Clinical & Scientific Section
Canadian Diabetes Association

Statement of Purpose

• To represent Canada’s clinicians and scientists concerned with diabetes within the Canadian Diabetes Association
• To provide leadership in patient care, education and research
• To fulfil an advocacy role for Canadians with diabetes
As I look back through my first year as Chair of the Clinical & Scientific Section (C&SS), I am impressed by the accomplishments of the section and honoured to hold this role. I would like to thank the Executive of the C&SS: Maureen Clement, Past Chair; Peter Senior, Vice-Chair Clinical, Ron Sigal, Vice-Chair Scientific, Ian Blumer, Treasurer; and Councillors, Ron Goldenberg, Doreen Rabi, Minna Woo, Robin Conway, Brian Rodrigues, Robert Screaton, Pramjit Sohal, Celine Huot, Alice Cheng and Catherine Yu. In addition, CDA support has been invaluable and I would like to acknowledge the Research and Education team for their hard work and dedication to ensuring the success of the C&SS.

Under the expert direction of Dr. Alice Cheng, the 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada were launched on April 8th of this year. Alice was assisted by 120 phenomenal professional volunteers and people living with diabetes to complete this mammoth task. To date, the uptake of these guidelines is impressive, as indicated by them being listed as one of the top 10 searched guidelines on the Canadian Medical Association website.

In addition to the release of the guidelines in April, Dr. Catherine Yu and her committee of dedicated volunteer healthcare professionals released tools, slide decks, and other materials as part of the guideline dissemination and implementation strategy. If you have not visited guidelines.diabetes.ca, you are missing a fantastic resource that helps healthcare professionals more effectively treat people living with diabetes. There are also cutting edge algorithms and decision tools that help patients understand the many aspects of managing their diabetes. The dissemination and implementation will continue for another two years; however, there will be ongoing refinement based on feedback gathered from healthcare professionals through qualitative and quantitative surveys.

We were successful in getting the Canadian Journal of Diabetes (CJD) – under the leadership of Dr. David Lau – accepted into Medline indexing this summer. Indexing will begin with Volume 37, Issue 1, meaning that all of the manuscripts and supplement issues published in 2013 will be indexed. This year, the journal has received 141 manuscripts to date. The editorial board, working with CDA staff, have been able to greatly reduce the turnaround time for a manuscript to navigate from first submission to print. All of these fantastic accomplishments are truly a testament to the hard work of David Lau and his editorial board. We look forward to the impact factor of the journal increasing.
Under Sara Meltzer's guidance, we continue to publish C&SS Connect, the C&SS Newsletter. If anyone has ideas or would like to submit a short article, please reach out to CDA staff responsible for this publication.

In 2014, you will see the C&SS membership evolve to provide healthcare professionals with greater choices on what benefits meet their personal needs. For all future renewals, members will have to indicate their areas of primary and secondary interest, as well as their professional designation. Also, individuals can choose to be members of both professional sections of the Association (C&SS and DES), for a special price.

The C&SS is currently in the process of developing strategies to increase membership. For starters, it would seem logical to recruit members from US border cities who might be interested in attending the CDA/CSEM conference. These individuals may not be able to attend other professional conferences in the US and might find our conference closer with respect to location. In addition, students/trainees will be offered free membership to C&SS; there will be clearly defined parameters for this category of membership. If we want to ensure the brightest and best medical students, medical residents, and PhD candidates choose diabetes as a career, the C&SS Executive feel that it is critically important to engage students early on. One important strategy would be to include a medical resident as a full member of the C&SS Executive; such an individual would be a full voting member. The mechanisms for choosing this member are currently being explored.

The issue of C&SS not being recognized by the Royal College of Physicians and Surgeons of Canada as an accrediting body continues with no final decision. The C&SS continues to explore how to best promote itself as a physician's organization to facilitate obtaining Royal College credits for attendees at our annual professional conference which currently is accredited through CSEM.

The C&SS has been approached by an online open access journal to work together to increase the number of papers published related to endocrinology, diabetes, and metabolism. To date, we have declined all requests since the Association has an ongoing agreement with Elsevier who is the publisher of CJD.

