enterprise in Canada. Accordingly, we will continue to work to enrich partnerships to support INMD-related health research in 2013.

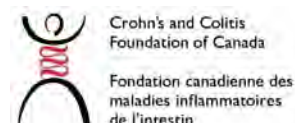
I am greatly pleased to announce the launch of the [Environments, Genes and Chronic Disease Catalyst Grants](#). This funding opportunity is led by INMD, in partnership with the Institutes of Aboriginal People's Health, Cancer Research, Gender and Health, Genetics, Infection and Immunity, Musculoskeletal Health and Arthritis, and Population and Public Health. Two external partners, the Crohn's and Colitis Foundation of Canada and the Kidney Foundation of Canada, have also joined this initiative to support research relevant to their respective mandates.

This is an exciting initiative because it will catalyze high impact research and build on a new collaboration that is being developed based on a meeting held last year by the European Commission, [DIABESITY - A World-Wide Challenge, Towards a global initiative on gene-environment interactions in diabetes/obesity in specific populations](#).

Finally, the start of the new year also brings a change to the INMD Institute Advisory Board (IAB). We are honoured to have Doug Manuel, MD, MSc, FRCPC, a Senior Scientist at the Ottawa Hospital Research Institute and a Senior Medical Advisor for Statistics Canada, join the INMD IAB. Dr. Manuel brings extensive population and public health experience to this new role at CIHR. His biosketch and photo are included in this Newsletter - welcome Doug!

Best wishes for a happy and successful new year!

Philip M. Sherman, MD, FRCPC



Canadian Institutes of Health Research

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## New IAB Member Profile

### Doug Manuel, MD, MSc, FRCPC

University of Ottawa



**Doug Manuel**, is a Senior Scientist of Ottawa Hospital Research Institute and a Senior Medical Advisor for Statistics Canada. He holds a Research Chair in Applied Public Health from Canadian Institutes of Health Research and Public Health Agency of Canada. He is a Clinical Scientist, C.T. Lamont Primary Health Care Research Centre and Elizabeth Bruyere Research Institute and an Associate Professor in the Departments of Family Medicine and Epidemiology and Community Medicine at the University of Ottawa. Doug is a

Scientist at the Institute for Clinical Evaluative Sciences, where he worked for 10 years prior to moving to Ottawa in 2008. He is a physician with a Masters in Epidemiology and Royal College specialization in Public Health and Preventive Medicine. For over 20 years, he has been a primary care clinician in rural, remote and underserved Canadian communities. Dr. Manuel's research interest is the population health impact assessment of health interventions and the assessment of population health status. He has developed performance measures and planning tools for health planning and has written on how societies with the best population health have achieved their success.

## CIHR News

[\*Designing for the Future: The New Open Suite of Programs and Peer Review Process\*](#) is now available on the CIHR website. This document outlines the refined design and transition plan for the new Open Suite of Programs and peer review process. CIHR will be visiting institutions across the country beginning in late January 2013 to continue the discussions on the reforms with the research community. Stay tuned!

## CIHR Knowledge Translation Prize

The CIHR Knowledge Translation (KT) Prize honours the exemplary KT efforts and activities of an exceptional individual, team, or organization that has made an outstanding contribution to increasing the application of research findings, improving the health of individuals, improving health services and products, or strengthening the healthcare system. Nominated individuals, teams or organizations will be assessed on significant achievements in KT activities relevant to any area of health research, including commercialization and global health. The amount for the prize is \$100,000 for one year and will be awarded to the top overall applicant. Application deadline is **February 18, 2013**. Additional information can be found at [KT Prize](#).

## Alport Syndrome Competition Announcement

The Kidney Foundation of Canada and the Alport Syndrome Foundation have launched a research funding opportunity to advance knowledge, develop effective treatment protocols, and discover a cure for Alport Syndrome. The deadline for proposals is **March 15, 2013**. For more information, visit the [KFOC](#) website or email [Wim Wolfs](#).

## Involving Patients and Caregivers in Research

*Andreas Laupacis, MD, FRCPC, Executive Director, Li Ka Shing Knowledge Institute, St. Michael's Hospital, Univ. Toronto*



Should patients be involved in selecting research priorities, study design, study execution, and the dissemination of the results? In the United Kingdom, the National Institutes of Health Research funds a group called [Involve](#), whose mandate is to support greater public involvement in National Health Services, public health and social care research. Patients are not there to be educated or consulted or engaged about research; they are there to be fully involved. [The James Lind Alliance](#), also based in the UK, is dedicated to determining research priorities of patients, caregivers, and clinicians.

With support from the Canadian Kidney Knowledge Translation and Generation Network ([CANN-NET](#)) funded by CIHR and the Kidney Foundation of Canada, I am involved in a project that will identify the top ten unanswered research questions in dialysis, from the perspective of patients, caregivers, and clinicians. We anticipate reporting the results by July 2013. A systematic review of the evidence of the impact of involving the public in research provides evidence that [public involvement](#) can improve patient enrolment, modify study protocols, identify important new study questions, and increase patient support for research. Even though there are examples where patient involvement has led to an increase in the time it took to do the research and to conflicts between researchers and the public, these negative aspects appeared to be outweighed by the advantages of patient involvement. However, the authors of this review reported variation in how the evidence of impact of public involvement has been assessed and reported, and that the impact of involvement is highly context-specific, so there is a need for further research in this area.

I am convinced that for reasons of legitimacy alone we need to increasingly involve patients in research. This will also lead to an improvement in the quality of our research and the Canadian public's support of the health research enterprise.

## CONTACT US

[Philip M. Sherman, MD, FRCPC](#)  
Scientific Director

[Paul Bélanger, BScN](#)  
Assistant Director - Ottawa

[Mary-Jo Makarchuk, MHSc, RD](#)  
Assistant Director - Toronto

[Kimberly Banks Hart](#)  
Associate, Strategic Initiatives

[Vera Ndaba](#)  
Business Officer & Event Planner

[Mélanie Bergeron](#)  
Project Officer

[Keeley Rose, MSc, PhD](#)  
Project Manager

[Denise Haggerty](#)  
Administrative Assistant

**The Institute of Nutrition, Metabolism and Diabetes (INMD)** supports research to enhance health in relation to diet, digestion, excretion, and metabolism; and to address causes, prevention, screening, diagnosis, treatment, support systems, and palliation for a wide range of conditions and problems associated with hormone, digestive system, kidney, and liver function.

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