

Canadian Association  
of Gastroenterology



L'Association Canadienne  
de Gastroentérologie

**20**

**ANNUAL REPORT**

**13**



Dan Sadowski CAG President

*CAG's longstanding partnership with the CIHR has succeeded in developing the next generation of basic and clinical scientists, resulting in the highest quality Canadian research.*

I am pleased to share with you some recent key accomplishments and initiatives within the Canadian Association of Gastroenterology (CAG).

The year 2012-2013 has seen a wealth of activity within Clinical Affairs, a portfolio which addresses the interests of our large clinical membership. Several significant papers have recently been published, such as on the Canadian Global Rating Scale (GRS), a key tool to support quality and patient-centred endoscopy services, and guidance on surveillance for colon cancer. Plans are now in place for several other consensus conferences and clinical practice guidelines over the coming months. Over the last year CAG has become an international partner with the Multi-Stakeholder Task Force on the development of one of their guidelines. We also continue to dialogue with American College of Gastroenterology (ACG) on partnered development of practice guidelines.

One of the most exciting developments this year in Clinical Affairs has been CAG's application to a Canadian Partnership Against Cancer (CPAC) funding program known as Coalitions Linking Action and Science for Prevention 2 (CLASP2). For several years now, with CPAC's help, the Association has been active in promoting quality in endoscopy through various tools and programs. Adoption has been successful to a degree. However, we have been limited financially in implementing our vision of seeing comprehensive quality programs available to all Canadian endoscopy units. CPAC funding would allow CAG to offer skills enhancement in endoscopy courses broadly to residents and to practicing gastroenterologists who wish to improve their technique. It was very encouraging to receive letters written in support of our application from key organizations such as Accreditation Canada and the Royal College of Physicians and Surgeons of Canada (RCPSC). We look with anticipation to results of the competition later this year.

In the arena of research, the Canadian Institutes of Health Research (CIHR) and CAG have collaborated to collect and analyze data on the CAG/CIHR/Industry Research Program for the years of 2000-2008. CAG's longstanding partnership with the CIHR has succeeded in developing the next generation of basic and clinical scientists, resulting in the highest quality Canadian research. The findings of this review strongly support the value of this program and will be detailed in a forthcoming publication.

In Education Affairs, two practice audits – in irritable bowel syndrome (IBS)/chronic constipation and inflammatory bowel disease (IBD) were launched over the past year, with several others in the planning stages for 2013-2014.

Lastly, Administrative Affairs has brought forth a new designation – Canadian Association of Gastroenterology Fellow (CAGF) – to honour CAG members who have demonstrated long-term commitment to the Association and to furthering the goals of advancing gastroenterology practice and research in Canada.

The above are just a sampling of the many projects of the Association. We invite you to stay tuned to the website ([www.cag-acg.org](http://www.cag-acg.org)) for more details and new developments.

Sincerely,

Dan Sadowski, MD, FRCPC, ABIM

## The Past 12 Months in Review

### Quality Consensus Recommendations in Hospital News

CAG Consensus Guidelines on Safety and Quality Indicators in Endoscopy were featured in the November 2012 issue of Hospital News, available at <http://www.hospitalnews.com/consensus-guidelines-on-safety-and-quality-indicators-in-endoscopy/>

### Co-developed Programs

CAG/Merck's 'A Case Journey in Chronic Hepatitis C Virus Infection', CAG/AbbVie's 'IBD Ahead' and the CAG/AbbVie 'IBD Connect' are new co-developed accredited programs. In addition, the CAG co-developed Expert Seminar Series offers 'New and Old Prokinetics: The Impact of Selectivity' (Janssen) and 'Treatment of Ulcerative Colitis: From 5-ASA to Fecal Transplants: Evidence from ACG' (Shire).

### Publications – Canadian Journal of Gastroenterology

#### Survey of Access to GastroEnterology (SAGE)

Survey of Access to GastroEnterology (SAGE) SAGE 2012, the third of three wait time surveys conducted by CAG since 2005, was undertaken during April 2012. Results have been published in the February 2013 issue and show that total wait times for Canadians, considering all gastroenterology indications, have increased from 2005 to 2012 and are now 30 days longer than they were in 2005.

