

Canadian Association  
of Gastroenterology



L'Association Canadienne  
de Gastroentérologie



*2009 Annual Report*

## President's Message

This is a challenging time in medicine and the Canadian Association of Gastroenterology (CAG) has been working hard to enhance the benefits, programs and services available to its members.

CAG is in a sound financial situation but is not immune to the recent global financial circumstances; focus and balance must be maintained. To this end a comprehensive review of the organizational structure has been completed as reflected in the updated bylaws and governance policies outlined in this report and available in detail to members on the CAG Web site. The new model is expected to sustain and streamline operations, providing greater flexibility to meet members' needs. In addition, during the next year CAG will develop a strategic plan to build on the previous five-year plan created in 2004. This process will be conducted in consultation with the membership, current and past leaders, partners and affiliated societies.

There is a critical need to increase both the profile of digestive health in Canada and funding streams for high-quality, national research programs. In support of this, the CAG leadership has made a significant effort and financial commitment to revitalize the Canadian Digestive Health Foundation (CDHF). I encourage CAG members to make a donation to demonstrate internal organizational support and belief in the Foundation, a critical factor for successfully approaching other organizations and individuals for philanthropic support.

Continual improvement of health care delivery and quality remains an important goal. Given the different standards across the country the course to accomplishing the goal is debatable. CAG is committed to maintaining a leadership role and working with provincial societies to develop national gastroenterology quality measures to enhance the delivery of digestive health care. CAG's Endoscopy Quality Initiative (EQI) allows members to monitor the quality of their endoscopy unit and personal endoscopy performance in comparison to their peers and the published literature. The EQI will also generate national data that can be used to improve the reporting process and develop future quality initiatives. To date, more than 20 hospitals across the country are participating in this project.

In partnership with the provincial gastroenterology associations, gastroenterologists from across Canada completed the Survey of Access to Gastroenterology (SAGE) in November 2008 to update the national dataset of wait times for digestive disease consultation and endoscopy. SAGE findings and their correlation to 2005 wait times and benchmarks will provide invaluable information for CAG, CDHF and provincial groups to continue to lobby to increase the profile of gastroenterology and advocate for further resources to enhance patient care.

Lastly, CAG is proud to be supporting gastroenterologists and gastroenterology patient care in less prosperous regions of the world. Jamaica, Uruguay, Bolivia, Kenya and Madagascar have received retired endoscopy equipment or support from visiting faculty. The Association annually invites an international fellow to the Gastroenterology Residents-in-Training (GRIT) Course and offers a Latin American studentship to provide four-months training at a Canadian laboratory. This year the Association launched the WCOG 2005 Legacy Fund Education Grant which provides support for a trainee to visit a training centre in Canada.

Significant gains have been achieved by CAG during the past years and I believe we are well positioned to meet the challenges to come.



Ron Bridges, MD, FRCPC



Ron Bridges  
CAG President

*"CAG is committed to maintaining a leadership role and working with provincial organizations to develop national gastroenterology quality measures to enhance the delivery of digestive health care"*

# Canadian Association of Gastroenterology

## The Past 12 Months in Review

### Hip Fracture and PPI Position Statement – August 2008

In response to media attention in 2008 regarding the possibility that long-term proton pump inhibitor (PPI) prescribing may be linked to an increased risk of hip fracture, CAG prepared a position statement that may be found under the News & Events tab of the Web site.

### PPIs and Clopidogrel Talking Points – April 2009

CAG Clinical Affairs prepared talking points on the use of PPIs and clopidogrel (Web site under News & Events tab).



### SAGE – November 2008

The SAGE survey of wait times for digestive and liver disease consultation and procedures was conducted in November 2008. We would like to extend our thanks to the more than 220 physicians who provided crucial data on over 2300 patients. The analysis was conducted during Q1 of 2009 and data were released nationally and to provincial organizations in May 2009.

### Colonoscopy Practice Audit Findings – February 2009

The EQI is a national CAG program to enhance the delivery of endoscopy services that includes a practice audit of consecutive outpatient colonoscopies captured in the endoscopy suite on smartphone. Findings on wait times and quality indicators for colonoscopy (including cecal intubation and polyp detection rates, withdrawal time and bowel preparation) for 822 patients were reported in three abstracts presented at Canadian Digestive Diseases Week (CDDW) 2009.

