President’s Message

Welcome to the Canadian Association of Gastroenterology (CAG) Annual Report that outlines the structure, accomplishments and plans of the Association. The past year has been a particularly busy and productive one – I encourage you to review page two for the year at a glance summary of key programs.

In February/March the CAG and the Canadian Association for the Study of the Liver (CASL) co-hosted yet another extremely successful Canadian Digestive Diseases Week (CDDW) and Annual CASL Winter Meeting. Held in Montreal, the conference drew a record 1000 delegates and offered a varied program including live endoscopy, small group sessions, and educational evening events.

A number of projects are planned to be completed during 2008/2009:

- The CAG is very proud to be taking the lead administrative/management role in the International Consensus on Upper Gastrointestinal (GI) Bleeding along with the American Society for Gastrointestinal Endoscopy, the European Association for Gastroenterology and Endoscopy, and the Asian Pacific Society of Digestive Endoscopy. Dr Alan Barkun leads the international steering committee and group of 35 international experts. The final meeting will be held at UEGW 2008.

- The Endoscopy Quality Initiative (EQI), a continuation of CAG Human Resource Planning Project, is underway at 19 sites across Canada. The EQI hinges on the Global Rating Scale developed by Dr Roland Valori and his U.K. team, and a practice audit in colonoscopy. For more information visit the CAG website under ‘Human Resource Planning Project’ at: http://www.cag-acg.org/about/special-projects/EndoscopyQualityInitiative.aspx.

- The Survey of Access to GastroEnterology (SAGE) program will be conducted during the week of November 17, 2008 to provide a quick yet critical snapshot of wait times.

- To meet the diverse educational needs of the membership, the CAG’s E-Learning and Technology Committee is developing an educational portal for web-based continuing professional development activities. The e-portal site will contain a wealth of material recorded during CDDW and other educational events, and will be available later this year.

- In 2008 14 fellowships, 7 grants, 1 fellow-to-faculty transition award and 1 resident research grant were awarded for a commitment to GI research of over $1.8 million.

- The CAG has formalized its partnership with the Canadian Digestive Health Foundation (CDHF) and encourages members to contribute to the CDHF to ensure the growth of funding for GI disease research and support for people with digestive diseases.

- A proposal for restructuring of the governing board to streamline operations and meet CAG’s changing needs will be voted on at the 2009 Annual General Meeting.

- The CAG continues to advocate for gastroenterology in a number of arenas including the Canadian Medical Association and the Committee of National Medical Organizations. Last year, the CAG joined the Wait Time Alliance, a group of 11 national specialty societies who have met specific requirements (established wait time targets and measured wait times). The CAG is proud to represent gastroenterology in this important national alliance and looks forward to advancing gastroenterology further.

My thanks to the staff in the National Office for helping make the above possible and I look forward to the challenges and opportunities for gastroenterology in the coming year.

Ron Bridges, MD, FRCPC
Canadian Association of Gastroenterology
Year at a Glance

CAG Publications

Credentialing Manuscripts

- Canadian credentialing guidelines for endoscopic privileges: An overview (Can J Gastroenterol 2007;21(12):797-801)
- Canadian credentialing guidelines for colonoscopy (Can J Gastroenterol 2008;22(1):17-22)
- Canadian credentialing guidelines for flexible sigmoidoscopy (Can J Gastroenterol 2008;22(2):115-9)
- Canadian credentialing guidelines for esophagogastroduodenoscopy (Can J Gastroenterol 2008;22(4):349-54)
- Canadian credentialing guidelines for endoscopic retrograde cholangiopancreatography (Can J Gastroenterol 2008;22(6):547-51)
- Canadian credentialing guidelines for endoscopic ultrasound (In press, Can J Gastroenterol)

Position Statement

- Propofol use for sedation during endoscopy in adults: A Canadian Association of Gastroenterology position statement (Can J Gastroenterol 2008;22(5):457-9)

Gastroenterology Resources in Canada

- Access to specialist gastroenterology care in Canada: Comparison of wait times and consensus targets (Can J Gastroenterol 2008;22(2):161-7)
- Who provides gastrointestinal endoscopy in Canada? (Can J Gastroenterol 2007;21(12):843-6)

Crohn’s Consensus Conference

The CAG Consensus Conference on the Use of Biologic Therapy in Crohn’s Disease was held March 3-4 in Montreal directly following CDDW and the 4th Annual Canadian CASL Winter Meeting. A manuscript from the consensus is being prepared.

New Latin American Studentship

To enhance its global presence and impact, the CAG this year introduced a new ‘summer studentship’ award that presents an opportunity for undergraduate and graduate students from Latin America to conduct GI-related research in a Canadian university or research centre. The research project can be basic or clinical science, and related to any aspect of GI function. Details are available on the research page of the CAG website.