#### Global Rating Scale – Canada

Further to the CAG Consensus on Safety and Quality Indicators in Endoscopy, the supplementary manuscript 'The endoscopy Global Rating Scale – Canada: Development and implementation of a quality improvement tool' also appeared in the February edition.

#### Colon Cancer Surveillance

The April 2013 issue included the clinical practice guideline 'Colorectal cancer surveillance after index colonoscopy: Guidance from the Canadian Association of Gastroenterology'.

#### New Data on CAG/Industry/CIHR Research Program

As a follow-up to the 2003 publication of CAG's research program (Can J Gastroenterol 2003;17(7):437-9), the Association and CIHR are pleased to report findings during the 2000-2008 funding period. Results were presented at Canadian Digestive Disease Week (CDDW) 2013 (Can J Gastroenterol 2013;27(Suppl A):125A) and a manuscript is currently being prepared.

#### Practice Audits in IBS/Chronic Constipation and IBD

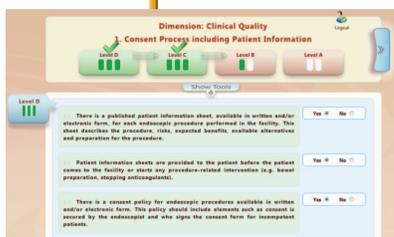
CAG and Janssen are pleased to introduce two accredited practice audit programs. The audit in IBS and chronic constipation is an innovative, accredited project with the College of Family Physicians of Canada for both gastroenterologists and family physicians, that will document key management issues and identify discrepancies between general and specialist practice that will lead to the development of management tools and educational programs. The intent of the IBD audit is to implement a practice profile tool in the specialist treatment of IBD to standardize current treatment and improve patient outcomes.



## Canadian Partnership Against Cancer Program Application

Since 2009 CAG has been partnering with CPAC to enhance the quality of endoscopy services across Canada. This included CPAC funding to expand the Quality Program – Endoscopy and support CAG's Consensus on Safety and Quality Indicators in Endoscopy.

The Association is excited to have submitted a proposal to CPAC's CLASP2 competition in March 2013. The proposal is supported by organizations such as the RCPSC, Accreditation Canada, provincial colon cancer screening programs, the Canadian Society of Gastroenterology Nurses and Associates, and the Canadian Digestive Health Foundation. Success of the application would allow CAG and partners to drastically expand their reach in offering sustainable quality improvement programs to endoscopy units across Canada. These programs include expansion of the GRS (see below) as well as skills enhancement in endoscopy, and training for nurses.



## Global Rating Scale Website Enhancements

The GRS-Canada website is an online tool to assist endoscopy unit personnel to evaluate and improve the patient-centred care they provide. During 2012, data from the previous GRS website and current site were amalgamated to provide historical results from 2007 onward. In 2013-2014 new graphical displays will allow users to compare their results over time and with collective results from other sites.

## Forthcoming Guidelines/Consensus Statements

A number of areas of clinical practice are being delved into in order to develop clinical practice guidelines. These include:

- Dysphagia
- IBD and thromboembolism
- Quality and safety in pediatric endoscopy
- Use of capsule endoscopy
- Endoscopic ultrasound
- *Helicobacter pylori*
- Barrett's esophagus
- Mild to moderate ulcerative colitis
- *Clostridium difficile*
- Celiac disease

## Canadian Association of Gastroenterology Fellow

Beginning in 2013 CAG will annually honour a small number of CAG members by designating them a Canadian Association of Gastroenterology Fellow (CAGF). Fellows are those who have demonstrated long-term commitment to the Association and to furthering the goals of advancing gastroenterology practice and research in Canada.

