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 operations, 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 gastrointestinal health and disease. For each dollar committed by corporate partners CIHR provides matching funds. CAG would like to thank Abbott, AstraZeneca, Axcan, the Crohn's and Colitis Foundation of Canada, Ferring, Olympus and Pentax 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 and education award lectures and the postgraduate course. The Association would like to thank all the sponsors of CDDW 2010.
President’s Message

The past 12 months have seen re-examination and redefining of the Canadian Association of Gastroenterology’s (CAG’s) strategic vision, along with significant advancements related to delivering quality care in gastroenterology.

The five-year strategic plan set forth in 2004 involved five principal initiatives:
1) Development of the next generation of gastroenterology clinical practitioners, researchers, educators and leaders, 2) Developing government and advocacy programs, 3) Promoting professional alliances and partnerships, 4) Enhancing the scope of clinical practice and educational and research programs, and 5) Growing membership services.

These objectives have largely been achieved. In support of the next generation, the Association continues to improve the renowned Gastroenterology Residents-in-Training (GRIT) course, actively seeks trainee members to participate on CAG committees, and, in a time of economic upheaval and decreased funding, has worked to maintain research fellowships, resident research and studentships. Related to government affairs and advocacy, the Practice Audit in Gastroenterology (PAGE) and subsequent Survey of Access to Gastroenterology (SAGE) programs documented excessive wait times far beyond the CAG-set benchmarks for care. This work formed the basis of press releases and communications to provincial and federal government. Professional alliances achieved in recent years include CAG joining the Wait Time Alliance and collaborating with the Canadian Partnership Against Cancer (CPAC) to promote quality in endoscopy. The scope of clinical practice and educational programs has been expanded, with annual production of consensus recommendations and with the introduction of new educational formats and sessions at the popular Canadian Digestive Diseases Week (CDDW) conference. Lastly, membership benefits have expanded to a new Web site offering enhanced functionality including a wealth of educational lectures available through the educational portal (ePortal).

The updated vision and principal goals for the Association were set forth in September 2009 via a two-stage process designed to broadly gather feedback, potentially from all members and specifically from the different constituencies of CAG. The result was the new vision and goals described on the following page. One of the most ambitious objectives is to advocate for the development of a renewed and larger vision of digestive health and champion a National Digestive Health Strategy. We are excited that CAG and the Canadian Digestive Health Foundation (CDHF) have begun a process, led by Alan Barkun and involving a coalition of individuals, to create such a strategy. CAG’s Quality Program—Endoscopy or QP-E, piloted as the Endoscopy Quality Initiative in 2008, dovetails nicely with the aim of continuing to develop and evaluate initiatives that improve access to, and the quality of, digestive health care delivery for all Canadians. The Quality Endoscopy Recognition Program, being introduced this summer, will formally acknowledge the endoscopy teams across Canada that participate in the QP-E for their commitment to quality care. In June of this year CAG led the Consensus Conference on Safety and Quality Indicators in Endoscopy which was observed by a number of key stakeholder organizations, including the College of Physicians and Surgeons of Ontario (CPSO), Canadian Association of Radiologists (CAR), CPAC and provincial colorectal cancer screening programs. These activities will be overseen and managed using the new bylaws and management structure. The reorganized structure, designed with the help of external consultation, has worked well since its implementation in 2009.

I hope you share my excitement for the critical and challenging directions CAG is taking to expand its scope and role as the leader and national voice for gastroenterology and digestive health in Canada.

Dave Morgan, MD, FRCPC, MSc

“I hope you share my excitement for the critical and challenging directions CAG is taking to expand its scope and role as the leader and national voice for gastroenterology and digestive health in Canada”
Canadian Association of Gastroenterology

The Past 12 Months in Review

Educational Portal (ePortal) – September 2009
The CAG ePortal is the gateway to members’ online continuing professional development (CPD) learning opportunities. Members can log in and link to sessions of interest from previous CDDW meetings and regional meetings. The site includes pre- and post-tests, accreditation information, discussion forums, many other educational tools and the ability to automatically collect and track Maintenance of Certification credits. Significant new content, including recorded CDDW 2010 sessions, will be available later this year.

CAG Five Year Strategic Plan – September 2009 Retreat
Achievements related to the 2004 five-year strategic plan were reported in the March 2010 Canadian Journal of Gastroenterology. Planning for the next five-year cycle began in June 2009 with on-line collection of members’ feedback which formed the basis of a planning meeting with 27 members who represented various constituencies.