New CAG Website

The CAG website is the communication portal to the membership and beyond. In autumn 2007 the new CAG website was launched, offering members greater ease of navigation and new functionality such as online payment of membership fees, the soon-to-be released e-portal – a broad educational platform for members, and a page devoted to our industry partners. CAG staff is able to directly update the site, keeping it dynamic and current.

www.cag-acg.org
Canadian Association of Gastroenterology

Executive Committee

The executive committee charts the course of the organization on a daily basis, responding to issues as they arise. The group ‘meets’ through quarterly teleconferences, though the majority of matters are dealt with via email discussions. Like other board and committee members the executive does not receive payment for service, despite the significant amount of time invested in running the Association. The executive welcomes your comments and suggestions which you may forward either to the national office (general@cag-acg.org) or via the email contacts given below.

President, 2008-2010
Ronald J Bridges, MD, FRCPC
Professor of Medicine
University of Calgary
Calgary, Alberta

President Elect, 2008-2010
David G Morgan, MD, FRCPC, MSc
Associate Professor of Medicine
McMaster University
Hamilton, Ontario

Past President, 2008-2010
William G Paterson, MD, FRCPC
Professor of Medicine
Queen’s University
Kingston, Ontario

VP Clinical Affairs, 2007-2012
Daniel C Sadowski, MD, FRCPC, ABIM
Assistant Professor of Medicine
University of Alberta
Edmonton, Alberta

VP Finance, 2005-2010
Carlo A Fallone, MD, FRCPC, AGAF
Associate Professor of Medicine
McGill University
Montreal, Quebec

VP Secretary, 2007-2012
E Jan Irvine, MD, FRCPC, MSc
Professor of Medicine
University of Toronto
Toronto, Ontario

VP Treasurer, 2006-2011
Derek M McKay, PhD
Canada Research Chair in Intestinal Immunophysiology in Health and Disease, University of Calgary
Calgary, Alberta
The governing board includes the executive, the chairs of the various CAG committees, and the editor of the Canadian Journal of Gastroenterology. The board meets twice a year – at the annual CDDW meeting and again in the autumn – to review developments in the organization, coordinate efforts on projects, and plan the future.

**CAG at a glance**

**Established:** 1962

**Goals:**
- To support and engage in the study of the digestive tract in health and disease
- To promote the advancement of the science and art of gastroenterology by providing leadership in patient care, research, teaching and continuing professional development
- To promote and maintain the highest ethical standards

**Members:** 1100 members and growing

**Constituency:** Gastroenterologists, surgeons and other physicians, basic scientists, nurses, technicians, research fellows, residents, medical and other students, government and industry
Canadian Association of Gastroenterology
Administration and Communication

The administrative aspects of the CAG are some of the most critical, supporting the structure and ensuring the viability and growth of the organization. The nine committees or positions that comprise Administration and Communication reflect the Association’s philosophy of accountability, transparency and effective communication. These include the committees of Admissions, Archives, Communications, Ethics, Finance, Gender and Nominations, and the positions of Treasurer and Canadian Journal of Gastroenterology Editor. A brief description of each committee or position is given below.

**Admissions**
Reviews and approves applications for membership from professionals in GI health and disease.

**Archives**
Maintains the records and history of the CAG.

**CJG Editor**
Reviews and promotes submissions to the Canadian Journal of Gastroenterology, the official journal of the CAG and the CASL.

**Communications**
Reviews and advises on print and electronic publications of the Association including the website.

**Ethics**
Establishes guidelines for ethical standards in patient care, research, education, and industry interactions.

**Finance**
Together with the national office and executive, strategizes and implements fundraising for corporate sponsorship and key initiatives such as CDDW and research.

**Gender**
Examines issues of gender as they relate to gastroenterology in Canada.

**Nominations**
Annually recommends replacement committee members and councilors for consideration by the governing board and membership. Members are strongly encouraged to become involved in their organization.

**Treasurer**
Together with the accountant is responsible for reporting details of annual revenues and expenditures.
With gastroenterologists and their trainees comprising the largest group within the membership, Clinical Affairs and its various committees are at the core of the Association. Focused on issues related to patient care, Clinical Affairs encompasses the Endoscopy, Hepatobiliary/Transplant, Liaison, Pediatrics, Practice Affairs and Regional Representation Committees.

The role of the Chair of Clinical Affairs is to enhance the ability of the CAG to respond quickly to the concerns of practitioners, such as lobbying governmental agencies for additional funding of new medications, new interventions, and new screening protocols. In this role Dr Dan Sadowski facilitates communication between the various committees and coordinates special initiatives.