Once again, in 2013, the Association saw the number of applications to the Charles H. Best Research fund increase. A total of $7.2M was spent in research which resulted in 21 new Operating Grants and 19 new Personnel Awards funded. As well, the Association continues to fund 73 ongoing grants and awards. The National Research Council is working on a research strategic plan which will be presented to the board in early 2014.

C&SS was also involved in the Association's advocacy initiatives. Hopefully, in the near future, the Association will be releasing a Diabetes Charter which highlights the rights and responsibilities of people living with diabetes, their caregivers, healthcare providers, governments, employers, and schools. The document has indicators that will measure and
report on the quality and accessibility of diabetes care, education, medication supplies, medical devices, and other supports. The document also draws attention to broad public policy concerns that impact people living with diabetes.

This year, 2013, is a special year for the professional conference as four different meetings are coming together to host Vascular 2013. The Canadian Cardiovascular Society, the Canadian Stroke Network and Hypertension Canada, along with the Heart and Stroke Foundation and the CDA/CSEM Professional conferences are all participating. The CDA/CSEM professional conference began, as usual, with workshops on Wednesday, October 16th, followed by a full day of programming on Thursday, October 17th. On Friday, the focus is on the joint programming aimed at Vascular health, and Saturday we revert back to a full day of CDA/CSEM programming. One of the advantages of this joint conference is that individuals who register for one conference are able to attend any of the other conference sessions. A special thank you to André Carpentier, C&rSS conference co-chair, Lori Berard, DES conference co-chair, and Stephanie Kaiser, CSEM conference co-chair who worked very hard in putting together the CDA/CSEM program as well as the Vascular Day program. In 2014, the conference will be held in Winnipeg from October 22 – 25, 2014.

Congratulations to Dr. Ian Blumer who is the recipient of the 2013 Gerald S. Wong Service Award. This award, established in 1994, is given to a physician in recognition of significant contribution to the diabetes community.

Congratulations to Dr. Denis Daneman, the recipient of the 2013 Lifetime Achievement Award. First presented in 2007, it is bestowed upon a Canadian who is recognized and nominated by his/her peers for longstanding contribution to the Canadian diabetes community and as a leader in diabetes research.

As well, congratulations to Dr. Tony Lam who is the recipient of the 2013 Canadian Diabetes Association/Canadian Institutes of Health Research-Institute of Nutrition, Metabolism and Diabetes Young Scientist Award. This award recognizes outstanding research conducted in Canada by a young scientist in the field of diabetes.

I look forward to my second year as Chair and feel privileged to work with such a dedicated group of healthcare professionals, volunteers, and staff who are all striving to improve the lives of people living with diabetes.

Sincerely,

Dr. Jay Silverberg
Chair, Clinical & Scientific Section
Canadian Diabetes Association
2012 Canadian Diabetes Association/Canadian Society of Endocrinology and Metabolism Professional Conference and Annual Meetings

Vancouver, British Columbia
October 10 – 13, 2012

Conference co-chairs Breay Paty MD FRCPC (Clinical & Scientific Section), Stephanie Kaiser MD (Canadian Society of Endocrinology and Metabolism) and Arlene Kuntz BSP CDE (Diabetes Educator Section) provided leadership for an outstanding 2012 CDA/CSEM Professional Conference and Annual Meetings. More than 2,300 diabetes educators, clinicians and scientists attended the conference in Vancouver.

Delegates were provided with challenging and provocative sessions that encompassed the world of diabetes and endocrinology from bench to bedside. Program highlights included presentations from internationally and nationally renowned speakers.

Planning for 2014

The 17th CDA/CSEM Professional Conference and Annual Meetings will be held in Winnipeg, Manitoba – Winnipeg Convention Centre.

There, professionals will have the opportunity to exchange state-of-the-art knowledge and enjoy professional networking opportunities.
Clinical Practice Guidelines

The Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada (2013 Guidelines) were launched on Monday, April 8, 2013. Under the outstanding direction of Dr. Alice Cheng, who acted as Chair, the almost three-year revision process involved the dedication of 120 healthcare experts who volunteered over 56,000 hours of their time and expertise to produce 38 chapters, 11 appendices, and 251 graded recommendations informing the practice of diabetes care. Already garnering accolades and active use across the country and throughout the world, this top-quality and comprehensive resource for healthcare practitioners is now serving as the new standard of care for diabetes in Canada.