- Prolonged wait times for colonoscopy in Canada: The Canadian Association of Gastroenterology (CAG) endoscopy quality initiative (EQI) pilot project. Can J Gastroenterol 2009;23(Suppl A):65A
- Quality indicators for colonoscopy in Canada: The Canadian Association of Gastroenterology (CAG) endoscopy quality initiative (EQI) practice audit project. Can J Gastroenterol 2009;23(Suppl A):95A
- Endoscopy unit quality indicators for colonoscopy: The Canadian Association of Gastroenterology (CAG) endoscopy quality initiative (EQI) pilot project. Can J Gastroenterol 2009;23(Suppl A):96A

### CAG NSAID Consensus Publication – March 2009

Canadian Consensus Guidelines on Long-term Nonsteroidal Anti-inflammatory Drug Therapy and the Need for Gastroprotection: Benefits versus Risks' was published in March in Alimentary Pharmacology and Therapeutics, 2009;29(5):481-96.

### CAG Crohn's Consensus Publication – March 2009

CAG Clinical Practice Guidelines: The Use of Tumor Necrosis Factor  $\alpha$ -Antagonist Therapy in Crohn's Disease was published in the March edition of the Canadian Journal of Gastroenterology. A copy of the guidelines (*shown at right*) may also be found on the CAG Web site under the Recent Listings section.



### Canadian Partnership Against Cancer – March 2009

CAG is excited to announce a newly-established collaboration with the Canadian Partnership against Cancer (CPAC). CAG will provide CPAC with national data on colonoscopy (EQI and SAGE programs) and will lead a national, multidisciplinary consensus conference on safety and quality indicators in endoscopy. Lastly, CAG will launch an enhanced platform for capture of EQI colonoscopy practice audit data via smartphone or the Web.

# Canadian Association of Gastroenterology

## Current and Upcoming Initiatives

### Survey on the Use of Sedation for Colonoscopy in Canada – Q2/Q3, 2009

The use of sedation for colonoscopy varies widely by country, being frequently utilized, for example, in the US and UK but rarely employed in parts of Europe. In Canada data on sedation use for colonoscopy and/or concomitant monitoring practice are lacking. The Clinical Affairs Committee conducted a survey of sedation use by CAG clinical members during May and June, the findings from which will be examined during mid to late 2009.

### Educational Portal (e-portal) – Q3/Q4, 2009

Coming later in 2009 – the CAG e-portal will be the gateway to members' online CME learning opportunities. Members will be able to log in to the e-portal and link to sessions of interest from previous CDDW meetings as well as from some regional meetings. The site will include pre and post tests, accreditation information, discussion forums, many other educational tools and the ability to automatically track/collect Maintenance of Certification credits.



### Colorectal Cancer Screening Guideline Update – Q1, 2010

In 2004 CAG and the CDHF published joint guidelines on colon cancer screening (Leddin et al, Can J Gastroenterol 18:93-99). Given the advances in the literature since then CAG, over the coming year, will update the screening guidelines, an initiative led by Drs. Des Leddin and Robert Hilsden.

### CDHF/CAG Research Education Award – 2010



In partnership with the CDHF the CAG Research Committee is pleased to introduce a new opportunity for CAG members. The CDHF - CAG Research Education Award will alternate yearly between providing support for the advancement of education and research. The latter award will offer community physicians (without a university appointment) the chance to submit research proposals for possible funding support.