**Endoscopy**
Represents the CAG on matters relating to endoscopists and promotes competence, training and quality assurance in endoscopy.

**Hepatobiliary/Transplant**
Addresses issues and medical education related to the hepatic and biliary systems and transplantation. The committee also liaises with the CASL and related societies.

**Liaison**
Communicates and collaborates with national and international organizations.

**Pediatrics**
Represents the interests of pediatric gastroenterologists to the CAG board and membership.

**Practice Affairs**
Addresses issues relevant to practising gastroenterologists.

**Regional Representation**
Facilitates communication with provincial and regional gastroenterology organizations.
Professional education has long remained a priority and strength of the CAG – a fact well recognized by the membership. A strategic planning survey showed that members rate CDDW as the most important CAG service, on par with Digestive Disease Week regarding its usefulness. Given the scope and importance of its activities, Education Affairs is divided into several committees, each with a specific mandate. Dr Alaa Rostom oversees CAG Education Affairs, providing direction to the various committees to facilitate educational program development for the Canadian gastroenterology community.

<table>
<thead>
<tr>
<th>Committee</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance of Certification Committee</td>
<td>Reviews and approves submissions for Category 1 Royal College of Physicians and Surgeons of Canada (RCPSC) accreditation of educational events.</td>
</tr>
<tr>
<td>Gastroenterology Residents-in-Training (GRIT) Course Committee</td>
<td>Organizes a high caliber, internationally recognized, annual training program for gastroenterology/hepatology residents held in association with CDDW.</td>
</tr>
<tr>
<td>Scholars’ Program Committee</td>
<td>Organizes an annual course in association with CDDW that encourages third and fourth year medical students, and PGY1 and PGY2 internal medicine residents, to consider a career in gastroenterology/hepatology.</td>
</tr>
<tr>
<td>Residents’ Videoconference Committee</td>
<td>Organizes a monthly national videoconference with presentations from national and international experts.</td>
</tr>
<tr>
<td>e-Learning &amp; Technology Committee</td>
<td>Provides online/electronic educational material for the general membership.</td>
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<tr>
<td>Program Directors Committee</td>
<td>is appointed by the RCPSC. Dr Jamie Gregor is the Chair of the Specialty Committee in Gastroenterology.</td>
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Canadian Association of Gastroenterology
Research

Dr Stephen Vanner, Professor in the Department of Medicine at Queen’s University, chairs the Association’s Research Committee. The Committee is one of the busiest as shown by the listing of activities below:

- **CDDW**: review of 350 abstracts, planning basic science symposia, and paper and poster sessions.
- **CAG/Canadian Institutes of Health Research(CIHR)/Industry Research Program**: review of 70 extensive applications for fellowship and grants, and evaluation/ranking of submissions together with the CIHR. See below for more details.
- **Student Scholarships and Student Prizes**: evaluation of summer student scholarship applications and candidates for research prizes.
- **Research Topics in GI Disease**: review of 40 abstract submissions & organization of the scientific program.

Highlights of the Association’s research initiatives are given below.

**CAG/CIHR/Industry Research Program – Investing in Canadian Researchers**

The flagship of Association research is the CAG/CIHR/Industry Research Program. The Program has been an overwhelming success and is the pride of the CAG, its industry partners and the CIHR. It provides one to three years of funding to junior clinicians and PhD scientists studying GI health and disease. In the first ten years of the program 87 young researchers were supported, to the tune of more than $8.7 million.

The achievements of the CAG/CIHR/Industry Research Program over the past ten years have been published in detail in the scientific literature: Canadian Association of Gastroenterology - Canadian Institutes of Health Research-Pharmaceutical partner* postdoctoral operating fellowship programme: An outstanding success that continues to excel! Can Journal Gastroenterol 2003;17(7):437-9.

**Research Topics in GI Disease**

First held in 2001, the Research Topics in GI Disease meeting has become a yearly event. Basic science and clinical trainees including Masters and PhD students, gastroenterology residents and postdoctoral fellows come together for a weekend to present their research and meet and liaise with fellow students and faculty. The meeting is another initiative that encourages GI research and expertise in Canada.

We are pleased to announce that the 2008 meeting is sponsored by AstraZeneca, the Crohn’s and Colitis Foundation of Canada and the CIHR.
Canadian Association of Gastroenterology
National Office

We invite you to drop by 2902 South Sheridan Way in Oakville, the home of the CAG National Office. National office staff includes executive director Paul Sinclair (left), manager Sandra Daniels (left centre), project coordinator Louise Hope (right centre) and a warm welcome to our new office administrator, Palma Colacino (right).