Clinical Practice Guidelines
Dissemination and Implementation

This year’s launch of the 2013 Guidelines included, for the first time, an entire suite of knowledge translation tools for healthcare providers to be used at both point-of-care and for educational purposes. Under the dedicated lead of Dr. Catherine Yu, Chair, 2013 Guidelines Dissemination and Implementation Committee, the following tools, resources, and programs were launched from April – September 2013:

- A mobile-responsive web portal, guidelines.diabetes.ca, that includes fully searchable guidelines, Executive Summary, and tools organized to the five key messages of the guidelines strategy: screening and diagnosis, vascular protection, glucose lowering, self-management education, and organizing diabetes care. To date, over 85,000 unique visitors have accessed the site.

- A 2013 Guidelines Quick Reference Card for use at point-of-care. After launch, a copy was sent to 30,000 healthcare providers.

- Slide sets and narrated slide sets for all 38 of the 2013 Guidelines chapters.

- An organized compendium of all Association patient education tools.

- Over 80 accredited Continuing Medical Education sessions, educating over 2,700 family physicians across Canada.

Media results from the launch achieved 35 million impressions and over 300 story placements. The focus for the strategy in the 2014 fiscal year will include an expansion of clinical and patient decision support tools, a video series for in-hospital management, a launch of inter-professional workshops, and a rigorous qualitative and quantitative evaluation of the guidelines strategy to date.
Nutrition

The National Nutrition Committee (NNC) 2012–13 accomplishments include: an update of the resource “Sugars and Sweeteners”; consultation with Health Canada on food snacks/supplements; representation at the CDA’s planning committee of the 2013 Vascular Conference; the planning of the NNC symposium at the 2013 Vascular Conference on the long-term outcome of bariatric surgery, with Dr. Olivier Court, surgeon, Denise Poirier, dietitian, and Dr. Angela Pfammater, psychologist, as invited speakers. NNC maintains an active liaison with representatives of Diabète Québec and Dietitians of Canada in its committee.

Research

During the 2013 grants and awards competition, a total of 249 applications were peer reviewed in the following categories:

- Operating Grants: 117 applications
- Personnel Awards: 132 applications
  - Scholarship Awards: 5 applications
  - Clinician Scientist Awards: 5 applications
  - Post-Doctoral Fellowships: 79 applications
  - Doctoral Student Research Awards: 43 applications

Through the support of our expert review committees, the 2013 competition resulted in 21 new Operating Grants and 19 new Personnel Awards. These grants and awards, combined with our ongoing research commitments and partnerships, resulted in a total commitment of $7.2 million to research this year.

Advocacy

Insulin Pumps

Since 2011, the Association has developed and released provincial reports on the cost efficacy of publicly-funded insulin pump programs across the country. The Association’s provincial advocacy work has resulted in the launch of new insulin pump programs and expansion of insulin pump programs in all provinces except for Prince Edward Island. In 2013, a new program open to all people with type 1 diabetes who are clinically eligible was established in Alberta, as well as a new pediatric program in Nova Scotia.

Diabetes Charter for Canada

Led by the Canadian Diabetes Association, the Diabetes Charter is a grassroots advocacy initiative to provide governments with a standard of equity that would ensure Canadians living with diabetes have equitable access to supports they need to effectively manage their condition.
Foundational activities completed thus far to inform development of the future charter include:

- A literature review and environmental scan of international and Canadian charters.
- Individual workshops with the National Advocacy Council and participants attending the 2012 National Annual General Meeting.
- A panel of people living with diabetes, healthcare providers, and other stakeholders who were consulted resulting in five key themes identified for discussion at regional workshops:
  - Access to quality care
  - Health system support
  - Emotional support and mental health
  - Stigma
  - Information and education
- Four regional workshops that brought together people with diabetes, providers, and government representatives. Each workshop generated discussion on the identified themes, and rights and responsibilities of the diabetes community, as well as indicators to measure progress in diabetes care and support.
- To enable participation in the Charter development process by those who were interested yet unable to attend these workshops, a survey was circulated to members, volunteers, clinicians, educators, and other stakeholders.
- Input from a project advisory committee comprised of researchers, clinicians, diabetes educators, and advocates (including members of the Clinical and Scientific Section, Diabetes Educator Section, and National Advocacy Council), and chaired by the Association’s Chief Scientific Advisor, Dr. Jan Hux, was sought and incorporated.

