



CANADIAN
ARTHRITIS
NETWORK | LE RÉSEAU
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JOINT VENTURES

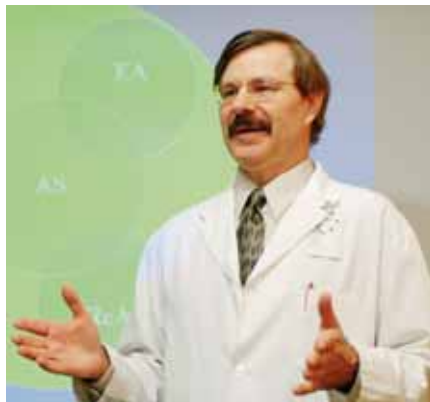
The Canadian Arthritis Network's Industry Newsletter

CAN's early investments are now paying off

As the expression goes, "what doesn't kill us makes us stronger."

EVERY FEW YEARS, the Canadian Arthritis Network (CAN) must justify its existence. From the first application submitted ten years ago that argued for the need to fund Canada's first disease-focused network in arthritis, to the lengthy midterm report and presentations that recently occurred at CAN's site visit, CAN must constantly prove its worth and value to the Canadian taxpayer. This process, while time-consuming and onerous, is a constructive exercise for remaining accountable and relevant.

If successful in its application to the federal government's Networks of



Clockwise from top left: CAN investigators Rob Inman, Chris McCulloch and Jaro Sodek, Elizabeth Badley, Mike Buschmann (left in photo) with colleagues

Centres of Excellence, CAN will continue to receive funding until 2012.

The consultation process that began in the summer of 2007, and continued through until the spring of 2008, allowed many stakeholders to voice their opinions and wishes for CAN's future.

"Overwhelmingly we heard that CAN was doing a lot of things right and it would be a shame if successful programs were dropped," reflects **Dr. Monique Gignac**, Co-Scientific Director of the Canadian Arthritis Network. "It was very reassuring and rewarding to repeatedly hear the impact CAN has made on the careers and lives of so many people."

Consequently, developing a strategic plan to take the Network through its remaining years involved working with the best elements of CAN and figuring

out ways to support these programs after 2012. Whereas one CAN strategy has been to support new research and emerging research groups to give them a chance to succeed, helping to disseminate research findings to promote their application and implementation is a priority going forward.

"KTE [knowledge translation and exchange] takes on a larger role at this stage in CAN's evolution," explains **Dr. Claire Bombardier**, Co-Scientific Director of the Canadian Arthritis Network. "If our prior emphasis was on helping the individual [scientist] to succeed, our intention going forward is to make sure the majority of Canadians benefit from the seeds we helped plant."

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CAN's early investments

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CAN's Strategic Priorities

Below are CAN's strategic priorities going forward:

Priority 1: Focus and accelerate strategic research investments in areas where CAN has established a leadership role: osteoarthritis (OA); inflammatory joint diseases (IJD); and, bioengineering for the restoration of joint function (BIO).

Priority 2: Develop platforms and tools to improve research efficiency and magnify impact.

Priority 3: Exploit research knowledge through engagement of partners and decision-makers to translate CAN's research excellence to improve the health and productivity of Canadians with arthritis.

Priority 4: Focus resources on training and development of highly qualified personnel and consumers in arthritis research with an emphasis on arthritis.

(Diagram 1)



Diagram 1: CAN's Strategic Priorities

Collectively these priorities demonstrate CAN's commitment to building on and maximizing the impact of previous investments in research and training as the best means to secure the Network's legacy in redefining how arthritis research is performed in Canada (Canadian Arthritis Network Midterm Report, Section D Book 1, 2008).

