

Clinical and Scientific Section

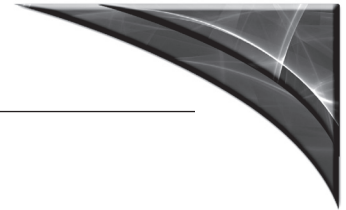
Annual Report 2010



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 fulfill an advocacy role for Canadians with diabetes



The Year in Review

As I come to the end of my term as Chair of the Clinical & Scientific Section (C&SS), I am extremely proud of our accomplishments over the past year. The Executive of the Clinical & Scientific Section: Ehud Ur, Past Chair; Minna Woo, Vice Chair, Scientific; Maureen Clement, Vice Chair, Clinical; Jay Silverberg, Treasurer/Secretary; and Councillors, Ian Blumer, Onil Bhattacharyya, Rejeanne Gougeon, Céline Huot, Cheril Clarson, S. Ann Colbourne, Daniel Metzger, Ron Sigal and Robin Conway; have worked hard over the past year facing challenges and responsibilities in support of the Canadian Diabetes Association (CDA).

The Canadian Diabetes Association *2008 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* continues to remain a focal point for discussion and interest by many groups, including federal and provincial governments and their agencies, clinical research groups (including Health Canada and ethics review boards), medical, nursing and pharmacy curriculums, and many others. We continue to strive to ensure that patients with diabetes receive best practices and medications so they may enjoy long and productive lives. We continue to hold firm on the recommendations this document contains for the management and treatment of a person with diabetes. Unfortunately, access to care and medications differs significantly across Canada, with individuals of lower socioeconomic status often suffering the most.

We continue to receive accolades nationally and internationally regarding our work, and are called upon to offer advice and input into the work of others across Canada and around the world. We also continue our collaboration and partnerships with many organizations. We partner with the Canadian Hypertension Education Programme to produce annual hypertension guidelines. We also partnered with the Canadian Cardiovascular **H**armonization of **N**ational **G**uidelines **E**ndeavour (C-Change) group which, as the name implies, is for the harmonization and integration of cardiovascular disease prevention and treatment guidelines. It comprises eight organizations: Obesity Canada, the Canadian Hypertension Education Programme, the Canadian Cardiovascular Society (lipid and smoking cessation groups), the Canadian Society of Exercise Physiology, the Stroke Network of Canada, the Canadian Association of Cardiac Rehabilitation, the Institute of Circulatory and Respiratory Health, and the Canadian Institutes of Health Research.

The dissemination of the *2008 Clinical Practice Guidelines* continues in 2010 with the successful release of the second tool in the *Tool Kit for the Prevention and Management of Diabetes in Canada: "Organization of Care"*. This tool was accompanied by a video that illustrates a diabetes-specific visit between a family doctor and patient. A video was also released to aid doctors in the use of the "Cardiovascular Risk Assessment and Reduction" tool. Both videos have been well received by health care providers and persons with diabetes. I thank Ian Blumer and his group, including Maureen Clement, Alice Cheng, Margaret Lawson and many others, in their work and efforts in this dissemination work.



It may seem a long time away, but the revision process has begun for the *2013 Clinical Practice Guidelines* under the leadership of Dr. Alice Cheng as Chair. We secured an executive editor and formed the Executive and Steering Committees, which are meeting during the 2010 Professional Conference.

Last year, the joint Professional Sections meetings did not take place due to the International Diabetes Federation Congress in Montreal. Each section and the Association held Annual General Meetings to fulfill bylaw requirements.

Over the past year, we faced a number of staffing changes within the Association. We now welcome the new CEO, Michael Cloutier, who brings a renewed vitality to the organization. Sylvia Leonard was recently hired as the new Vice President of Research and Professional Education.

This year, the 13th joint Professional Sections meetings are taking place in Edmonton. As the largest diabetes meeting held in Canada, the combined Canadian Diabetes Association and Canadian Society of Endocrinology and Metabolism (CSEM) professional conferences and annual meetings welcome approximately 2,100 researchers, clinicians, educators, health care providers and consumers to a vibrant learning environment. The commitment of all volunteers involved in the planning of this event facilitates its success, and congratulations are in order to this year's Co-Chairs Jean-Francois Yale (C&SS), Kathryn Arcudi (Diabetes Educator Section) and Lawrence Leiter (CSEM), and all those who worked with them to plan and execute the event.

In research this year, a record number of applications were received. A total of 258 applications for operating grants and personnel awards went through peer review. The peer review committees worked long and hard to adjudicate the applications to ensure the best research is funded by the Association. The Association was able to fund a total of 40 new operating grants and personnel awards for a success rate of 15%. A total of \$6.8 million was spent on the research program by the Association in spite of a difficult economic environment. It is projected that funding for research will increase to \$7.2 million in 2011.