Overall, approximately 200 people external to the Association have provided input into development of the Charter, including those with diabetes, caregivers, healthcare providers, and government officials. The Association is in the process of analyzing and refining these inputs toward a final charter.

**Self-Monitoring of Blood Glucose**

SMBG for people with type 2 diabetes not on insulin continues to be an active public policy file. The Association advocates strongly for individualized testing as clinically appropriate, but also acknowledges that given limited public finances for healthcare, thresholds for public coverage for test strips may be reasonable. The Association urges public drug programs to consider our position on this issue as outlined within the Association’s September 2011 briefing document, in the *Canadian Journal of Diabetes*, which suggests minimum reimbursement levels based on patients’ use of oral medications and risk of hypoglycemia.

The Association continues to monitor this issue closely across Canada and actively engage governments to consider changes to policy for the public coverage of test strips.
Elections

Working in partnership with advocates and volunteers, the Association has succeeded in influencing party platforms as well as public discourse, resulting in public policy supported by all parties during election campaigns. For example:

• During the 2012 campaign in Alberta, the Progressive Conservative Party announced that it would, if re-elected, implement a new insulin pump program, which was actualized in 2013.
• During the 2013 campaign in British Columbia, the New Democratic Party promised that, if elected, the party would raise the threshold for insulin pump coverage to age 25.
• During the current election campaign in Nova Scotia, the New Democratic Party promised that, if re-elected, it would implement the Association’s diabetes wellness plan for that province, which includes:
  – A provincial gap analysis of existing provincial programs and services for people with diabetes.
  – Encouraging greater self-management of diabetes through public awareness campaigns, education, purposeful SMBG, and lifestyle change programs.
  – Creating and supporting wellness programs through sustained and increased funding commitments to the Thrive! strategy – a plan for a healthier Nova Scotia.
  – Expanding the existing insulin pump program commitment to include all people with type 1 diabetes, regardless of age, who would benefit as medically prescribed.

Individual Advocacy

The Association supports hundreds of individuals each year living with diabetes who have concerns about how they have been treated because of their diabetes. The Association has assisted with navigating the human rights process for complaints of discrimination that may lead to action on policy matters. In the past year alone, the Association responded to over 300 individual advocacy referrals, including:

• Access issues (e.g., medications, devices and supplies, diabetes services, health, life and mortgage insurance, financial assistance, tax credits)
• Discrimination in employment and public places
• Support for children with diabetes in school
• Driver licenses
• Diabetes care in institutional settings
• Piloting
• Service dogs for people with diabetes
Awards And Recipients

Gerald S. Wong Service Award

The Gerald S. Wong Service Award was established in 1994 to honour the memory of Dr. Gerald Wong, an advocate of the highest standard in diabetes care and education. It is awarded to a physician to recognize significant contribution to the diabetes community.

2013  Ian Blumer
2012  Edmond Ryan
2011  Stuart Ross
2010  Hugh Tildesley
2009  Makram Boctor
2008  Heather Dean
2007  Stewart B. Harris
2006  Lawrence A. Leiter
2005  N. Wilson Rodger
2004  Robert J. Gardiner

2003  Amir Hanna
2002  Bernard Zinman
2001  Sara J. Meltzer
2000  Denis Daneman
1999  Keith G. Dawson
1998  Errol B. Marlliss
1997  John A. Moorhouse
1996  Meng-Hee Tan
1995  Robert Ehrlich
1994  George Molnar

Canadian Diabetes Association/Canadian Institutes of Health Research-Institute of Nutrition, Metabolism and Diabetes Young Scientist Award

This award was established to encourage, by appropriate recognition, outstanding research conducted in Canada by young scientists in the field of diabetes. In the event that no suitable nominations are made, the award is deferred for the year.