Within each priority area, CAN has identified 2-3 objectives on which to focus its efforts and further defined the corresponding tactics to achieve its objectives and the legacies that should result. (Diagram 2)



Diagram 2: Anticipated Legacy Impacts

Consistent with CAN's overarching philosophy, the strategy and accompanying objectives and tactics that CAN has developed reflect a truly collaborative, pan-Canadian effort and involve working with CAN's members and partners. It is CAN's roadmap for moving forward together and industry continues to play a vital role. CAN is enthusiastic to undertake its updated strategy with the goal being to have a lasting impact on the arthritis research community for many years to come. ■



Message from the Co-Scientific Directors

As you are reading this message, the Canadian Arthritis Network's (CAN) management has learned the outcome of its recent midterm review process.

CAN submitted its midterm report to the Networks of Centres of Excellence (NCE) on August 11, 2008, following months of consultations, preparation and writing. On October 21st, a dozen CAN members gave presentations and answered questions before an interdisciplinary review panel that provided its expert advice to the NCE on the Network's accomplishments. As we write this, we are hopeful that the news we receive in December will be positive. We are grateful to everyone who participated in the consultation meetings, writing sessions, rehearsals and the actual onsite review.

Assuming the news is good news, you will want to read the cover story for the important information that it imparts regarding CAN's updated strategy for the next three years.

The article offers a brief summary of the four priority areas that CAN will focus on and the potential for legacy impacts that will result from each priority. If you are interested in obtaining a copy of CAN's updated strategic plan, please email can@arthritisnetwork.ca.

As all-encompassing as the midterm process has been, the day-to-day activities of the Network have continued. CAN hosted a successful Annual Scientific Conference (ASC) in Toronto

from October 16-18, 2008, and we were very pleased with the large turnout (250+ delegates) that included nearly a dozen international guests who represent potential and existing partners in the International Partnership Initiative (IPI).

As you will read on pages 4 and 5, CAN has sent large delegations of its members to several Network-sponsored conferences this year through the IPI while also funding individuals and small groups to attend important scientific meetings to make podium presentations or present posters. We are pleased with all the activity taking place under the IPI and we expect that the relationships that were cultivated at the ASC will also prove fruitful.

CAN's research program will look different in 2009. With a new grant program to support New Investigators and subtle changes made to existing programs to align them more closely with CAN's updated strategic plan, we believe we are making the right decisions as CAN evolves into a mature Network. While we must be aware that CAN's NCE funds are eventually coming to a close, we also want to maximize the value of our research and training efforts in the time we have left. As always, your thoughts are of interest to us. We look forward to hearing from you at can@arthritisnetwork.ca.

Claire Bombardier

Monique Gignac

Engineering new solutions to treat people with arthritis

At the beginning of this year, the Canadian Arthritis Network (CAN) launched its research competition in Bioengineering for the Restoration of Joint Function (BIO).

THE STRATEGIC RESEARCH INITIATIVE (SRI) in BIO is one of three priority areas that CAN currently funds – the other two being Osteoarthritis (OA) and Inflammatory Joint Diseases (IJD). As with the other two research areas, BIO was chosen because it harnesses expertise already existing within the Network and stakeholder consensus conferences deemed it a priority area for funding in Canada.

The goals of the SRI BIO are to build Canadian research excellence and capacity in bioengineering strategies aimed at treating and/or curing joints damaged by trauma or disease such as arthritis; facilitate development of multi- or trans-disciplinary groups of researchers to work collaboratively in these areas of research; and, generate new technologies or facilitate transfer of existing technologies to industry partners. Applications submitted by **Drs. James Peters** (University of Manitoba) and **Johannes Roth** (Children's Hospital of Eastern Ontario) were selected for funding. Their abstracts are below.

Dr. James Peters

Automated Tracking and Assessment (ATA) Exercise System for Telemedicine-Based, Long-Term Monitoring, Support and Medical Management for Rheumatoid Arthritis of the Hand

This research focuses on a knowledge-based approach to tracking and assessing impairments and function of people with rheumatoid arthritis (RA) of the hand. A hierarchical framework of hand function has been developed based on the International Classification of Functioning considered relevant for people with RA (core set). The Automated Tracking and Assessment Exercise System

for RA (RA-ATA) will provide input to a RA Function PORTAL designed by the research team for this project that is linked to the Manitoba Health Registry System. This PORTAL provides a basis for objective evaluation of finger-hand function for clients with RA.