With regard to publications, we continue to work towards indexing. With the leadership of David Lau, the Publications Working Group and a report from the Lippincott group, it was decided to work towards the amalgamation of the three publications and undertake the process of obtaining a commercial publisher.

This past year, the Advocacy team had several wins. In March 2010, the Advocacy team joined the discussion on self management of blood glucose (SMBG). They released a statement and press release opposing the Nova Scotia government's decision to restrict coverage for an SMBG test strip, sent all CDA members in Nova Scotia information on the proposed change and provided them with tools needed to lobby their members of the provincial legislature. The CDA also met with representatives of all opposition parties and the government to urge them



to reverse this decision. As a result, the government of Nova Scotia reversed the decision and announced it would not consider further actions to restrict access to test strips.

Due to ongoing focus on this issue, the Association formed an SMBG working group made up of C&SS, DES and National Advocacy Council (NAC) members whose purpose is to examine and respond proactively to clinical and policy developments surrounding the issue.

Fundraising continues as a top priority for the organization. The 2011 operating plan of the Association targets increases in fundraising revenues. It is the intention of the organization to allocate a larger portion of this revenue increase, if realized, to activities providing services to health care professionals (HCP). The 2011 operating budget anticipates increases in spending to \$5 million from \$2.4 million for services to HCP and to \$7.2 million from \$6.8 million for research.

Congratulations to Dr. Raymond Rajotte from Edmonton. Dr. Rajotte is the recipient of the 2010 Lifetime Achievement award. This award is bestowed upon a Canadian who is recognized for longstanding contributions to the Canadian diabetes community and for being a leader in diabetes research. He will present a lecture at this conference on Saturday, October 23, 2010, from 9:00 AM to 10:00 AM.

Congratulations to Timothy J. Kieffer PhD, who is the recipient of the 2010 Canadian Diabetes Association, Great West Life, London Life and Canada Life Young Scientist Award. This award recognizes outstanding research conducted in Canada by a young scientist in the field of diabetes. Tim will be presenting a lecture at the professional conference on Friday, October 22, 2010, from 10:00 AM to 11:00 AM.

Congratulations to Dr. Hugh Tildesley, the 2010 recipient of the Gerald S. Wong award. The award is bestowed on a physician to recognize significant contribution to the diabetes community.

It is with the great confidence and hope that the C&SS will continue to work diligently for individuals with diabetes across Canada. I welcome the new C&SS Executive under the leadership of their new Chair, Dr. Maureen Clement, as they continue this important work. I thank the C&SS for allowing me to lead them as Chair over the past 2 years. Your expertise and support is greatly appreciated.

Vincent Woo
MD FRCPC



Thank you.

20th International Diabetes Federation World Diabetes Congress 2009

Montreal October 18 to 22, 2009

In 2009, the Canadian Diabetes Association (CDA) and Canadian Society of Endocrinology and Metabolism (CSEM) professional conferences and annual meetings were not held because the 20th International Diabetes Federation World Diabetes Congress was held in Montréal, Québec, from October 18 to 22, 2009, at the Palais des congrès (Montreal Convention Centre).

The global diabetes community gathered to exchange state-of-the-art knowledge and to build on professional networking opportunities. Program highlights included the following topics:

- Clinical Research: In-hospital glycemic management of diabetes
- Education: How does culture impact on diabetes education?
- Health care & Epidemiology: Models of diabetes care from around the world
- Living with Diabetes: Alternative medicine: its role and practice

Planning for 2010

Conference Co-Chairs Jean-François Yale MD (Clinical & Scientific Section), Lawrence A. Leiter MD (CSEM) and Kathryn Arcudi RD (Diabetes Educator Section) have organized a very exciting program for this 2010 Professional Conference in Edmonton from October 20 to 23, 2010.

Clinical Practice Guidelines



The Clinical & Scientific Section (C&SS) and the Canadian Diabetes Association are pleased to announce that the first two tools in the much-anticipated *Tool Kit for the Prevention and Management of Diabetes in Canada* have been launched: Cardiovascular Risk Assessment and Reduction, launched in June 2009, and Organization of Care, launched in February 2010. The next tool, Protecting Mothers and Children, has an expected launch date of November 2010. These tools are based on the *2008 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada* and are a result of collaboration between the C&SS and more than 90 experts from a broad range of health care disciplines who donate their time, knowledge and expertise. The *2008 Clinical Practice Guidelines* (CPG) process has been chaired by Dr. Vincent Woo, with dissemination and implementation chaired by Dr. Ian Blumer.