## CAG Forum

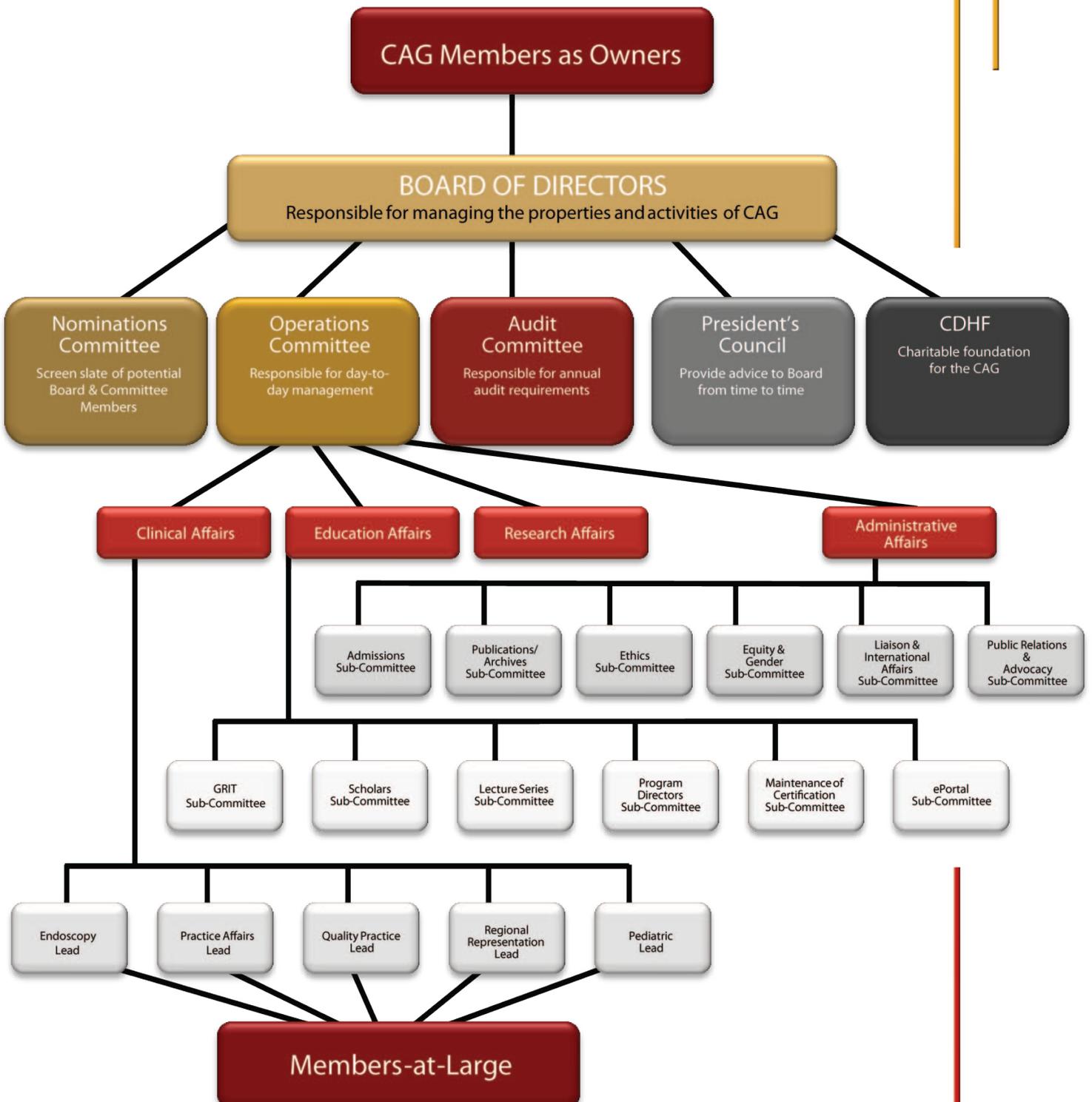
Introduced in 2012, the CAG Fall Forum provides an opportunity for leadership and committee members to discuss projects and receive training from top educators. The 2013 forum will include a workshop by Janice Stein on negotiations.

## Discussions with International Partners

The CAG liaises with our international colleagues including the American Gastroenterological Association (AGA), ACG and United European Gastroenterology. This has resulted in collaborative efforts including, for example, CAG accrediting the AGA DDSEP educational program in order to make this excellent program available to Canadian gastroenterologists so that they may claim RCPSC credits. Over the last year CAG has become an international partner with the Multi-Stakeholder Task Force on the development of one of their guidelines. CAG also continues to dialogue with ACG on collaboration in the development of clinical practice guidelines with an aim to facilitate guideline development which optimizes resources in topic areas of mutual interest.