Vision: Expand CAG’s scope and role as the leader/national voice for gastroenterology and digestive health in Canada

Principal Goals:
- CAG and CDHF will advocate for and facilitate the development of a renewed and larger vision of digestive health and champion a National Digestive Health Strategy
- focus on attracting new members while engaging, retaining, and adding value for the existing membership of gastroenterologists, digestive health researchers, and the digestive health constituency
- continue to develop and evaluate initiatives that improve access to, and the quality of, digestive health care delivery for all Canadians
- enhance support for our research community’s traditional strengths in biomedical and clinical research, while broadening its scope to the other Canadian Institutes of Health Research (CIHR) pillars, including quality assurance
- prepare for the future needs and opportunities in digestive health care
- be the pre-eminent accredited provider for continuing education for our members and other digestive health providers

SAGE Publication – January 2010

Consensus Recommendations on Nonvariceal Upper Gastrointestinal Bleeding – January 2010
Coordinated by CAG and supported by several international gastroenterology societies, the International Consensus on the Management of Patients with Nonvariceal Upper Gastrointestinal Bleeding was held in late 2008 and the proceedings published in 2010 in Annals of Internal Medicine (152:101-13).

Update on Proton Pump Inhibitors (PPIs) and Clopidogrel – April 2010
An update to the 2009 position on the use of PPIs and clopidogrel was posted on the Web site (Recent Listings).
Canadian Association of Gastroenterology
Current and Upcoming Initiatives

Quality Endoscopy Recognition Program
Ensuring that Canadians receive the highest quality of digestive endoscopic care is a priority of the Association. As leaders in quality endoscopy, CAG engaged a national Steering Committee to develop the Quality Program–Endoscopy (QP-E). The QP-E consists of two related arms; a simple and short Web-based practice audit tool which allows endoscopists to perform baseline and repeat assessment, and the Quality Endoscopy Rating Scale, a comprehensive Web-based tool to assess patient-centred quality care. CAG is pleased to acknowledge the endoscopy teams across the country who participated in the QP-E by presenting them with the Quality Endoscopy Recognition Award.

Renewal of CAG as RCPSC Accr...
Canadian Association of Gastroenterology

Organizational Structure

At first glance the structure below may appear complex. However, roles and responsibilities have been considered and ultimately streamlined for efficiency. The mandate of the Board of Directors is to chart the strategic direction of the Association while day-to-day management has been delegated to the Operations Committee. The Nominations and Audit Committee fill essential administrative roles while the President’s Council provides the Board with guidance based on the experience and wisdom of past leadership. Finally, CDHF, as CAG’s charitable foundation, also reports to the Board.
Canadian Association of Gastroenterology

Board of Directors

The Board directs the overall course of the organization through quarterly teleconferences and once- or twice-yearly board 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).

President, 2010-2012
David G Morgan, MD, FRCPC, MSc
Associate Professor of Medicine
McMaster University
Hamilton, Ontario

President Elect, 2010-2012
Dan Sadowski, MD, FRCPC, ABIM
Assistant Professor of Medicine
University of Alberta
Edmonton, Alberta

Past President, 2010-2012
Ronald J Bridges, MD, FRCPC
Professor of Medicine
University of Calgary
Calgary, Alberta

VP Treasurer, 2006-2011
Derek M McKay, PhD
Canada Research Chair in Intestinal Immunophysiology in Health and Disease, University of Calgary
Calgary, Alberta

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

Committees

**Board of Directors**

- Nominations Committee
  - Chair: E Jan Irvine
- Operations Committee
  - Chair: Paul Sinclair
  - Executive Director, CAG
- Audit Committee
  - Chair: Derek McKay
  - VP Education Affairs
  - Alaa Rostom
  - University of Calgary
- President’s Council
  - Chair: Dave Morgan
  - VP Research Affairs
  - Stephen Vanner
  - Queen’s University
- CDHF
  - Charitable foundation for the CAG
  - President: Richard Fedorak
  - VP Administrative Affairs
  - Carlo Fallone
  - McGill University

**CAG Members as Owners**

- Clinical Affairs
- Education Affairs
- Research Affairs
- Administrative Affairs

*Canadian Digestive Health Foundation (CDHF)*

President: Richard Fedorak

VP Clinical Affairs

Rob Enns

University of British Columbia

VP Education Affairs

Alaa Rostom

University of Calgary

VP Research Affairs

Stephen Vanner

Queen’s University

VP Administrative Affairs

Carlo Fallone

McGill University
Canadian Association of Gastroenterology

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 quality assurance, 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
Serves as a channel of communication between CAG and provincial/regional gastroenterology associations.