2013  Tony Lam
2012  André Carpentier
2011  Minna Woo
2010  Timothy J. Kieffer
2009  Vincent Poitout
2008  Jeff Johnson
2007  Peter E. Light
2006  C. Bruce Verchere
2005  André Marette
2004  Gregory S. Korbutt
2003  Michael B. Wheeler
2002  Robert A. Hegele

2001  Gary Lewis
2000  Pere Santamaria
1999  Hertzl C. Gerstein
1998  Patricia Brubaker
1997  Jean-Pierre Depres
1996  Daniel Drucker
1995  Diane Finegood
1993  George Fantus
1991  Gerald Van de Werve
1990  Amira Klip
1988  Bernard Zinman
1987  Jerry Radziuk
Clinical & Scientific Section/Canadian Diabetes Association
Lifetime Achievement Award

The Clinical and Scientific Section of the Canadian Diabetes Association established the Lifetime Achievement Award in 2007 to recognize Canadian achievement for a lifetime commitment to research excellence. The award is bestowed upon a prominent Canadian MD or PhD medical scientist who is recognized and nominated by his/her peers for long-standing contribution to the Canadian diabetes community and for being a leader in diabetes research.

2013  Denis Daneman
2012  Hertzel Gerstein
2011  George Steiner
2010  Raymond Rajotte
2009  Bernard Zinman
2008  John Dupré
2007  Mladen Vranic

Clinical & Scientific Section

October 2012 to October 2013

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<tr>
<th>C&amp;SS Executive Position</th>
<th>Executive Member</th>
<th>Member/Liaison to Council/Committee</th>
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<tbody>
<tr>
<td>Chair</td>
<td>Dr. Jay Silverberg</td>
<td>All C&amp;SS Ad Hoc and Standing Committees, CDA National Board of Directors</td>
</tr>
<tr>
<td>Past Chair</td>
<td>Dr. Maureen Clement</td>
<td>Executive Committee, 2013 Clinical Practice Guidelines (CPG) Revision; 2013 CPG Dissemination and Implementation Committee</td>
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<tr>
<td>Vice-Chair, Clinical</td>
<td>Dr. Peter Senior</td>
<td>Associate Editor, Canadian Journal of Diabetes</td>
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<tr>
<td>Vice Chair, Scientific</td>
<td>Dr. Ron Sigal</td>
<td>Expert Committee, 2013 Clinical Practice Guidelines Revision, National Research Council</td>
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<tr>
<td>Secretary/Treasurer</td>
<td>Dr. Ian Blumer</td>
<td>Expert Committee, 2013 Clinical Practice Guidelines Revision</td>
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<tr>
<td>Councillor</td>
<td>Dr. Alice Cheng</td>
<td>Chair, 2013 Clinical Practice Guidelines, Associate Editor, Canadian Journal of Diabetes</td>
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<td>Councillor</td>
<td>Dr. Robin Conway</td>
<td>Editorial Board, C&amp;SS Connect, Advocacy rep on N&amp;I Advocacy Council</td>
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<td>Dr. Ronald Goldenberg</td>
<td>Steering Committee, 2013 <em>Clinical Practice Guidelines</em> Editorial Board, <em>C&amp;SS Connect</em></td>
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<td>Councillor</td>
<td>Dr. Brian Rodrigues</td>
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<td>Dr. Robert A. Screaton</td>
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<td>Appointed Member</td>
<td>Dr. Catherine Yu</td>
<td>Chair, 2013 CPG Dissemination and Implementation Committee</td>
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Clinical & Scientific Section of the Canadian Diabetes Association

Statement of Revenue and Expenses
For the Twelve Months Ending August 31, 2013

(Thousands of dollars)
(unaudited)

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<td><strong>Excess of Revenue over Expenses</strong></td>
<td>(177)</td>
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Our Mission

To lead the fight against diabetes by helping people with diabetes live healthy lives while we work to find a cure.

We will deliver our mission by:

• Providing people with diabetes and healthcare professionals with education and services
• Advocating on behalf of people with diabetes
• Supporting research
• Translating research into practical applications