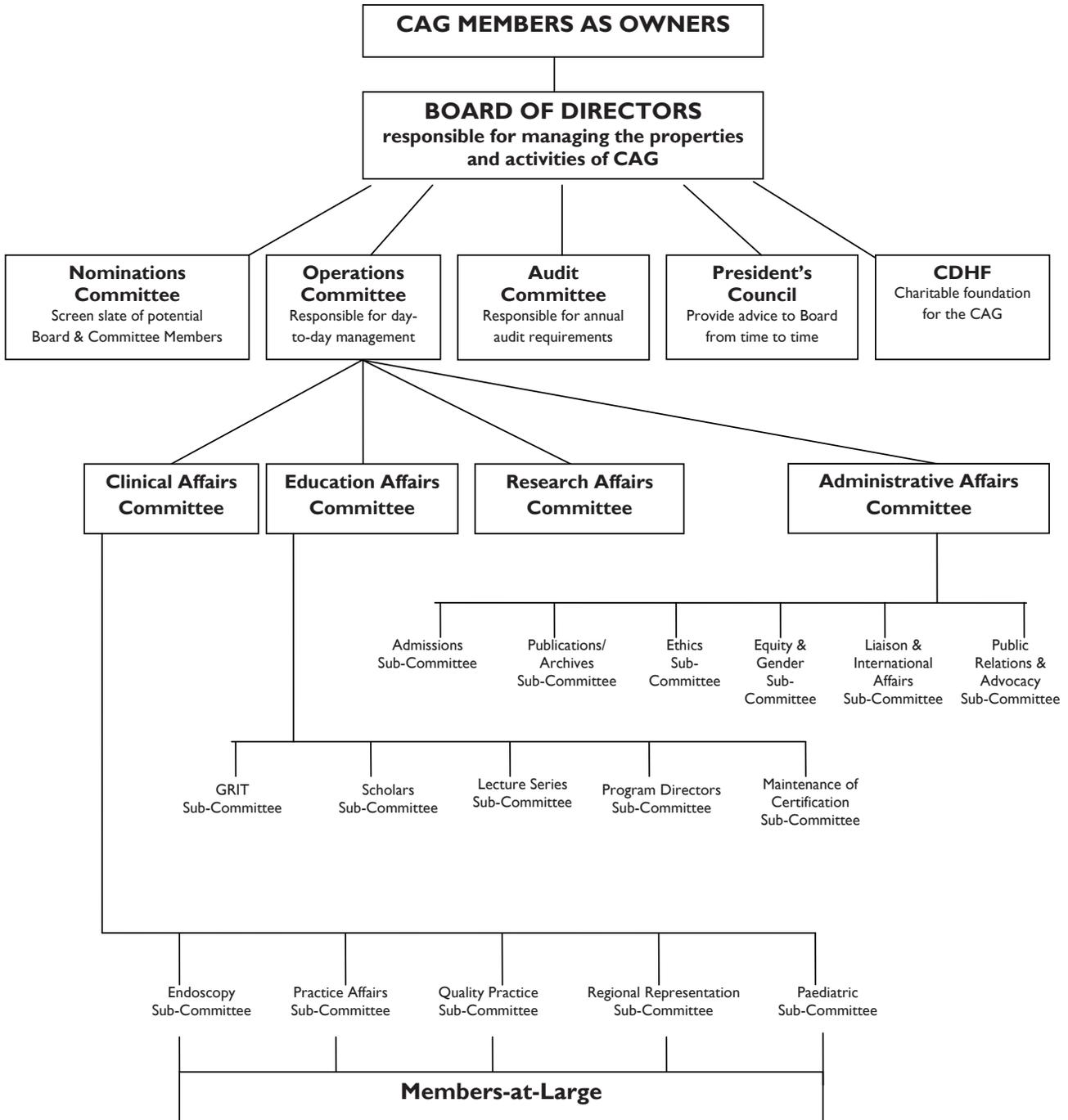
### Ulcerative Colitis Consensus – Q1, 2010

In follow-up to the guidelines on biologic therapy for Crohn's disease, CAG will hold a consensus conference on the management of severe ulcerative colitis directly following CDDW 2010 in Toronto. Led by Drs. Alain Bitton and Remo Panaccione, planning for the consensus is well underway.

# 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. Notably, the Board of Directors has been reduced from seventeen members to five, their mandate being to chart the strategic direction of the Association. To enable the Board to fulfill this crucial role, 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.