Each theme consists of clinical-oriented, practical information, as well as an accompanying tool to help the health care professional integrate diabetes prevention and management strategies from the CPG into practice.

“Cardiovascular Risk Assessment and Reduction”: Cardiovascular disease is currently the number one cause of death for Canadians living with diabetes. This first instalment of the *CPG Tool Kit* emphasizes the importance of early diagnosis and management of diabetes, and delivers practical tools for the identification and screening of patients at high risk of vascular events and strategies for risk reduction.

“Organization of Care”: The 2008 CPGs indicate that a systematic approach to diabetes care improves clinical outcomes. This theme identifies the key components of a systematic strategy for diabetes care through flow sheets, algorithms, patient tools and a video to support organization of care.

“Protecting Mothers and Children”: Diabetes affects Canadians of all ages and all stages of the disorder. The aim of this theme is to protect mothers by improving postpartum screening rates for type 2 diabetes among women who have had gestational diabetes mellitus (GDM), and to protect children by encouraging symptom recognition and early detection of new-onset type 1 diabetes in prevention of diabetic ketoacidosis.

Future themes to be rolled out approximately every 6 months until 2012 as part of the *Tool Kit for the Prevention and Management of Diabetes in Canada* include Physical Activity, Foot Care, and Diabetes Education.

Updating the 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada

The revision process has begun for the *2013 Clinical Practice Guidelines* under the leadership of Dr. Alice Cheng as Chair of the new Executive Committee. The Executive and Steering Committee members have been finalized and will meet during this 2010 Professional Conference.

Liaisons and Partnerships



Nutrition

The main accomplishments of the National Nutrition Committee and its subcommittees this year were as follows:

- Worked on two resources that adapt the tool *Just the Basics* for two specific Canadian high-risk populations: South Asian and Aboriginal. Both tools are being developed by ad-hoc committees whose members were specially identified for their expertise in working with and solving nutritional issues in these populations. The resources assist people newly diagnosed with diabetes in selecting ethnically familiar healthy foods, planning meals and estimating the appropriate portion sizes, before meeting a dietician. The South Asian tool has been launched (August 2010) and the Aboriginal tool is due to launch in December 2010.
- Published two technical reviews in the *Canadian Journal of Diabetes*: 1) Hsu D, Zimmer V. Advanced Glycation End-products in Diabetes Management, *CJD*. 2010;34:136-140, and 2) Li C, Uppal M. A Clinical Update on Dietary Fibre in Diabetes: Food Sources to Physiological Effects (in preparation for the December issue).
- Disseminated background information and key messages on how to best decrease intake of dietary advanced glycation endproducts via an e-mail blast to all DES and C&SS members.
- The Nutrition Education Resource subcommittee developed educational material on postpartum aftercare for women who developed GDM to support the *CPG Tool Kit* theme Protecting Mothers and Children.
- Reviewed and supported the letter signed by the CDA to support *The Healthy Decisions for Healthy Eating Act* through calorie labelling on menus of large-chain restaurants and vending machine operations in Ontario. Calorie labelling may help those with diabetes make informed dietary choices when eating out.
- Supported a letter to Health Canada on policy for labelling gluten-containing products.
- Corresponded with the Minister of Health regarding Health Canada's proposed policy and implementation plans on the discretionary fortification of foods. Discussed their concerns that the addition of vitamins and minerals to foods, particularly those of low nutritional value, may cause persons with diabetes to make poor food choices.
- Responded to Health Canada's consultation on dietary sodium.
- Finalized a Food Security Position Statement that was posted on diabetes.ca.



Research

Core Research Programs

The 2010 competition received a record number of applications. A total of 258 applications were peer reviewed in the following categories:

- Operating Grants: 152 applications
- Personnel Awards:
 - Scholarship Awards: 3 applications
 - Clinician Scientist Awards: 2 applications
 - Post-Doctoral Fellowships: 60 applications
 - Doctoral Student Research Awards: 41 applications

Through the support of expert review committees, the 2010 competition resulted in 24 new operating grants and 16 new personnel awards received funding. These grants and awards, combined with our ongoing research commitments and partnerships, resulted in a total commitment of \$6.8 million to research this year.

Strategic Partnerships

Research partnerships continue to provide opportunities for the Association to fund world-class research and recruit young investigators for diabetes research through novel mechanisms. Synergies among funding partners provide specialized research opportunities that otherwise would not be possible. These unique agreements are strong indicators of the partners' commitments to the development of future scientists and clinicians in Canada.

