

DIVISION OF GERIATRIC MEDICINE  
DIVISION DE GÉRIATRIE

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**ANNUAL REPORT**

**DIVISION OF GERIATRIC MEDICINE**

**SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL**

**2007-2008**

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**Director**

**Ruby Friedman, M.D.**  
**Associate Director**

**June 2008**

The Division of Geriatric Medicine is a division of the Department of Medicine as well as of the Department of Family Medicine of the Sir Mortimer B. Davis – Jewish General Hospital (JGH). The Division has some shared activities with Psychogeriatrics of the Department of Psychiatry. The Division's activities are multidisciplinary, working very closely with Nursing, Physiotherapy, Occupational Therapy, and Social Work as well as with the Center for Epidemiology and Community Studies, the Bloomfield Center for Research and Aging, the Department of Neurology and the Department of Oncology. Division members are actively involved in the McGill Division of Geriatric Medicine, have appointments in the Departments of Medicine and Family Medicine respectively (in some cases both) as well as in other departments mentioned above. Some members have cross appointments with the McGill University Health Center (MUHC).

## **1. Clinical Activities**

The Division continues to maintain a high clinical profile throughout the hospital that grows yearly. In addition, the Ministry of Health is requesting program development for rapid access to Geriatric Consultation in the community. The Division's areas of activity include the Acute Geriatric Ward (6 NW), Long-Term Care (LTC) Ward, the In-Hospital Geriatric Consult Team and the Emergency Room Consult Team. In addition, the Division's Out-Patient activities include the Geriatric Assessment Unit and the tertiary care Memory Clinic. An additional out-patient service the Consultation Service for Senior Oncology Patients was established in 2006. (See Appendix I for clinical statistics). Many Division members sit on planning committees in the hospital, McGill University, CSSS, long term care facilities, and at the Agence Régionale. Dr. Ruby Friedman is the Medical Director of the Long Term Care Service.

A major highlight this year was the Division of Geriatrics receiving an excellent evaluation from the Canadian Council of Hospital Services Accreditation. In January 2006, long term care ward 6 W was relocated to the Lindsay Rehabilitation Hospital. This was in order for the hospital to carry out much needed renovations on other hospital wards. These patients are still being cared for by Division of Geriatrics nursing and medical staff.

The Acute Geriatric Ward 6 NW continues to play an important role in the Hospital. As in previous years, approximately 80% of admissions are from the Emergency Room. The remainders are transfers to the Ward from other Acute Care Wards in the Hospital. These transfers are complex cases with multi-organ system disease, behavioural disorders and psychosocial issues that have been identified and followed by the Geriatric In-Hospital Consultation Team. In addition, due to the temporary relocation of Long Tem Care Ward 6 W to the Lindsay Hospital, 4 long term care beds were added onto the Ward. Patients that are transferred to the Ward tend to have prolonged lengths of stay and the transfer to the Acute Geriatrics Ward enables Acute / Surgical beds to be freed-up. As in previous years, 30 - 40 patients who have failed at their course of rehabilitation at rehabilitation hospitals are brought to the Acute Geriatric Ward for evaluation to explore all possible discharge options prior to initiating placement procedures for Long Term Care. Overall length of stay on 6 NW for all these categories of patients is 20 days, which is consistent with data from previous years.

As in previous years, for about 1/3 of the year, access to LTC institutions in the community was severely limited. At times, over 50% of the Ward was occupied by patients requiring long term care. This severely limits our ability to respond to the Emergency Room and to accept transfers from other Wards in the Hospital. During the months when the Ward was not occupied by Long Term Care patients, admissions and discharges increased by 60%. In addition, admissions were restricted for two months due to outbreaks of gastroenteritis and Vancomycin resistant enterococcus infection.

In spite of the continuing context of a persistent nursing shortage, the Acute Geriatric Ward remains fully staffed at all times. The addition of 4 long term care beds to the Ward was challenging. Beds have never been closed due to staffing issues. Recruitment and retention of staff is an on-going process and has been very successful. The efforts of Head Nurse, Judy Bianco are most appreciated.

The efforts of the entire multidisciplinary team including, physiotherapy, occupational therapy and dietetics is most appreciated.

Relocation of patients to home, to public and private foster homes residences and LTC facilities is a complicated process that requires careful matching with the patient's medical/psychosocial needs. Close coordination with the CSSS is often essential. All efforts are made to prevent institutionalization. The efforts of the Social Work Department, directed by Allan Ptack, are acknowledged, especially Social Workers, Moish Bronet, Christina Iorio, Louna Kadoch and Terry Fishman.