In 2004 the Board set a five-year strategic plan. With many of those goals accomplished and in view of the challenges facing health care and recent economic upheavals, the need for a renewed strategy is more pressing than ever. The Board will meet this autumn to discuss and plan the way forward. The new five-year plan will draw on the recommendations and insights of the President's Council and will be taken to the Members-at-Large for review and input.

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 to ([general@cag-acg.org](mailto:general@cag-acg.org)).



**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

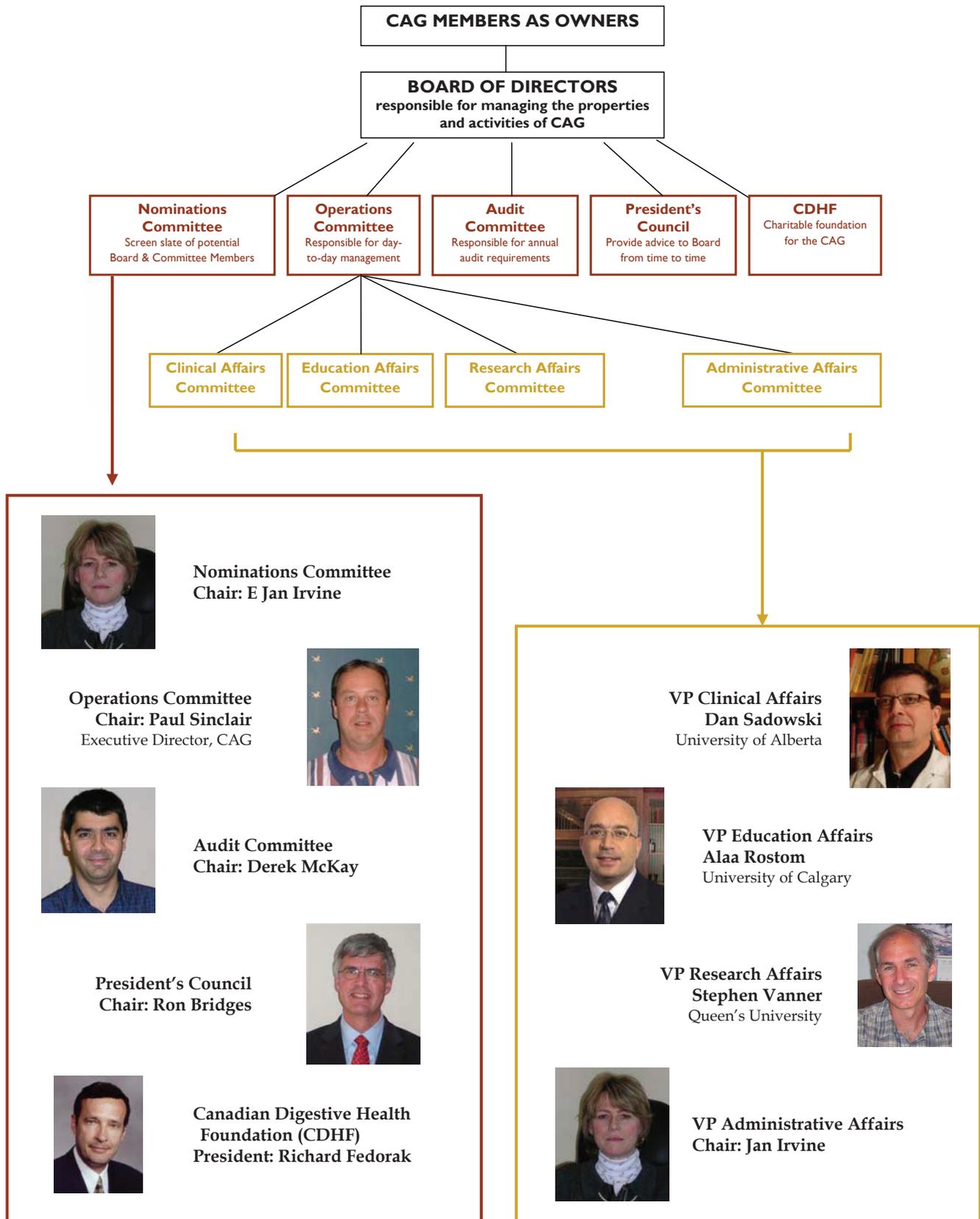
**VP Treasurer, 2006-2011**  
**Derek M McKay, PhD**  
Canada Research Chair in Intestinal Immunophysiology  
in Health and Disease, University of Calgary  
Calgary, Alberta