Dr. Johannes Roth

The Effect of Whole Body Vibration Therapy on Muscle Function and Joint Loading in Children with Juvenile Idiopathic Arthritis (JIA)

Many children suffering from JIA encounter permanent joint damage. Both the direct effects of inflammation as well as mechanical factors might be responsible. Recent research has shown that impaired muscle function leading to an alteration of joint loading can induce significant joint damage. In JIA, reduced muscle function and abnormal gait are found in a high percentage of patients. In addition to optimal medical treatment of the disease, it is therefore most important to restore normal muscle function in order to protect the joints of these children. A novel therapeutic approach, whole body vibration, has been shown to improve muscle function very efficiently. This project is going to evaluate whether whole body vibration will significantly improve muscle function and joint biomechanics in patients suffering from JIA.

Funding these projects fulfills CAN's goal of major research investments in OA, IJD and BIO. In the coming years, these investments will reap new knowledge and innovations that will benefit people with arthritis and the Canadian economy. CAN will continue to fund new research in these important areas through its DAP, IRP and other programs to be announced – for more details visit the R&D section at www.arthritisnetwork.ca. ■

Calling all industry labs

YOU HAVE THE opportunity to mentor undergraduate science students by providing a summer placement in your research lab through the Canadian Arthritis Network's (CAN) Industry Summer Training Program.

In its third year running, the program offers university undergrads exposure to research in an industry lab environment. They will have the opportunity to participate in arthritis investigations and see a lab in operation. Comments from past participants have indicated they not only value the scientific knowledge they gain and the chance to work on a research project, but they appreciate the presentation and communications skills they acquire and the networking opportunities available. You will gain a bright, hard-working, enthusiastic employee with new ideas and a fresh perspective for the summer term.

Among the industry labs who have participated in CAN's industry program are: GlaxoSmithKline, Centocor and Pfizer.

Lakshman E. Rajagopalan, of Pfizer, supervised a student in 2008 and in a letter to CAN he wrote: "Our hope was to be involved in the early development of a future arthritis or inflammation research scientist." Dr. Rajagopalan goes on to say he is confident the summer student he worked with will be a very capable ambassador of the Pfizer experience. "I strongly recommend to our St. Louis, Mi leadership that we continue this relationship with the Canadian Arthritis Network."

Each company involved will contribute the salary for the student intern and CAN will provide financial support to cover any Visa requirements and travel costs.

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Sharing the CAN model near and far



INTERNATIONAL
PARTNERSHIP
INITIATIVE

L'INITIATIVE
DE PARTENARIATS
INTERNATIONAUX

If the Canadian Arthritis Network (CAN) had its own passport, the stamps accumulated in the last year alone would indicate a busy world traveller.

LARGE GROUPS OF CAN investigators, trainees and consumers have received funding through the International Partnership Initiative (IPI) to attend scientific meetings in the United States (Chicago, Illinois) and Europe (Lausanne, Switzerland), and smaller groups and individuals have given podium presentations and presented posters in Massachusetts, Virginia, Hawaii and California in the U.S., Italy, France, England and the Netherlands in Europe, and Sapporo in Japan. Before the year ends, a delegation of CAN members is attending a meeting in Tokyo, Japan – a follow-up to the

successful International Workshop on Advanced Bone and Joint Science hosted by the Japan Society for the Promotion of Science in October 2007.

All of these CAN members attended the international meetings for their own edification and career development, but to be funded through the IPI, they also needed to demonstrate that their presence would achieve the following for the Network:

- Raise the profile of Canadian arthritis research excellence on the international scene;
- Provide enriched opportunities to develop future Canadian research leaders; and,

• Demonstrate the network advantage offered by CAN and the added value consumers bring to the research milieu. Ultimately, accomplishing these objectives would support CAN's mandate of advancing Canadian R&D activities, promoting benefits to the economy and improving the quality of life of Canadians.