We are most fortunate to have a dedicated group of Clinical Nurse Specialists who coordinate activities and consultations throughout the Division. In order to enhance their professional development, the nurses rotate their positions between Consultant Nurse in the Emergency Room, Consultant Nurse for the In-Hospital Consult Team, and Nurse Coordinator for the Geriatric Assessment Unit. Our thanks to Brenda Pelton, Georgia Papadopoulos, Linda Alfonso and Stephanie Allain.

The Emergency Room Consult Team maintains a daily presence in the Emergency Room. Frail, elderly patients are screened and referred for evaluation. In order to ensure rapid patient evaluation and disposition, the Division provides a staff physician and a resident whose sole responsibility is to provide consultation in the Emergency Room. By and large, the protocols established with the Emergency Room for direct admissions are working well.

Both the Memory Clinic and the Geriatric Assessment Unit continue to provide a high level of multidisciplinary care that is acknowledged provincially and nationally. Residents in Family Medicine, Geriatric Medicine, Neurology and Internal Medicine rotate through the clinics.

The Consultation Service for Senior Oncology Patients was established in October 2006. This innovative program promotes a comprehensive approach to the care of older patients with cancer and their families by collaborating with the treating team to develop and individualized and integrated plan of care. This Clinic works under the guidance of Dr. Doreen Wan-Chow-Wah, a geriatrician who just completed her further year of training in Oncology, Dr. Johanne Monette and Dr. Carmela Pepe, a respirologist and oncologist. Fay Strohschein is the infirmière pivot of Georgia Papadopoulos who plays an active role in Geriatrics. Other members of our multidisciplinary Geriatric Assessment Clinic and our Memory Clinic offer important clinical support in this endeavour. Judy Bianco plays an important clinical administrative leadership role. The team consists of Geriatricians, Oncologist,

Nurse Clinicians, Occupational and Physical Therapy, Social Worker, Dietician, and Neuropsychologist. The focus of the team is to assist in the management of concerns that are particular to the older patient. Recommendations are made to tailor cancer treatment. Problems specific to older patients are anticipated. To date 82 patients have been referred the primary reasons for referral include cognitive concerns, treatment opinion, assessment of comorbidities, and mobility disorders. The average age of patients is 80 years (range 51-104). It is hoped that with increased resource allocation this service will grow dramatically. The Clinic received an excellent evaluation from the *Programme québécois de lutte contre le cancer*.

Referrals to the Geriatric Assessment Unit are accepted from community-based physicians, CSSS and from attending staff at the hospital. Patients who are discharged from the Geriatrics Ward or having been followed by the Consultation Team are often referred to the clinics. These are often complex medical cases with significant psychosocial issues. Close coordination between the clinic, CSSS and the community physicians is required. Physiotherapist Mimi Leibovitch and Occupational Therapist Vandna Sethi provide rapid home assessments and interventions for frail elderly in the community who would otherwise require hospitalization. Our thanks to Dr. Shek Fung under whose guidance the Geriatric Assessment Unit responds quickly and efficiently to the need of this frail population.

The Memory Clinic continues to provide a high level of tertiary care under the Co-Directors, Dr. Howard Bergman (Geriatric Medicine) and Dr. Howard Chertkow (Neurology and Geriatric Medicine). The Clinic remains at the forefront of research in cognitive impairment. In attendance are Geriatricians and Neurologists from the Sir Mortimer B. Davis – Jewish General Hospital, Geriatricians, Dr. Gary Inglis and Dr. Yves Bacher from the MUHC, Dr. Gabriel Leger from the CHUM, Dr. Christian Bocti from the Maisonneuve Rosemont Hospital, Dr. Ziad Nasreddine from the Centre Neurologie Rive Sud and Psychologists, Dr. Lennie Babins and Dr. Nora Kelner. Dr. Hyman Schipper's (Neurology) work on blood markers for the early diagnosis of Alzheimer's disease has received International recognition. Since 1995, visits to the Memory Clinic have more than doubled. Our thanks to Renée Kaminski and Chris Hosein who co-ordinate the Clinic.

The In-hospital Geriatric Consult Team has increased its activity considerably over the years. The frail, elderly patients at risk for decompensation due to complex medical and psychosocial problems are rapidly identified before they can deteriorate to the point where they would require chronic care. The Consult Team works closely with the staff on acute medical/surgical wards to insure appropriate discharge planning. Patients who require the expertise of the multidisciplinary team on the Acute Geriatrics Ward are transferred there. All requests for long term care are evaluated by the Geriatric Consult Team. Approximately 5% - 6% of elderly patients over 75 year of age admitted to any hospital bed through the Emergency Room ultimately attain long term care status. This is the best performance criteria of any hospital on the Island of Montreal. All alternatives to long term care are explored in depth.