## Organizational Structure

The mandate of the Board of Directors is to chart the strategic direction of the Association while day-to-day management resides with the Operations Committee and its four portfolios. The Nominations and Audit Committees fill essential administrative roles while the President's Council provides the Board with guidance based on the experience and wisdom of past leadership. Finally, the Canadian Digestive Health Foundation (CDHF), as CAG's charitable foundation, also reports to the Board.



The Board directs the overall course of the organization through quarterly teleconferences and twice-yearly meetings. The mandate of the Board includes developing policies, monitoring operations, identifying and managing risk and the financial position of the Association, establishing members' dues, electing officers, and appointing committees.

Like the various committees and sub-committees the Board does not receive payment for service, despite the significant amount of time invested. The Board welcomes your comments and suggestions which you may forward via the national office ([general@cag-acg.org](mailto:general@cag-acg.org)).



**President, 2012-2014**  
**Dan Sadowski, MD, FRCPC, ABIM**

Associate Professor of Medicine  
 University of Alberta  
 Edmonton, Alberta



**President Elect, 2012-2014**  
**Derek M McKay, PhD**

Canada Research Chair in Intestinal  
 Immunophysiology in Health and Disease,  
 University of Calgary  
 Calgary, Alberta



**Past President, 2012-2014**  
**Dave Morgan, MD, FRCPC, MSc**

Associate Professor of Medicine  
 McMaster University  
 Hamilton, Ontario



**VP Treasurer, 2012-2017**  
**Wallace MacNaughton, PhD**

Professor of Physiology and Pharmacology  
 University of Calgary  
 Calgary, Alberta