Cardiovascular Complications of Diabetes

This is the fourth year of this partnership with the Canadian Institutes of Health Research (CIHR), the Institute of Circulatory and Respiratory Health (ICRH), the Institute of Aboriginal Peoples' Health (IAPH), the Institute of Infection and Immunity (III), the Institute of Nutrition, Metabolism and Diabetes (INMD), the Heart and Stroke Foundation (HSF), Pfizer Canada, the Finnish Funding Agency for Technology and Innovation (Tekes), and Health Canada. Three team grants and three seed grants were awarded. The total value of this partnership is more than \$9 million. The Association committed a total of \$500,000 to this partnership.

Canadian Diabetes Association and Canadian Institutes of Health

Research—Institute of Nutrition, Metabolism and Diabetes Clinician Scientist

The goals are to support the development and retention of highly qualified clinician scientists in the early stages of their careers in diabetes research by securing the majority of their time (greater than 75%) for research, thereby enabling them to establish themselves as respected independent investigators in diabetes research in Canada. This is the fifth year of the partnership.

The program provides support for research to:



1. Respond to hypotheses and questions that arise in practice settings, and translate the findings into clinical practice
2. Build personnel capacity (i.e. support for clinicians who are interested in establishing a diabetes research program).

2010 Krescent New Investigator Award and 2010 Canadian Diabetes Association Clinician Scientist Award

This partnership with the Canadian Society of Nephrology and The Kidney Foundation of Canada will fund a new investigator for 3 years.

Visionary Partnerships

Visionary partnerships are unique opportunities with specific regions or institutions. To date, activities include the following:

CDA Scientists—Centre for Research in Childhood Diabetes (University of British Columbia)

The Association's commitment within this partnership will support three scientists with salary for their first 5 years. The recruitment phase is nearing completion, with two positions confirmed. The association has committed a total of \$1.2 million to this partnership.

CDA Chair in Diabetes Management (The University of Western Ontario)

The Association partnered with The University of Western Ontario and established a Chair in Diabetes Management that focuses on improving the long-term health outcomes of diabetics by developing and evaluating an evidenced-based model of optimal diabetes management. Dr. Stewart Harris was named Chair on January 30, 2008. This is a \$5 million partnership. The Association has committed a total of \$1 million to this partnership

Advocacy

The Public Policy and Government Relations (PPGR) team developed a 5-year Strategic Advocacy Plan in December 2009 that maps out PPGR's mission/vision, its guiding principles and key deliverables. As a result, all PPGR activity has been restructured to meet its primary strategic objectives.

The National Advocacy Committee (NAC) is also being restructured. The role and structure of the NAC has been revised and reignited to allow greater refining of the NAC's advocacy contributions and to enhance the Committee's ability to support the 5-Year Strategic Plan. The NAC's capacity for engaging in strategic advocacy initiatives has been enhanced, and through its further restructuring, its capacity will continue to grow. As part of this restructuring, the Association formed four Area Advocacy Committees (Pacific, Prairies, Ontario and Atlantic). Each committee is chaired by a member of the NAC and includes participation from one member of the C&SS.

Association advocates have achieved many successes throughout the year. The Association held a diabetes breakfast speech event in Fredericton to release the New Brunswick Diabetes Cost Model and recommendations to address out-of-pocket costs for residents with diabetes. Shortly thereafter, the government of New Brunswick announced a prescription drug plan specifically aimed at addressing the high out-of-pocket costs for those living with diabetes.

The renewal of the Aboriginal Diabetes Initiative (ADI) was made a key federal ask at the Association's December 2009 Diabetes Day on the Hill in Ottawa. Participants in the Association's Advocacy On-line Campaign sent 2,200 letters to the Minister of Finance asking for the ADI's renewal. As a result, the Government of Canada renewed the ADI in the March 2010 federal budget for an additional 2 years.

The Association released a statement and press release opposing the Nova Scotia government's decision to restrict financial coverage for test strips for individuals not using insulin, and equipped volunteer advocates with tools to lobby their members of the provincial legislature. Subsequently, the government of Nova Scotia reversed its decision and announced it would not be considering further actions to restrict access to test strips.

The Association developed "*An Economic Tsunami: The Cost of Diabetes in Canada*" a report based on Canadian data, which was released in conjunction with its 2009 Diabetes Day on the Hill. The *Economic Tsunami Report* produced over 46 million media impressions. It resulted in added revenue for fund development and generated interest from all levels of government.

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, and is awarded to a physician to recognize significant contribution to the diabetes community.