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

# Canadian Association of Gastroenterology

## Committees



# Canadian Association of Gastroenterology

## Clinical Affairs

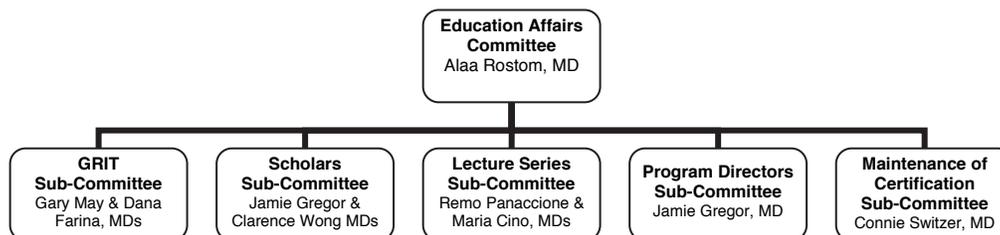
With gastroenterologists and their trainees comprising the largest group within the membership, Clinical Affairs is at the core of the Association. The Committee and its sub-committees enhance CAG's ability to respond quickly to the concerns of practitioners, such as lobbying governmental agencies for additional funding of new medications, new interventions, and new screening protocols.



<b>Endoscopy</b>	Represents the CAG on matters relating to endoscopy and promotes quality assurance, competence and training in the field, including development of credentialing guidelines in endoscopic procedures.
<b>Practice Affairs</b>	Provides a forum to address issues relevant to clinical members of the CAG including ongoing training, knowledge dissemination, practice-related issues and consensus guidelines.
<b>Quality Practice</b>	Directs initiatives related to quality assessment relevant to endoscopic and clinical practice.
<b>Regional Representation</b>	Serves as a channel of communication between the CAG and provincial/regional gastroenterology associations.
<b>Pediatric</b>	Represents the interest of pediatric gastroenterologists and researchers.

## Education Affairs

Professional education has long remained a priority and strength of the 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.



<b>Gastroenterology Residents-in-Training (GRIT) Course</b>	A high-caliber, internationally-recognized, annual training program for gastroenterology/hepatology residents held in association with CDDW.
<b>Scholars' Program</b>	Annual course preceding CDDW that encourages medical students, and internal medicine residents to consider a career in gastroenterology/hepatology.
<b>Lecture Series</b>	Monthly national videoconference with presentations from national and international experts.
<b>Program Directors</b>	Elected via a process established by the Royal College of Physicians and Surgeons of Canada (RCPSC), with the mandate of overseeing the standardization and maintenance of the quality of gastroenterology training programs in Canada.
<b>Maintenance of Certification</b>	Reviews and approves submissions for Category 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 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/Canadian Institutes of Health Research (CIHR)/Industry Research Program

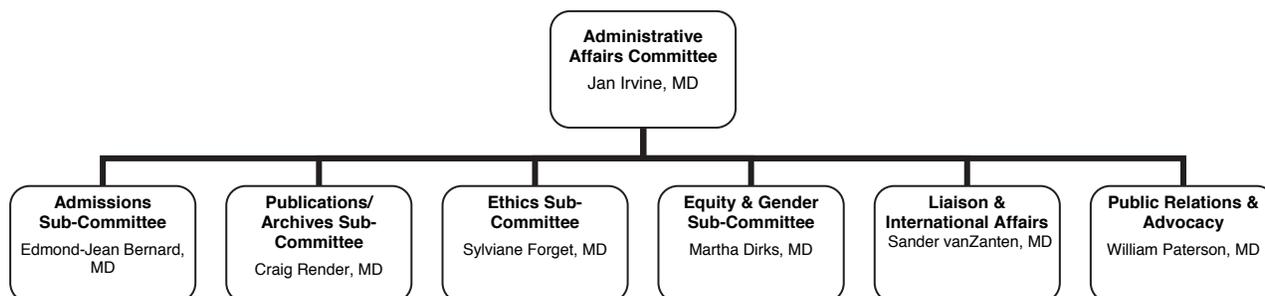
The CAG/CIHR/Industry Research Program is the pride of CAG, its industry partners, and CIHR, providing one to three years of funding to junior clinicians and PhD scientists studying gastrointestinal health and disease. In the first ten years of the program 87 young researchers were supported, to the tune of more than \$8.7 million (Can Journal Gastroenterol 2003;17(7):437-9). Research Affairs members each fall review approximately 70 extensive applications for fellowship and grants, and evaluate submissions together with CIHR.