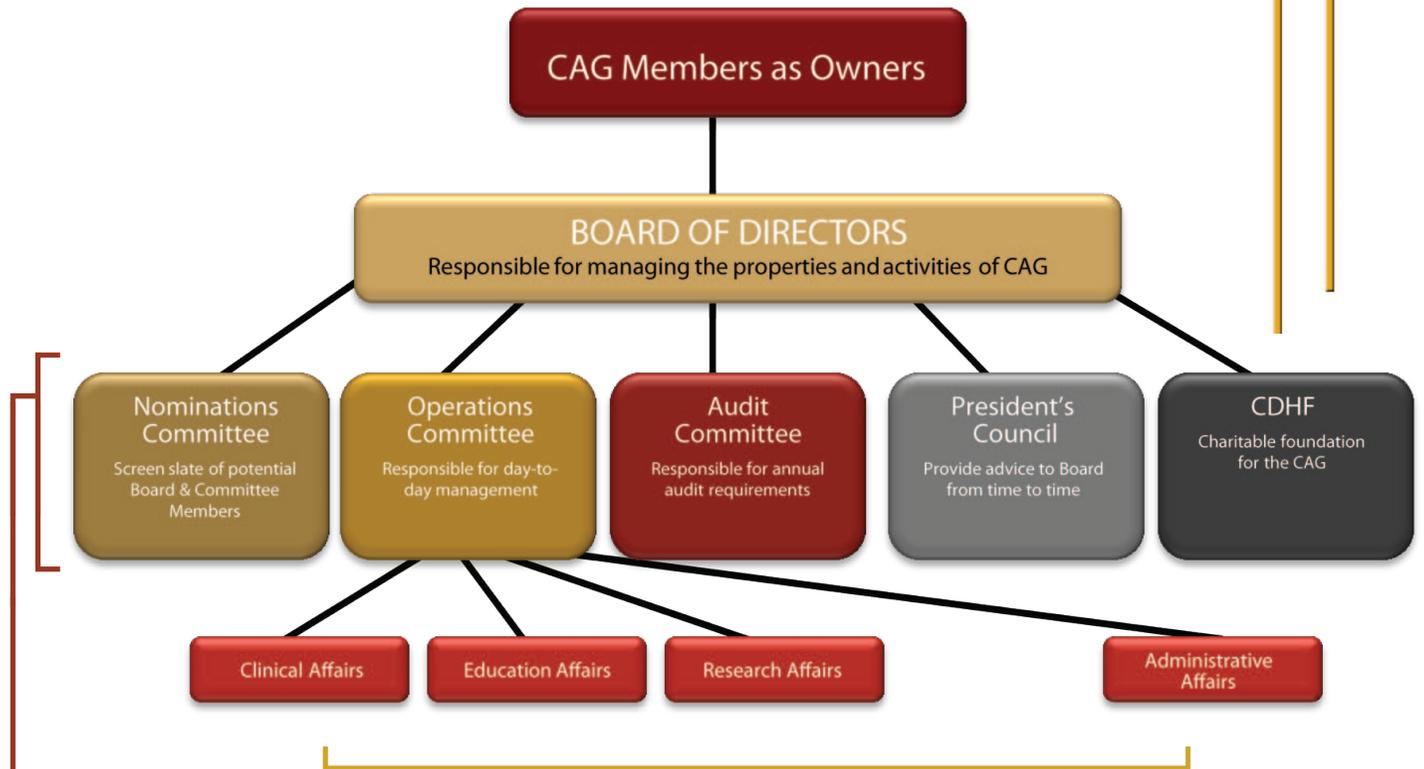


**VP Secretary, 2012-2017**  
**Nicola L. Jones, MD, PhD, FRCPC**

Professor of Pediatrics  
 University of Toronto  
 Toronto, Ontario

# Canadian Association of Gastroenterology

## Committees



**Nominations Committee**  
Chair: Nicola Jones



**Audit Committee**  
Chair: Wallace MacNaughton



**President's Council**  
Chair: Dan Sadowski



**Operations Committee**  
Chair: Paul Sinclair  
Executive Director, CAG



**Canadian Digestive Health Foundation (CDHF)**  
President: Richard Fedorak



**VP Clinical Affairs**  
Rob Enns  
University of British Columbia



**VP Research Affairs**  
Andre Buret  
University of Calgary



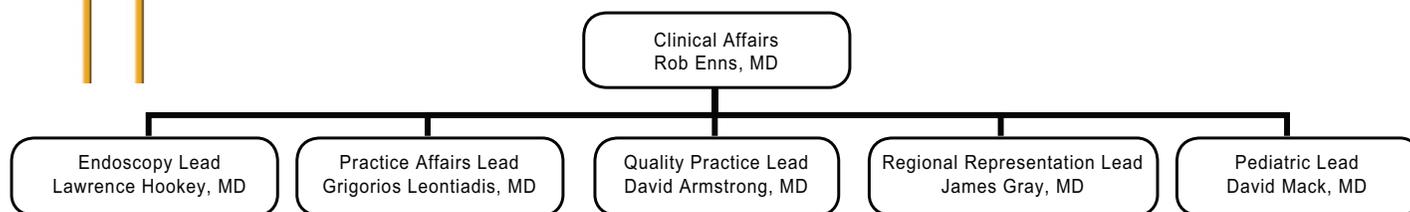
**VP Education Affairs**  
Craig Render  
Kelowna



**VP Administrative Affairs**  
Lana Bistriz  
University of Alberta

## Clinical Affairs

With gastroenterologists and their trainees comprising the largest group within the membership, Clinical Affairs is at the core of the Association. Clinical Affairs and its Leads enhance CAG's ability 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.



**Endoscopy** Represents CAG on matters relating to endoscopy and promotes competence and training in the field, including development of credentialing guidelines in endoscopic procedures.

**Practice Affairs** Provides a forum to address issues relevant to clinical members of CAG including ongoing training, knowledge dissemination, practice-related issues and consensus guidelines.

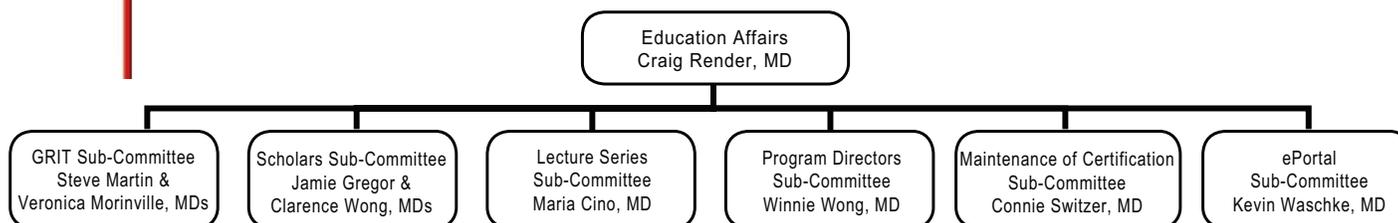
**Quality Practice** Directs initiatives related to quality assessment relevant to endoscopic and clinical practice.