Here are the scientific programs from the two meetings CAN sponsored that involved large CAN delegations: SNOW II (Segal North American Osteoarthritis Workshop) (May 2-4, 2008, in Chicago) and the 2nd International Symposium on Biotechnology in Musculoskeletal Repair (October 2-4, 2008, in Lausanne).

SNOW II – The Pathway to a World Free of Arthritis Pain

Opening Session

Steve Abramson, NYU: New insights into the role of inflammation and pain in osteoarthritis and emerging strategies for better therapeutics

Panel: Leena Sharma, Chair. Marg Elliott, Louise Crane, David G. Mekemson: What pain means: the AF/CAN patient perspectives of pain associated with OA

The Nature of OA Pain

Robin Poole, McGill University: The pain dimension in OA

Gillian Hawker, University of Toronto: Understanding the pain experience in OA

Petra Schweinhardt, McGill University: Chronic pain is a disease in its own right: the brain's role in arthritis

The Causes of OA Pain

William Maixner, University of North Carolina: The genetics of pain

Jim Henry, McMaster University: Joint pain generation in animal models of osteoarthritis, and interventional efficacy

Drug Development to Treat OA Pain I; Preclinical Assessment of Pain

Mark Chambers, Lilly: Preclinical Models for OA

Joe Menetski, Merck & Co.: Consensus points, questions and actions from the first Sandwich Preclinical Workshop

Drug Development to Treat OA Pain II; Successful use of Preclinical Models for Clinical Application

Dave Shelton, Pfizer: Nerve Growth Factor Experience

Martin Michaelis, Sanofi-Aventis: Preclinical pharmacology of an IKK inhibitor for OA pain

Inflammation in OA and its Relationship to Pain

Steve Goldring, Hospital for Special Surgery: The dimension of inflammation in OA

Hans-Georg Schaible, Jena: Cytokines, pain and inflammation

Jean-Michel Dayer, Geneva University: Cytokines, adipokines and the inflammation of OA

Robert Terkeltaub, VA San Diego: Inducers of inflammation in OA

David Felson, Boston University: Assembling the picture of why the joint hurts in osteoarthritis

Roundtable Discussion: How can we best assess inflammation and pain of OA in preclinical and clinical trials (methods, patient populations, etc.)?

Intervertebral Disc Degeneration and Osteoarthritis of the Spine

Gunnar Andersson, Rush University School of Medicine: The Spine, Osteoarthritis and Pain

Tapio Videman, University of Edmonton: Genetic and environmental factors in disc degeneration

Michelle Battie, University of Edmonton: Twin studies of disc degeneration

Tim Yoon, Emory University School of Medicine: Animal models of degenerative disc disease

Howard An, Rush University School of Medicine: Reversing disc degeneration using proteins, genes and cells

Rita Kandel, Mount Sinai Hospital: TNF-alpha and disc degeneration

John Cavanaugh, Wayne State University: Facet joint pain (tbd), Dartmouth: The SPORT Studies – treatment of back pain secondary to disc degeneration

2nd International Symposium on Biotechnology in Musculoskeletal Repair



Presenters Jane Aubin, Mike Buschmann and Stacey Johnson of CAN

Bone and Cartilage Repair: Stem Cell Engineering and Genetics

Jane E. Aubin, University of Toronto: Mesenchymal stem cells and osteoblast-chondroblast differentiation

Philipp Niemer, Freiburg University Hospital and AO Foundation: Xenogenic transplantation of human mesenchymal stem cells for treatment of critical size bone defects in sheep

R. Stange, University Hospital: Syndecan-4 deficiency leads to an osteoporotic bone structure *in vivo* and an impaired osteoblast functionality *in vitro*