What Does the CAG National Office Do?
The national office works with the 22 board members and related committees to support initiatives and achieve the goals of the Association. Central to the organization is the executive director, whose roles include strategic planning and fundraising, advising the executive on a daily basis on key issues, and overseeing office staff and activities. National office responsibilities may roughly be divided into six broad categories as shown in the figure at right and described below.

CDDW/Education
For 2008 CDDW and 4th Annual CASL Winter meeting approximately 350 accepted abstracts were sorted and laid out for the final program, and office staff liaised with the approximately 200 speakers and co-chairs to solidify the program. The staff works behind the scenes to direct the conference planner and manage details on a weekly basis between the kickoff of planning each spring and the close of meeting finances the following May.

As a RCPSC-approved national provider of accredited gastroenterological education the CAG annually accredits many local meetings. In addition, RCPSC co-developed events – in which the CAG works with industry to develop the educational program – have become increasingly popular. Coordinating these many educational programs demands significant time from national office staff and the members of the Maintenance of Certification Committee.

Research
In 2008, 23 fellowships or grants of predominantly two to three years duration (45 funding years) were awarded. The executive director liaises with government agencies such as the CIHR and our research sponsors, and manages the over 50 ongoing fellowships, grants and studentships.

Sponsorship
Since the CDDW is run as a minimal profit event, funds to run the Association are raised through corporate sponsorship. In 2008, 14 companies, including 7 benefactor sponsors, support the CAG.

Gastroenterology Resources/Advocacy
The Human Resource Planning Project has quantified the number of practising gastroenterologists in Canada, along with actual and medically-acceptable maximal wait times for digestive health care, as the basis for advocacy initiatives.

Committees
The national office provides continuous guidance and support to the 22 board members, their committees and projects, and plays an active role in 40 on-site meetings (board, executive, committees, sponsors, etc.) held during the week of CDDW.

Financial
Strategic planning and fundraising efforts of the executive, executive director, and finance committee have succeeded in raising $4 million in revenue in the 2007/2008 financial period.
The CAG and CASL look forward to welcoming you to the joint 2009 CDDW and 5th Annual CASL Winter Meeting in Banff, Alberta. Drs David Morgan and Eric Yoshida are co-chairs of the 2009 Implementation Committee and are supported by a CAG and CASL core program committee in creating the scientific program.

CDDW and the CASL Winter Meeting showcase the best of Canadian GI and hepatology research and provide a venue for colleagues to meet. Future venues include the Fairmont Royal York, Toronto in 2010 and Vancouver in 2011. This year over 1000 delegates attended the conference.

Trademark annual sessions include:

Richard D McKenna Memorial Lecture – Named after the founder of the Association, this prestigious lecture serves as the traditional kick-off to CDDW and features an international leader in the area.

CASL Gold Medal Lecture – Recognizes physicians and scientists who have significantly advanced the field of liver research.

Research Excellence Award Lecture – Honours an outstanding Canadian researcher and CAG member.

Education Excellence Award Lecture – Honours outstanding national or international educational contributions from a CAG member.

Postgraduate Course: Advances in Gastroenterology and Hepatology – For this course presenters mine the literature from recent years and review the key developments and papers clinicians need to know.

Symposia – A number of basic and clinical science symposia are held on topics of interest as identified by members in the annual needs assessment survey.

Live Endoscopy – First introduced in 2007 live endoscopy continues to be a highlight of the meeting.

Breakfast with the Experts – Overwhelmingly popular since their introduction in 2003 these small group sessions provide interactive time with leaders in the field.

Small Group Sessions – Following a similar interactive format as Breakfast with the Experts, small group sessions have proved to be a big hit.
The CAG would like to recognize and thank our Corporate Sponsors as listed above. Corporate sponsorship provides funding which is essential for the day-to-day operation of the CAG, inclusive of national office expenses and support for orphan programs not funded by other sources.

Research

The CAG/CIHR Industry Research Program provides research funding to promising young pre-clinical and clinical scientists working in GI health and disease. For each dollar committed by corporate partners the Canadian Institutes of Health Research (CIHR) provides matching funds. The CAG would like to thank Abbott, AstraZeneca, Axcan, Bristol-Myers Squibb, Crohn’s and Colitis Foundation of Canada, Ferring, Janssen-Ortho, Nycomed, Olympus, Pentax, Procter & Gamble, Shire, Schering, and UCB for their vision in growing gastroenterology and GI research in Canada.

CDDW

Canadian Digestive Diseases Week is the annual educational event of the CAG, and one that would not be possible without financing from our partners. Partners may choose from various sponsorship options including basic science and clinical symposia, small group breakfast sessions, paper and poster sessions, the prestigious McKenna lecture, research and education award lectures and the postgraduate course. The Association would like to thank our sponsors of CDDW 2008.