2010 Hugh Tildesley	2001 Sara J. Meltzer
2009 Makram Boctor	2000 Denis Daneman
2008 Heather Dean	1999 Keith G. Dawson
2007 Stewart B. Harris	1998 Errol B. Marliss
2006 Lawrence A. Leiter	1997 John A. Moorhouse
2005 N. Wilson Rodger	1996 Meng-Hee Tan
2004 Robert J. Gardiner	1995 Robert Ehrlich
2003 Amir Hanna	1994 George Molnar
2002 Bernard Zinman	

Canadian Diabetes Association, Great-West Life, London Life And Canada Life 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 is made, the award is deferred for the year.

2010 Timothy J. Kieffer	1999 Hertz C. Gerstein
2009 Vincent Poutout	1998 Patricia Brubaker
2008 Jeff Johnson	1997 Jean-Pierre Depres
2007 Peter E. Light	1996 Daniel Drucker
2006 C. Bruce Verchere	1995 Diane Finegood
2005 André Marette	1993 George Fantus
2004 Gregory S. Korbutt	1991 Gerald Van de Werve
2003 Michael B. Wheeler	1990 Amira Klip
2002 Robert A. Hegele	1988 Bernard Zinman
2001 Gary Lewis	1987 Jerry Radziuk
2000 Pere Santamaria	

Clinical & Scientific Section / Canadian Diabetes Association

Lifetime Achievement Award

The Clinical & 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.

2010	Raymond Rajotte
2009	Bernard Zinman
2008	John Dupré
2007	Mladen Vranic

Clinical & Scientific Section

October 2009 - October 2010

C&SS Executive Position	Executive Member	Member/Liaison to Council/Committee
Chair	Dr. Vincent Woo	All C&SS Ad Hoc and Standing Committees CDA National Board of Directors Chair, Steering Committee, <i>2008 Clinical Practice Guidelines</i> Revision 2010 National Conference Program Committee Publications Working Committee
Past Chair	Dr. Ehud Ur	Chair, C&SS Nominating Committee Executive Committee, <i>2008 Clinical Practice Guidelines</i> Revision
Vice Chair, Clinical	Dr. Maureen Clement	Executive Committee, <i>2008 Clinical Practice Guidelines</i> Revision Member <i>2008 Clinical Practice Guidelines</i> Dissemination and Implementation Committee 2010 National Conference Program Committee
Vice Chair, Scientific	Dr. Minna Woo	National Research Council Associate Editor, <i>Canadian Diabetes Executive Committee, 2008 Clinical Practice Guidelines</i> Revision Vice Chair, Personnel Awards Committee
Secretary/Treasurer	Dr. Jay Silverberg	Steering Committee, <i>Clinical Practice Guidelines 2008</i> Revision
Councillor	Dr. Onil Bhattacharyya	Member CDA, Website Committee
Councillor	Dr. Ian Blumer	Expert Committee, <i>2008 Clinical Practice Guidelines</i> Revision Chair, Dissemination & Implementation Committee, <i>2008 Clinical Practice Guidelines</i>
Councillor	Dr. Cheril Clarson	National Advocacy Council
Councillor	Dr. S. Ann Colbourne	Joint Sections Website Editorial Board
Councillor	Dr. Réjeanne Gougeon	Expert Committee, <i>2008 Clinical Practice Guidelines</i> Revision Chair, National Nutrition Committee 2010 National Conference Program Committee
Councillor	Dr. Ronald Sigal	Expert Committee, <i>2008 Clinical Practice Guidelines</i> Revision Operating Grants Review Committee Publications Working Committee
Councillor	Dr. Robin Conway	2010 National Conference Program Committee
Councillor	Dr. Daniel L. Metzger	2007 National Conference Program Committee
ADQ Representative	Dr. Céline Huot	National Camp Committee Post Graduate Education Committee Publications Working Committee

Clinical & Scientific Section of the
Canadian Diabetes Association



Statement of revenue and expenses

year ended August 31, 2010

(thousands of dollars)

(unaudited)

	2010	2009
	\$	\$
Revenue		
Membership fees	39	33
Literature sales of Clinical Practice Guidelines	67	214
	<hr/>	<hr/>
	106	247
Expenses		
Membership	8	9
Literature cost of goods sold	10	15
Clinical Practice Guidelines	126	572
Awareness		1
Professional education awards	10	6
Annual general meetings	14	21
National executive	12	10
Administration	105	101
	285	736
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Excess of (expenses over revenue) revenue over expenses	(179)	(489)

Canadian Diabetes Association 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 health care professionals with education and services
- Advocating on behalf of people with diabetes
- Supporting research
- Translating research into practical applications.

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