### Research Topics in Gastrointestinal (GI) 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. The 2009 meeting is planned for October and is sponsored by CAG, AstraZeneca, the Crohn's and Colitis Foundation of Canada and CIHR.

## 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.



<b>Admissions</b>	Encourages membership and reviews/approves applications for membership from qualified professionals.
<b>Publications/Archives</b>	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.
<b>Ethics</b>	Establishes/updates guidelines for ethical standards in patient care, research, education, and industry interaction, and increases understanding of biomedical ethics in gastroenterology.
<b>Equity &amp; Gender</b>	Identifies important issues related to gender and visible minorities for discussion and action.
<b>Liaison &amp; International Affairs</b>	Networks with national and international organizations and promotes the interests of CAG with other societies.
<b>Public Relations &amp; Advocacy</b>	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.

# Canadian Association of Gastroenterology

## National Office



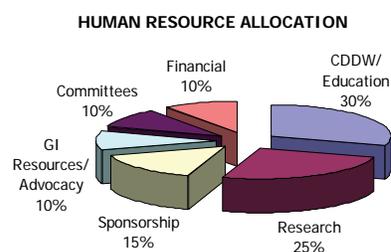
1540 Cornwall Road  
Oakville, Ontario



We invite you to drop by the new 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 include 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 2009 CDDW and 5<sup>th</sup> Annual CASL Winter meeting 283 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 2009 12 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 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 2009 13 companies, including 8 benefactor sponsors, support CAG.

#### Gastroenterology Resources/Advocacy

The office coordinates behind-the-scenes activities related to CAG's Human Resource Planning Projects, including the Practice Audit in Gastroenterology (PAGE) and SAGE programs to quantify wait times in support of advocacy initiatives.

#### 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 \$3.6 million in revenue in the 2007/2008 financial period.

# Canadian Association of Gastroenterology Annual Scientific Meeting



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

February 27 – March 2, 2010  
Fairmont Royal York, Toronto, Ontario

CAG and CASL look forward to welcoming you to the joint 2010 CDDW and 6<sup>th</sup> Annual CASL Winter Meeting in Toronto. Drs David Morgan and Winnie Wong are co-chairs of the 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 gastroenterology and hepatology research, and provide a venue for colleagues to meet. Future venues include Vancouver in 2011 and Montreal in 2012. 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.

**Live Endoscopy** – First introduced in 2007 live endoscopy continues to be a component 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 been enthusiastically attended.

# Canadian Association of Gastroenterology Sponsorship

## 2009 CORPORATE SPONSORS

### BENEFACTORS

Abbott Canada  
AstraZeneca Canada Inc.  
Axcan Pharma Inc.  
Olympus Canada Inc.  
Pentax Canada Inc.  
P&G GI Health  
Schering-Plough Canada Inc.  
UCB Pharma Canada

### PARTNERS

Ferring Pharmaceuticals  
Nestlé Nutrition  
Nycomed Canada Inc.

### SUPPORTERS

AMT Endoscopy  
Johnson & Johnson Merck

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 the Canadian Institutes of Health Research (CIHR) provides matching funds. CAG would like to thank Abbott, AstraZeneca, Axcan, the Crohn's and Colitis Foundation of Canada, Ferring, Janssen, Olympus, Nycomed, Pentax, P&G GI Health and Shire for their vision in growing gastroenterology and GI 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 2009.