**Regional Representation** Serves as a channel of communication between CAG and provincial/regional gastroenterology associations.

**Pediatric** Represents the interests of pediatric gastroenterologists and researchers.

## Education Affairs

Professional education has long remained a priority and strength of CAG – a strategic planning survey showed that members rate CDDW as the most important service provided by the Association. Given the scope and importance of its activities, Education Affairs is divided into several sub-committees, each with a specific mandate.



**Gastroenterology Residents-in-Training (GRIT) Course** A high-caliber, internationally-recognized, annual training program for gastroenterology/hepatology residents held in association with CDDW.

**Scholars' Program** Annual course preceding CDDW that encourages medical students and internal medicine residents to consider a career in gastroenterology/hepatology.

**Lecture Series** Monthly national videoconference with presentations from national and international experts.

**Program Directors** Elected via a process established by the RCPSC, with the mandate of overseeing the standardization and maintenance of the quality of gastroenterology training programs in Canada.

**Maintenance of Certification** Currently reviews and approves submissions for Section 1 RCPSC accreditation of educational events.

**ePortal** Online continuing professional development (CPD) learning for members which includes a variety of tools and the ability to automatically collect and track Maintenance of Certification credits.

## Research Affairs

In contrast to Clinical, Education and Administrative Affairs, Research Affairs encompasses only one committee chaired by VP Research Affairs, Andre Buret PhD, but is responsible for overseeing a number of key initiatives.

### CDDW

Research Affairs reviews the approximately 300 abstracts submitted to the CDDW scientific conference, and plans the basic science symposia and paper and poster sessions.

### CAG/CIHR/Industry Research Program

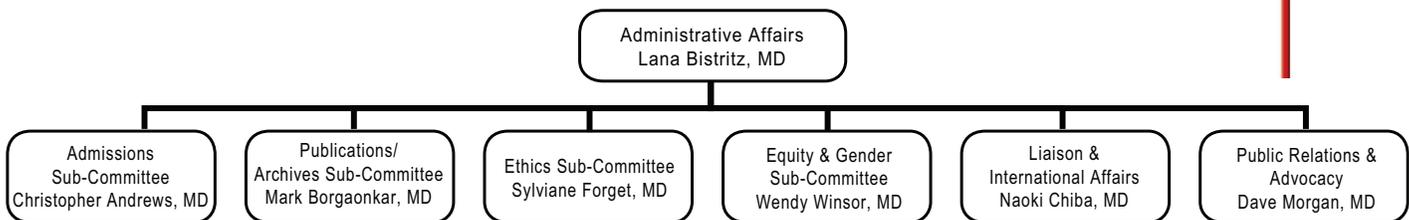
The CAG/CIHR/Industry Research Program is the pride of CAG, its industry partners, and CIHR, providing one to three years of funding to junior clinicians and PhD scientists studying gastrointestinal health and disease. In the first ten years of the program 87 young researchers were supported, to the tune of more than \$8.7 million (Can J Gastroenterol 2003;17(7):437-9).

### Research Topics in Gastrointestinal Disease

Since 2001 Research Topics has been an annual event where 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. Research Affairs reviews the 40 abstract submissions and organizes the scientific program. In 2014 the meeting will precede CDDW in Toronto.

## Administrative Affairs

The administrative aspects of CAG are some of the most critical, supporting the structure and ensuring the viability and growth of the organization. The six sub-committees that comprise Administrative Affairs reflect the Association's philosophy of accountability, transparency and effective communication.



**Admissions** Encourages membership and reviews/approves applications for membership from qualified professionals.

**Publications/Archives** Responsible for all CAG publications including the website. Oversees the Archivist, who maintains the organization's records/history, and advises the editor of the CAG journal.

**Ethics** Establishes/updates guidelines for ethical standards in patient care, research, education, and industry interaction, and increases understanding of biomedical ethics in gastroenterology.

**Equity & Gender** Identifies important issues related to gender and visible minorities for discussion and action.

**Liaison & International Affairs** Networks with national and international organizations and promotes the interests of CAG with other societies.