The Division of Geriatric Medicine continues to confront serious issues relating to physical space limitations for our clinics and offices. It continues to be difficult to have sufficient examining rooms to operate our clinics efficiently. In consultation with the hospital administration and architectural firms, we are in the process of relocating our outpatient clinics and offices to a newly renovated floor in a recently acquired new pavilion of the hospital. We expect that this will allow us to care for our patients and their families in a more efficient and professional manner. We expect to move our offices and out-patient clinics by the fall 2007.

The challenge for the Division of Geriatric Medicine in the coming years will be to expand our care network to include local CSSS within the context of the RUIS (Réseau universitaire interdisciplinaire en santé) as mandated by the Government, while continuing to respond to the increasing clinical / administrative demands of the Hospital.

### **Long Term Care Service**

For over 15 years, the Division of Geriatric Medicine has cared for 65 elderly Long Term Care Patients on Wards 6 West and 6 North. Since January 2006, Ward 6 West has been closed as a Long Term Care Ward and The Division of Geriatrics has cared for 27 Long Term Care patients at a renovated Ward at the Lindsay Rehabilitation Hospital. This has enabled the Hospital to renovate several Wards throughout the Hospital. We anticipate being at the Lindsay Hospital until at least June 2009. The entire medical and nursing care of these patients is provided by The Division of Geriatrics. During the course of the entire year only 23 patients had to be transferred to the Emergency Room for evaluation. The entire multidisciplinary team is to be commended for the excellent and comprehensive care that these patients are given. Special thanks to Head Nurse, Estelle Kalfon.

In a major development in 2006, after several years of negotiation with the Ministry of Health, we have succeeded in having our Long Term Care Permit reduced from 100 to 60 patients. However, the number of Long Term Care Patients throughout the Hospital continues to vary widely, sometimes exceeding 90 patients. We have made convincing arguments that these fluctuations are unacceptable. We continue to be in close contact on an almost daily basis with the Agence so that our numbers are kept in the 60 to 70 range. Reflecting these efforts, since the year 2000, discharges from the Long Term Care Wards have doubled and length of stay has been diminished by 70 % to 45 days. In conjunction with the Director of Social Services Department, Allan Ptack, the situation will be closely monitored.

In March 2007 Long Term Care Ward 6 North was closed and the patients were relocated to the Griffith McConnell Residence as transitional placement. These patients continued to be followed by the Social Service Department of the Jewish General Hospital but medical and nursing care is provided by the Griffith McConnell Residence.

As a result of these changes there is no longer a Long Term Care Ward physically present in the Hospital. The challenge will continue to be to ensure efficiency of transfer of patients to the Lindsay Ward and to continue to provide comprehensive care and minimize transfer to the Emergency Room for an increasingly frail and medically complex population. The excellent management of the Long Term Care patients is recognized by the Ministry of Health. Dr. Ruby Friedman is a member of a Committee at the Agence that evaluates care in Long Term Care Institutions and how that impacts on Emergency Room and Acute Care Hospitals.

## **2. Teaching Activities**

The Division continues to have a heavy teaching load which continues to expand. An increasing number of clinical clerks in 3<sup>rd</sup> and 4<sup>th</sup> year medicine from McGill rotate through Geriatrics. This is an additional heavy responsibility for the attending staff on the floor that is already carrying a heavy clinical and teaching load. Since August 2007, all 4<sup>th</sup> year medical students do their clerkship in Geriatric Medicine over 8 periods, increasing the number of students at the Jewish General Hospital to 8 per period.

All Medical, Neurology and Family Medicine residents do a 1 month rotation in Geriatric Medicine, which includes a combination of ward and ambulatory care. As well, some Family Medicine residents do additional geriatrics mainly as an outpatient educational experience. Geriatric Medicine Specialty fellows, as well as Family Medicine fellows doing an extra year of training in Geriatric Medicine, rotate through our hospital.

6NW, the Acute Geriatric Ward, is recognized as a CTU of the Jewish General Hospital Department of Medicine.

Dr. Susan Gold is the McGill Geriatric Medicine Education coordinator. She is also the undergraduate teaching coordinator for the McGill Division of Geriatric Medicine. Dr. Paul Heilpern is in charge of teaching of the medical students at the Jewish General Hospital site. Dr. John Kirk is responsible for the Care of the Elderly fellows at McGill, as well as the Jewish General Hospital. Dr. Susan Gold coordinates the teaching of the Geriatric Medicine specialty fellows, as well as the medical residents and is on the McGill Geriatric Medicine Specialty Training Committee.

Dr. Susan Vaitekunas coordinates the Jewish General Hospital Geriatric Journal Club and is on the McGill Geriatric Medicine CME Committee.

Our thanks to Judy Bianco, Head Nurse on 6NW, who leads the McGill Interdisciplinary Geriatric Seminar (MIGS) held once/year. In 2005, the theme was Mental Health and in 2006 End of Life Care. This September 2007, the theme was Health Promotion and Prevention. The September 2008 theme will be Addiction. All the major health care disciplines from many institutions in Montreal actively participate.

