

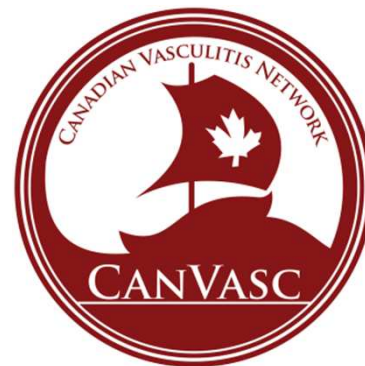


# The CanVasc website

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1<sup>st</sup> CanVasc meeting, Toronto, 10 June 2011



# Creation of the website

- November 2010 - <http://www.canvasc.ca>

<http://www.canvasc.org> .net .com



# Aims and contents

- Put some flesh on CanVasc bones
- Provide some information for physicians on
  - Expertise centers for vasculitis across Canada

CanVasc core members (as reviewed during the 1st core member meeting, held the 12 February 2011 during the CRA meeting)

**CanVasc administrative board**

(to be elected every 4 years, as of June 2014 - maxi. 2 successive rotations)

*President:* Dr Simon Carette  
*Vice-president:* Dr Christian Pagnoux  
*Secretary:* Dr Nader Khalidi

**CanVasc core members**

Province	City	Principal core members	Associated core members
Ontario	Toronto	Dr. Simon Carette; Dr. Susan Benseler (Peds)	Dr. Christian Pagnoux; Dr. Paul Fortin; Dr. Heather Reich
	Hamilton	Dr. Nader Khalidi	Dr. Michael Walsh; Dr. Gerard P. Cox
	Ottawa	Dr. Nataliya Milman	Dr. Douglas C. Smith
	Kingston	Dr. Tanveer Towheed	
	London	Dr. Lillian Barra	
Québec	Sherbrooke	Dr. Patrick Liang	
	Montréal	Dr. Michelle Goulet	Dr. Christian Pineau; Dr. Yves Troyanov
	Québec	Dr. Judith Trudeau	
Nova Scotia	Halifax	Dr. Christine Dipchand; Dr. Volodko Bakowsky	
British Columbia	Vancouver	Dr. Kam Shojania; Dr. David Cabral (Peds)	Dr. John Esdaile; Dr. Kim Morishita (Peds); Dr. Ada Man
	Victoria	TBI	TBI
Alberta	Edmonton	Dr. Elaine Yacyshyn	Dr. Joanne Homik; Dr. Allan Murray (nephr.)
	Calgary	Dr Aurore Fifi-Mah	Dr Diane Mosher
Manitoba	Winnipeg	Dr. David Robinson	Dr. Navjot Dhindsa
Saskatchewan	Saskatoon	Dr. Regina Taylor-Gjevre	Dr. Bindu Nair



# Aims and contents

- Provide information for physicians
  - List of expertise centers
  - Vasculitis (selected) news

Home | About CanVasc | Vasculitides | Ongoing studies | Meetings | Tools for physicians | Links

### Selected News and Articles ("CanVasc Journal watch")

*NOTE: Due to copyright policies, we can not directly provide here the full texts of the commented articles. Links will lead you to the Journal pages of the articles, where you will be able to get access to them, through a single article purchase or through your own subscriber account or that of your institution. In case of major, vital and urgent need to get access to one of the articles, you still may try to contact us by email if you have no other options.*

#### Cancers during the post-close-out period of WGET (etanercept trial): 13 additional cases, but also in the placebo group

Over the mean 43 months post-trial close-out, there were 13 additional solid malignancies among the 153 WGET patients (who were alive and not lost of follow-up from the initial 180 WGET patients = etanercept or placebo, on top of corticosteroids and cyclophosphamide or methotrexate, for GPA patients - the study showed no benefit of adding etanercept in term of relapse rate, and 6 cancers occurred during the trial period, exclusively in the etanercept group). More precisely, there were 8 additional solid malignancies in the etanercept patients and 5 in the placebo group. Four (2 in each group) of these cancers were fatal. The risk of cancer in the etanercept recipients, after trial close-out, thus appears higher than in the general population (SIR=3.92) but not significantly different than in the placebo group (SIR=2.89; P= 0.39). Notably, all these cancers occurred in patients who had received cyclophosphamide with quite high cumulative CYC doses (mean of 56 g prior to the trial and 16 g during the trial - the dose received after trial closure was not recorded). Indeed, patients who developed cancer were more likely to have been enrolled with a disease relapse, have a longer disease duration and a past history of cancer. Three of the total 19 cancers that occurred since the trial onset were cholangiocarcinomas (2 in the etanercept group, 1 in the placebo).

The risk of cancer under etanercept thus remains significant, at least as compared to the general population, but there is a clear relationship with the combined and/or previous use of cyclophosphamide (at quite huge doses!). Nowadays, almost no GPA patient is any longer treated with TNF alpha blockers, even others than etanercept (i.e, infliximab or adalimumab which both have been used previously as rescue therapy in some patients, with quite good results sometimes). - 4 May 2011

*Silva F, Seo P, Schroeder DR, Stone JH, Merkel PA, Hoffman GS, Spiera R, Sebastian JK, Davis JC Jr, St Clair EW, Allen NB, McCune WJ, Ytterberg SR, Specks U; for the Wegener's Granulomatosis Etanercept Trial Research Group. Solid malignancies among patients with Wegener's granulomatosis treated with etanercept: Long-term follow-up of a multicenter longitudinal cohort. Arthritis Rheum. 2011 Apr 11 [Epub ahead of print]*

#### Potential pathogenic role of TLRs (toll-like receptors) in initial phases of ANCA-associated vasculitides

Using a mouse model (C57BL/6 mice injected intraperitoneally with MPO, with or without TLR-2 or TLR-9 ligands, then with anti-GBM globulin to trigger glomerulonephritis), Summers et al. demonstrate that TLR-2 ligation induces a Th17 response



# Aims and contents

- Provide information for physicians
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  - Vasculitis news
  - Ongoing studies in Canada

English - French

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## PEXIVAS

PEXIVAS trial is a multicentre, international, phase III, open label randomised controlled trial to investigate plasma exchange and glucocorticoid dosing in the treatment of ANCA-associated vasculitis. It is conducted under the aegis of the VCRC, EUVAS and NIH. Several centers in Canada are to participate, including centers involved in CanVasc and Hamilton, where Dr. M. Walsh, who originally worked on the trial design and is the main investigator for Canada, is established (associated member of CanVasc).