**Public Relations & Advocacy** Responsible for CAG's advocacy and public relations issues/programs; provides rapid response to media requests; liaises with regional representatives to facilitate advocacy at the government and hospital levels



1540 Cornwall Road  
Oakville, Ontario



We invite you to drop by the home of the CAG National Office - 1540 Cornwall Road in Oakville.

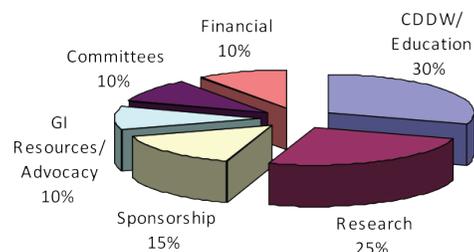
National office staff includes (from top to bottom) executive director Paul Sinclair, senior manager Sandra Daniels, manager-CPD Louise Hope, associate manager-CPD Janet Rochemont, and office administrator, Palma Colacino.

## What Does the CAG National Office Do?

The national office works with board members and committees to support initiatives and achieve the goals of the Association. Central to the organization is the executive director, whose roles involve chairing the Operations Committee, advising the Board, strategic planning and fundraising, and overseeing office staff and activities.

National office responsibilities may roughly be divided into six broad categories as shown in the figure at the right and described below.

HUMAN RESOURCE ALLOCATION



### CDDW/Education

For the 2013 CDDW and Annual CASL Winter meeting 298 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 which offered 92.5 hours of Section 1 accredited learning and up to 27.5 credits per delegate. The staff works behind the scenes to direct the conference planner and manage details on a weekly basis between the kick-off of planning each spring and the close of meeting finances the following May.

As a RCPSC – approved national provider of accredited gastroenterological education CAG annually accredits many local meetings. In addition, RCPSC co-developed events – in which 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 Sub-Committee.

### Research

In 2013, eight fellowships and two grants were awarded. The executive director liaises with government agencies such as CIHR and our research sponsors, and oversees the over 40 ongoing fellowships, grants and trainee research awards.

### Sponsorship

Since the CDDW is run as a minimal profit event, funds to run the Association are raised through corporate sponsorship. In 2013, 16 companies, including five BENEFACTOR sponsors, support CAG.

### Gastroenterology Resources/Advocacy

The office coordinates activities related to CAG's digestive healthcare initiatives, which in 2012/2013 included the Quality Program—Endoscopy and SAGE.

### Committees

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

### Financial

Strategic planning and fundraising efforts of the executive, executive director, and VP Treasurer have succeeded in raising over \$2.5 million in revenue in the 2011/2012 financial period.

## Annual Scientific Meeting

### CANADIAN DIGESTIVE DISEASES WEEK and the ANNUAL CASL WINTER MEETING



CAG and the Canadian Association for the Study of the Liver (CASL) look forward to welcoming you to the joint 2014 CDDW and Annual CASL Winter Meeting in Toronto. Drs Derek McKay and Eberhard Renner are co-chairs of the Implementation Committee and are supported by a CAG and CASL core program committee in creating the scientific program.

The combined conference showcases the best of Canadian gastroenterology and hepatology research, and provides a venue for colleagues to meet. This year over 900 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 opening 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.

#### 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.

#### 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 been enthusiastically attended.



February 8-11, 2014  
Fairmont Royal York,  
Toronto, Ontario

# Canadian Association of Gastroenterology

## 2013 CORPORATE SPONSORS

### BENEFACTORS



CAG would like to recognize and thank our Corporate Sponsors.

Corporate sponsorship provides funding which is essential for the day-to-day operations, inclusive of national office expenses and support for orphan programs not funded by other sources.

### PARTNERS



### Research

The CAG/CIHR Industry Research Program provides research funding to promising young pre-clinical and clinical scientists working in gastrointestinal health and disease. For each fellowship and grant dollar committed by corporate partners CIHR provides matching funds. CAG would like to thank AbbVie, Aptalis, the Crohn's and Colitis Foundation of Canada, Shire, Takeda, and Warner Chilcott for their vision in growing gastroenterology and gastrointestinal research in Canada.

### CDDW

Canadian Digestive Diseases Week is the annual educational event of 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 award lectures and the postgraduate course. The Association would like to thank all the sponsors of CDDW 2013.