

Annual Report
Division of Rheumatology
Department of Medicine, Jewish General Hospital
April 1, 2011 – December 31, 2011

I. HIGHLIGHTS OF PAST YEAR

The Division of Rheumatology has just acquired 2 new PEMs. Dr Gyger, see below, has occupied one of these positions. It has formed an alliance with the Lakeshore and Lachine hospitals and we will provide emergency consultations for them and will admit patients of theirs that need hospitalization and specific rheumatologic in-hospital care.

II. EVALUATION OF PAST ACADEMIC YEAR

1) Teaching activities

The Division participates in medical student, resident and fellow teaching at all levels.

2) Research

1. Dr. Baron established the Canadian Consortium of Rheumatology Research Cohorts (CANCoRC) which is a group of about 20 cohorts that will work on cross- group efficiencies. For example, we now have working groups looking at : biospecimen SOPs, biospecimen tracking systems, ethics submissions and consent forms, cross disease data harmonization, and sharing web page resources.
2. Dr. Hudson has made start to perform research on the epigenetics of the rheumatic diseases with a group at McGill (which I believe includes dr Colmegna ??)....
3. Dr Hudson has established a new research cohort in the inflammatory myopathies....
4. Dr Fallavollita has become an expert tin musculoskeletal ultrasound and provides that service for her colleagues.
5. We are in the process of leading a project of harmonizing research data across 4 rheumatology research cohorts at McGill. This is a completely unique exercise and will lead to more cross disease research.

3) Clinical activities

The staff continue to be busy with out- and in-patients and in fact likely have the highest burden of inpatient consultations within McGill.

The Division runs an osteoporosis clinic in partnership with endocrinology. It has a once/month clinic for rheumatic disease with lung disease and/or pulmonary hypertension. Scleroderma patients are seen once per week for collection of data for the Canadian Scleroderma Research group which we direct.

Dr. Hudson limits clinical activities to one day per week and one month as rheumatology consultant to inpatients per year. She does academics the rest of the time. Dr Fallavollita

does musculoskeletal ultrasound one half day per week and Dr Gyger performs capillaroscopy one half day per week.

4) Academic Staff

We recruited a new full-time staff, Dr Genevieve Gyger. She trained in rheumatology at the Université de Montréal and did a year of fellowship with us in scleroderma. She has brought to McGill the ability to do video-capillaroscopy which is a way to assess the nailfold vessels in the systemic rheumatic diseases like scleroderma.

5) Consulting activities*

None of the staff provide consultations outside the hospital. All are GFT and work fulltime in the hospital.

6) Partnerships

1. Hudson re epigenetics.....
2. Dr Hudson, in establishing the inflammatory myopathy database, has been working with neurologists at the MNI.
3. The establishment of CANCoRC will likely lead to cross disease projects. We already have several grants in to do just that.

7) Honours, Awards and Prizes: None reported

III. OBJECTIVES AND PRIORITIES

With new hiring and a new physical space, we have achieved most of our major objectives in the last few years. We have one empty PEM and want to fill that with an academic. We are not actively searching for that person right now as we need a bit more space to accommodate another rheumatologist.

Most of the major funding for our large research program comes to an end in the next year or so and a major goal has been to apply for grants to fill that gap. We have 5 full-time personnel hired on our grants and would like to be able to keep most of them if possible.

We have a research nurse paid for grants, both peer reviewed and pharma. We would like that position to become a more clinical position and for her to be able to offer her services to more patients. We have asked for hospital funding for that and are waiting to hear.

Respectfully submitted,

Murray Baron, MD, FRCPC
Chief, Division of Rheumatology