Thomas Clemens, UAB: Targeting the HIF-1 pathway for bone repair

Christopher H. Evans, Brigham & Women's Hospital: Expedited strategies for the restoration of bone

Michael Buschmann, École Polytechnique: Chitosan-based hybrid biomaterials applied with bone marrow stimulation improves cartilage repair

H. Chen, École Polytechnique de Montréal: A comparative study of drilling versus microfracture for cartilage repair in a rabbit model

Kenneth M.C. Cheung, University of Hong Kong: How has genetics research altered our understanding of degenerative disc disease: Implications for intervertebral disc regeneration

Infection and its Influence on Healing and Repair

Thomas W. Bauer, The Cleveland Clinic Foundation: Establishing the diagnosis of low grade infection and the problem of identifying potential hypersensitivity reactions to metal in patients with total joint prostheses

Sebastian A.J. Zaat, University of Amsterdam: Biomaterial-associated infection: breaking out of the biofilm

Magnus Hook, Texas A&M University: The role of MSCRAMMs in staphylococcal skeletal infections

Michael J. Raschke, Universitätsklinikum Münster: Infection and osteoporosis: influence on healing and repair

Biotechnology: From Bench to Bedside

Samuel Lynch, BioMimetic Therapeutics, Inc.: Orthopedic applications of recombinant platelet-derived growth factor

Elliott Gruskin, Biomaterials, Synthes USA: Synthes strategy for combination devices

Marc Bohner, Dr. Robert Mathys Foundation: The gap between research & clinical applications of bone substitutes

Steven Buchman, University of Michigan: A successful paradigm for NIH funding in CMF: Enhancing translational research by expanding the network between the basic and clinical scientist (Successful development of an interdisciplinary collaboration)

Stimulation of Bone & Cartilage Repair

David Mooney, Harvard Engineering & Applied Science: Materials for angiogenesis on demand

Steve R. Goldring, Beth Israel Deaconess Medical Center: Molecular and cellular mechanism of pathologic bone remodeling in inflammatory conditions

K. Schmidt-Bleek, Julius Wolff Institut and Centre for Musculoskeletal Surgery, Charité University Hospital: The cellular composition of the initial fracture and soft tissue hematoma during the inflammatory phase of the healing process

S. Otto, Ludwig-Maximilians University and University of Munich: Oxygen measurement in three-dimensional scaffolds for the tissue engineering of bone

Edward Schwarz, University of Rochester: Remodeling rAAV-coated allografts for musculoskeletal repair

J.E. Fong, McGill University and Université de Montréal: The role of osteoclasts in osteoblast regulation

S. Sauerbier, University Hospital Freiburg: Mesenchymal stem cells for the augmentation of the maxillary sinus

D. Le Nihouannen, McGill University and University of Würzburg: Development of brushite matrices able to stimulate bone remodelling

F.E. Weber, University Hospital Zurich and Inion Ltd: A bioactive guided bone regeneration membrane enhances BMP signalling and tunes the natriuretic hormone system into a pro osteogenic state

Dietmar Huttmacher, Institute of Health and Biomedical Innovation, Queensland University of Technology: Tackling the challenging indications in orthopaedic surgery – application of scaffold-based tissue engineering in osteochondral and spinal fusion models in the pig

Networking in a Clinically Inspired Research Community

Stacey Johnson, Canadian Arthritis Network: Overview of CAN

Ulf Müller-Ladner, Justus-Liebig Universität Giessen: The German Rheumatology Network

Kenneth M.C. Cheung, The University of Hong Kong and Queen Mary Hospital: The AO Spine Network

Jörg Goldhahn, Schulthess Clinic and University Zurich: The AO Osteoporosis Network

Breakout Session 1: Animal Models: which ones work in research dealing with bone and cartilage repair?