The first open center in Canada is Hamilton. Other centers are close to open (REB and final contract procedures). The first Canadian patient has been enrolled in late March 2011.

Download the trial synopsis [HERE](#) .

Visit the official trial website [HERE](#) .



# Aims and contents

- Provide information for physicians
  - Vasculitis meetings

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### CanVasc meetings

- **The 1st Annual CanVasc meeting will be held in Toronto the Friday 10 June 2011**  
Flyer and information available [HERE](#) and final program [HERE](#). Updates from the 15th ANCA workshop will be given during the meeting!  
Free registration and attendance (better to send us an [email](#) to register prior to meeting, but not mandatory).

- **The next (2nd) "Core member meeting" will be held prior to the Annual CanVasc meeting, Thursday 9 June 2011, from 5:30 to 7 PM**  
This meeting is only for designated and invited core members. For information, please send an email to [admin@canvasc.ca](mailto:admin@canvasc.ca)

### Vasculitis meetings (or meetings with vasculitis sessions) and lectures

- **ACR annual meeting - Chicago - November 4—9, 2011**  
Deadline for abstract submission 28 June 2011. Site <http://www.rheumatology.org/education/annual/index.asp>



# Aims and contents

- Provide information for physicians
  - Meetings
  - Some tools for MD

The screenshot shows the CanVasc website interface. At the top, it says "Le site du CanVasc" next to the CanVasc logo, which features a stylized red maple leaf on a white sail. Below the logo is a navigation bar with links: "Accueil", "Le CanVasc", "Informations sur les vascularites", "Etudes en cours", "Réunions", "Outils pour le médecin", and "Liens". A language selector "Anglais - Français" is also present. The main content area lists three categories of scores:

- Scores d'activité**
  - **BVAS 2003** \*
  - **BVAS WG** \*
- Scores pronostiques**
  - **FFS 1996** \*
  - **FFS 2009** (revised FFS - en anglais)
- Scores de séquelles ("damages")**
  - **VDI** \*

\* Traductions effectuées par le Dr Pagnoux, pour le GFEV et le CanVasc.



# Aims and contents

- Provide information for physicians
  - Meetings
  - Some tools
  - Useful links

## For physicians



### Vasculitis Clinical Research Consortium (VCRC)

The Vasculitis Clinical Research Consortium is an integrated group of academic medical centers, patient support organizations, and clinical research resources dedicated to conducting clinical research in different forms of vasculitis. The website contains medical information for physicians, health care providers but also patients.



### French Vasculitis Study Group (FVSG)

The FVSG (French Vasculitis Study Group) is a non-profit association created in 1981 by Prof. Loïc Guillevin. The FVSG's goals in the field of systemic vasculitides are to aid and promote research, diffuse updated information to doctors and patients, organize and coordinate therapeutic trials, and compile a register of doctors and investigators working in the field of vasculitis.

## For patients (Patient support groups)



### Vasculitis Foundation Canada

Vasculitis Foundation Canada mission is to encourage and support research efforts for the cause and cure for all forms of Vasculitis. Last annual general assembly of VF Canada was held on Saturday 26 March, 2011, in Cambridge, ON. In association with the Arthritis & Autoimmunity Research Centre (AARC) Foundation, VF Canada raised major funds to support vasculitis research (see [picture](#) - courtesy of Jon S.).



### Vasculitis Foundation

The Vasculitis Foundation works to support positive change in the lives of people who live with vasculitis.



### Churg Strauss Syndrome Association

The Churg Strauss Syndrome Association is a nonprofit organization dedicated to supporting and educating patients and their families who are afflicted with Churg Strauss Syndrome. The CSSA works toward raising public awareness about CSS and provides assistance in understanding the disease and treatment process.



### Wegener Info and other Vasculitides



# Current journal and visits











Reported period:

- Year - ▾

2011 ▾

OK

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Countries					
Countries		Pages	Hits	Bandwidth	
 Canada	ca	1856	3150	115.13 MB	
 United States	us	1121	1380	40.58 MB	
 France	fr	559	1749	24.29 MB	
 Germany	de	74	82	1.46 MB	
 Netherlands	nl	37	42	326.96 KB	
 Great Britain	gb	31	57	875.47 KB	
 Russian Federation	ru	26	40	360.99 KB	
 European country	eu	14	27	1.43 MB	
 Japan	jp	11	11	1.67 MB	
 Poland	pl	10	11	1.28 MB	



# Conclusions and questions

- A website was mandatory
- Information on vasculitis is not exhaustive
  - we are not to be “wikipedia”, “UpToDate” or “Google image” for vasculitis
  - we want some original content (AMAP)...
- Basic design... really cheap!?
  - we are not doing business
  - will be easy to upgrade « artistically »



# Conclusions and questions

- **Improve patient management**
  - Disseminate information on CanVasc
  - Promote studies and help recruiting
  - Continuing medical education (not accredited)
- Regular updates are vital
- Made by physician(s), for physicians
  - “Boosters”, “writers”, (highly and REALLY) motivated people
  - New material to be added “on demand”