Pediatric
Represents the interest 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
Reviews and approves submissions for Section 1 RCPSC accreditation of educational events.
Canadian Association of Gastroenterology

Research Affairs

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

CDDW
Research Affairs reviews the more than 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). Each fall Research Affairs members review approximately 20-30 extensive research funding applications.

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 2011 the meeting is planned to precede CDDW in Vancouver.

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.

<table>
<thead>
<tr>
<th>Administrative Affairs</th>
<th>Carlo Fallone, MD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions Sub-Committee</td>
<td>Edmond-Jean Bernard, MD</td>
</tr>
<tr>
<td>Publications/Archives Sub-Committee</td>
<td>Craig Render, MD</td>
</tr>
<tr>
<td>Ethics Sub-Committee</td>
<td>Sylviane Forget, MD</td>
</tr>
<tr>
<td>Equity &amp; Gender Sub-Committee</td>
<td>Martha Dirks, MD</td>
</tr>
<tr>
<td>Liaison &amp; International Affairs</td>
<td>Sander vanZanten, MD</td>
</tr>
<tr>
<td>Public Relations &amp; Advocacy</td>
<td>Ron Bridges, MD</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Admissions</th>
<th>Encourages membership and reviews/approves applications for membership from qualified professionals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publications/Archives</td>
<td>Responsible for all CAG publications including the Web site. Oversees the Archivist, who maintains the organization’s records/history, and advises the editor of the CAG journal.</td>
</tr>
<tr>
<td>Ethics</td>
<td>Establishes/updates guidelines for ethical standards in patient care, research, education, and industry interaction, and increases understanding of biomedical ethics in gastroenterology.</td>
</tr>
<tr>
<td>Equity &amp; Gender</td>
<td>Identifies important issues related to gender and visible minorities for discussion and action.</td>
</tr>
<tr>
<td>Liaison &amp; International Affairs</td>
<td>Networks with national and international organizations and promotes the interests of CAG with other societies.</td>
</tr>
<tr>
<td>Public Relations &amp; Advocacy</td>
<td>Responsible for CAG’s advocacy and PR issues/programs; provides rapid response to media requests; liaises with regional representatives to facilitate advocacy at the government and hospital levels.</td>
</tr>
</tbody>
</table>
Canadian Association of Gastroenterology

National Office

We invite you to drop by the home of the CAG National Office - 1540 Cornwall Road in Oakville. National office staff includes executive director Paul Sinclair (far left), manager Sandra Daniels (left centre), project coordinator Louise Hope (right centre) and office administrator, Palma Colacino (far right).

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.

CDDW/Education

For the 2010 CDDW and Annual CASL Winter meeting 275 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 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 2010, 13 fellowships or grants of predominantly two years duration (24 funding years) were awarded. The executive director liaises with government agencies such as CIHR and our research sponsors, and manages the over 45 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 2010 15 companies, including seven BENEFACCTOR sponsors, support CAG.

Gastroenterology Resources/Advocacy

The office coordinates behind-the-scenes activities related to CAG’s Human Resource Planning Projects, which in 2010 included the Quality Program–Endoscopy and the CAG Consensus on Safety and Quality Indicators in Endoscopy.

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 $2.7 million in revenue in the 2008/2009 financial period.
Canadian Association of Gastroenterology
Annual Scientific Meeting

CANADIAN DIGESTIVE DISEASES WEEK
and the
ANNUAL CASL WINTER MEETING
February 26 – March 1, 2011
Westin Bayshore, Vancouver, British Columbia

CAG and the Canadian Association for the Study of the Liver (CASL) look forward to welcoming you to the joint 2011 CDDW and Annual CASL Winter Meeting in Vancouver. Drs Dan Sadowski and Kevork Peltekian 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. Future venues include Montreal in 2012, Victoria in 2013 and Toronto in 2014. This year over 890 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.

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.
Canadian Association of Gastroenterology

Sponsorship

2010 CORPORATE SPONSORS

BENEFACTORS
Abbott Canada
AstraZeneca Canada Inc.
Merck & Co., Inc.
Olympus Canada Inc.
Pentax Canada Inc.
Takeda Canada, Inc.
UCB Pharma Canada

PARTNERS
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Baxter Corporation
Ferring Pharmaceuticals
Nestlé Nutrition
Nycomed Canada Inc.

SUPPORTERS
AMT
Boston Scientific Ltd.
Shire Canada Inc.

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