Breakout Session 2: Biological markers and diagnostic tools for early disease detection

Breakout Session 3: New challenges in biotechnologies for bone and cartilage

Becoming an expert one molecule at a time

RAR Antagonists: Applications in Musculoskeletal Trauma and Disease



CAN investigator Michael Underhill

IN HIS NEW BOOK *Outliers*, subtitled “The Story of Success,” author Malcolm Gladwell (*The Tipping Point* and *Blink*) declares that you need 10,000 hours, or about 10 years of practice, to be a world-class expert in virtually anything (*The Globe and Mail*, Nov. 10, 2008).

That’s good news for **Dr. Michael Underhill** (University of British Columbia) who has been studying the basic mechanisms that regulate cartilage and bone formation for well over a decade.

His team recognized that very little work was being done with small molecule-based approaches for enhancing cartilage and bone regeneration and/or repair in the field of musculoskeletal regeneration and set out to explore the possibilities. Their current work with retinoic acid receptor (RAR) antagonists (small

molecules) in cartilage formation (chondrogenesis) and bone formation (osteogenesis) has been patented and applies to a variety of therapeutics, medical devices and tissue engineering.

Dr. Underhill hopes that this work will benefit people with osteoarthritis (OA), osteoporosis and skeletal diseases. He notes that skeletal disease and trauma are a leading cause of debilitation and reduced quality of life, representing a large socioeconomic burden. Many of these conditions involve loss of cartilage or bone. His team is identifying pharmacologic agents that can be used to halt or reverse the progress of arthritis and is looking for agents that will restore cartilage within the joint. The group’s work has focused on delineation of the basic mechanisms that regulate bone and cartilage formation and their studies

have led to the identification of critical targets to achieve success.

Complementary technologies

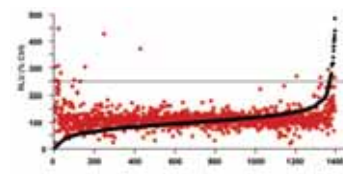
Dr. Underhill’s team has developed high throughput screens for identifying genes, factors and/or molecules that modulate chondrogenesis. This assay has been used in proof-of-principle studies in conjunction with a pharmaceutical company to develop small molecules with increased chondrogenic potential. Further, small animal models of bone repair and OA have been generated for assessing the chondrogenic and osteogenic potential of molecules *in vivo*. ■

For more information on Dr. Underhill’s work, or to discuss licensing or collaborative opportunities, please call **Johnathan Riley** at **416-586-3167**.

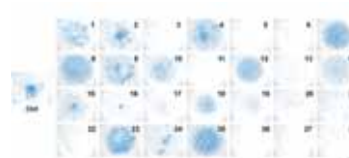
The Science

Dr. Underhill’s group has used a variety of *in vitro*, organ culture and *in vivo* models to demonstrate that inhibition of RAR-mediated signalling using RAR-selective antagonists stimulates chondroblast and osteoblast differentiation, leading to cartilage and bone formation. Further, the inventors have developed a thorough understanding of the action of RAR antagonists on chondrocyte and osteoblast differentiation and function. For example, they have demonstrated that key bone- and cartilage-inducing proteins, BMPs, function in part through attenuation of retinoid signalling (Hoffman et al., 2006, *J. Cell Biol.*). These studies have laid the groundwork for the clinical application of RAR antagonists in therapeutic areas relating to cartilage and bone formation and repair.

Compounds were screened using a chondrogenic-responsive reporter gene.



Positive compounds were further tested for their ability to stimulate cartilage formation as assayed by alcian blue staining.



A screen of small molecules was carried out to identify compounds with cartilage-stimulating activity (pro-chondrogenic). Compounds were screened using a chondrogenic-responsive reporter gene (upper panel, black diamond) and positive compounds were further tested for their ability to stimulate cartilage formation as assayed by alcian blue staining (lower panel). These screens have led to the identification of 21 new compounds with pro-chondrogenic activity.

2008 Annual Scientific Conference

This year's Annual Scientific Conference (Oct. 16-18, 2008), held in Canada's most multi-cultural city, had an equally international group of delegates in attendance. Guests from Mexico, Dubai, Germany and Japan held successful meetings with CAN members with the aim of forming future collaborations.



