



CANADIAN ASSOCIATION OF GASTROENTEROLOGY L'ASSOCIATION CANADIENNE DE GASTROENTÉROLOGIE

CAG/ACG National Office, 2902 South Sheridan Way, Oakville, Ontario L6J 7L6 CANADA

Telephone: 905.829.2504 Fax: 905.829.0242 Toll Free: 1.888.780.0007

E-mail: cagoffice@cag-acg.org Website: <http://www.cag-acg.org>

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President/ Président

Desmond J. Leddin, MB
Halifax, NS
Ph: 902.473.7833
Fax 902.473.4406
President@cag-acg.org

President Elect/Président Désigné

William G. Paterson, MD
Kingston, ON
Ph: 613.544.3400 x 3376
Fax: 613.544.3114
PresidentElect@cag-acg.org

Past President/Président Sortant

Philip M. Sherman, MD
Toronto, ON
Ph: 416.813.7734
Fax: 416.813.6531
PastPresident@cag-acg.org

V-P Secretary/Secrétaire

Mary H. Perdue, PhD
Hamilton, ON
Ph: 905.525.9140 x 22585
Fax 905.522.3454
Secretary@cag-acg.org

V-P Treasurer/Trésorier

Alan W. Cockeram, MD
Saint John, NB
Ph: 506.634.7742
Fax 506.632.1107
Treasurer@cag-acg.org

V-P Finance/V-P Finances

David G. Morgan, MD
Hamilton, ON
Ph: 905.574.7721
Fax 905.575.2661
Finance@cag-acg.org

Committee Chair/Président(e)s de Comités

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Archives/Archivist

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Canadian Journal of Gastroenterology, Editor

L. R. Sutherland, MD

Mr. Eric Ormsby
Manager, Office of Science
Health Canada
1600 Scott Street, 2nd Floor, Tower B
Ottawa, Ontario

RE: Health Canada's Expert Advisory Panel on COX-2's

June 9-10, 2005 – Ottawa

Sent by fax: (613) 941-5035 & email: Eric_Ormsby@hc-sc.gc.ca

Dear Mr. Ormsby,

We appreciate Health Canada's willingness to accept input from the Canadian Association of Gastroenterology (CAG) regarding gastroenterologist experts to present to and participate on the Expert Advisory Panel on COX-2s. Unfortunately, given the few days notice we received, we have not been able to find a Panel member or presenter, nor is there sufficient time to formally summarize the literature to appropriately address the many key questions being considered by the Panel.

It is important to recognize that traditional, non-selective NSAIDs are associated with significant morbidity and mortality related to their adverse gastrointestinal (GI) effects. GI bleeding - the most common and serious complication of traditional NSAIDs - results in an estimated 1600-1900 deaths in Canada annually. While co-therapy of proton pump inhibitor (PPI) drugs with traditional NSAIDs may protect against haemorrhage from the stomach or duodenum, PPIs cannot prevent bleeding and complications in the lower GI tract. COX-2 inhibitor NSAIDs represent a significant therapeutic advancement because they offer a substantially reduced risk of bleeding from any part of the GI tract. We trust that the reduced risk of bleeding and death offered by the COX-2 class will be fully considered and weighed in the deliberations of the Advisory Panel.

It is extremely regrettable that Health Canada did not involve the respective professional societies at the beginning of this process. This would have allowed the CAG to work with you to provide detailed input on the benefits and risks of COX-2s, from the specialists who manage the adverse GI effects of NSAIDs and represent patients with these problems. I hope that you agree that in cases such as this, it is important to 1) comprehensively examine all, including the most current data, and 2) involve the Canadian experts in the area - particularly given the significant impact of any decision on patients and Canadian health care.

In future we do hope that Health Canada will see fit to work in partnership with the professional societies on key issues, and will seek their input to decide appropriate scientific and medical expertise.

Sincerely,

Desmond J. Leddin, MB, FRCPC
President, Canadian Association of Gastroenterology
Head, Division of Gastroenterology, Dalhousie University