April Elliott, Alberta Children's Hospital



Brian Feldman and Tom Appleton at Mentorship Breakfast



Demo with John Coderre and Dawn Richards



Antonio Cabral, Tatianna Rodrigues, Enrique Faugier of Mexico and Masaki Noda of Japan



Q&A during Public Forum



Peter Chira, Stanford University



Dancers from the Ontario School of Ballet



Kevin MacDonald of BMS & Carol Terry of UCB



Laurie Horricks and Jennifer Stinson, Sick Kids Hospital



Cathy Leibman and Humeira Badsha of the Emirates Arthritis Foundation with Claire Bombardier of CAN

Honours and awards

Congratulations to the following CAN members:



Dr. Ed Keystone



Dr. Anthony Russell

Drs. Ed Keystone and Anthony Russell were both named American College of Rheumatology Masters at the ACR meeting held in San Francisco (October 24–29, 2008). Recognition as a Master of the American College of Rheumatology is one of the highest honours the College bestows.



Mr. Jean Légaré



Ms. Cheryl Koehn

Two former Consumer Advisory Council Chairs were recently recognized for their efforts to advocate for more arthritis research. **Mr. Jean Légaré** was awarded an honorary doctorate from the University of Laval and **Ms. Cheryl Koehn** received the inaugural National Health Innovation Patient Advocacy Award from BIOTECANada and UCB Pharma.



Dr. Robin Poole

Dr. Robin Poole is the first recipient of the Consumer Champion Award from CAN's Consumer Advisory Council. He was given the award at the

2008 CAN Annual Scientific Conference to recognize and honour his on-going promotion of the role of consumers in research.



Dr. Dianne Mosher

Dr. Dianne Mosher, co-chair of the Alliance for the Canadian Arthritis Program (ACAP), received the Distinguished Rheumatologist of the Year award (2008) from the Canadian Rheumatology Association for her advocacy work in arthritis. ■



CANADIAN ARTHRITIS NETWORK | LE RÉSEAU CANADIEN DE L'ARTHRITE

Today's arthritis research :: Tomorrow's cure

The Canadian Arthritis Network (CAN) is funded by the Networks of Centres of Excellence program (www.nce.gc.ca). CAN's vision is "a world free of arthritis" and it seeks to link Canada's leading researchers with partners who will help translate knowledge and innovations to improve the quality of life of people with arthritis, decrease the personal, societal and economic burden of the disease and promote the growth of the Canadian economy.

Claire Bombardier, MD, FRCPC
Monique Gignac, PhD
Co-Scientific Directors

Johnathan Riley, MHA
Managing Director

For matters related to *Joint Ventures*, please contact Stacey Johnson, Director of Communications, at sjohnson@arthritisnetwork.ca

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Member of the Networks of Centres of Excellence

New publication



CAN's Consumer Advisory Council has produced *Guide for Researchers and Consumers: Consumer Involvement in Research Projects* to develop effective and consistent guidelines for working relationships between consumers and researchers. The booklet outlines parameters for consensus around basic project information; provides examples of how consumers contribute

to research projects; and, summarizes special consumer requirements (such as individual health considerations), and much more. You can download a copy from the Consumer page of CAN's website or contact the office for a hard copy. ■

Calling all industry labs

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CAN will forward qualified applications to industry representatives at the application deadline – February 15, 2009 – and each lab then has the option of selecting and screening the candidates they wish to work with. Students enhance their summer experience by completing a written report for CAN and they are also expected to attend CAN's Annual Scientific Conference in the fall of 2009.

If you are interested in learning more about CAN's Industry Summer Training Program, please visit www.arthritisnetwork.ca and click on 'Training Programs' or contact **Joanne Wright** at **416-586-4800 Ext. 4798** or jwright3@mtsinai.on.ca