The other members of the multidisciplinary team are actively involved in the teaching of all these students, residents and fellows, as well as in the teaching of students and their respected professions. Their expertise and efforts are invaluable and are much appreciated.

Our Faculty is actively involved in all the teaching activities organized by the McGill Division of Geriatric Medicine: McGill Geriatric Medicine Grand Rounds, McGill Geriatric Interdisciplinary Seminar (MIGS) and the Continuing Medical Education activities.

A list of invited lectures by the members of the Division is available in Appendix IV. Teaching activities are listed in Appendix VII.

### 3. Research activity

Please see Appendix II for publications, book chapters and abstracts, Appendix III for the list of research projects, Appendix IV for lectures, Appendix V for honors and awards, Appendix VI for committee work and Appendix VII for graduate students. Research in neurobiology and dementia, health services, frailty, pharmacoepidemiology, long term care, and education continue to represent the existing strengths of the Division with programs that cross hospital, department and university lines and in some cases integrate bench to bedside to population. Oncology and older persons, as well as end of life care are emerging interests. There is increasing collaboration with colleagues from Quebec, Canada and internationally. Members of the Division lead major research programs with funding from the Canadian Institutes on Health Research (CIHR), and the FRSQ. These major research teams bring together investigators from Quebec, Canada and internationally.

Howard Bergman with François Béland and Christina Wolfson lead a major international initiative to further our understanding of frailty as a research and clinical concept of vulnerability. François Béland and Howard Bergman lead Solidage, the joint McGill/Université de Montréal research group on frailty and aging which received funding last year along with colleagues from Université Laval and Université de Sherbrooke as a CIHR research team with a 3.7 million dollar 5-year CIHR team grant from 2007-2012. This research group has multiple activities that include other McGill investigators, including José Morais and Stéphanie Chevalier. The multiple research activities include a new population longitudinal study on frailty (in fact, the first longitudinal study on frailty, which is not a secondary analysis) called FRELE; the International Database Inquiry on Frailty (FrData) bringing together investigators of 15 longitudinal studies from Canada, United States, Latin America, Europe and Israel, examining how frailty components cluster together, in particular to adverse outcomes; the study of Health and Functional Characteristics and Utilization and Costs; the McGill Long Term Care Research Network led by Dr. Johanne Monette and supported by Maimonides. This group also organizes knowledge translation activities both from a research point of view under the leadership of Liette Lapointe from the Faculty of Management as well as knowledge transfer activities with a major international policy meeting on chronic disease and aging to be held in Montreal in November, 2008. Under the umbrella of Solidage, there is also the Canadian Initiative on Frailty and Aging. All these activities have received major research funding not only from CIHR, but as well from the Réseau Québécois de recherche sur le vieillissement (FRSQ), as well as private foundations such as the Max Bell Foundation and the Gustav Levinschi Foundation.

Drs. Johanne Monette and Howard Bergman with Dr. Gerry Batist from Oncology have set up the McGill Geriatric Oncology Interest Group with three components including research training and a clinical program. Dr. Doreen Wan-Chow-Wah, a geriatrician who is completing a fellowship in Oncology will be leading the clinical program. The research program is led by Dr. Johanne Monette with Martina Puts, a post-doc from Amsterdam who has a National Cancer Institute of Canada fellowship funding, as well as Dr. Carmela Pepe, a respirologist with interest in lung cancer in older persons. The teaching program will involve medical and family medicine residents, medical students and fellows including international fellows. Our emerging Oncology and Aging program received praise from the *Programme québécois de lutte contre le cancer* with likely promotion to a recognized regional program.

The Anna and Louis Goldfarb Jewish General Hospital/McGill Memory Clinic is the tertiary care cognitive clinic of our Division and brings together geriatricians and neurologists as well as clinicians and investigators from both the Jewish General Hospital and the MUHC, as well as from Hôpital

Maisonneuve-Rosemont, le Centre hospitalier de l'Université de Montréal (CHUM), l'Institut universitaire gériatrie de Montréal and Concordia University. Dr. Howard Chertkow leads the research programs of the Memory Clinic, which include programs on early diagnosis of dementia and studies on patients with Mild Cognitive Impairment, the basic mechanisms of memory and language impairment in Alzheimer's disease and the program on therapy: cognitive changes and experimental approaches. A multi-disciplinary team is looking at the natural history of the MCI individuals along with approaches to predict which MCI individuals will progress. This long term collaborative effort has resulted in a new screening tool for MCI, the Montreal Cognitive Assessment (MoCA) developed by Dr. Ziad Nasreddine and Natalie Phillips, and which is now being used worldwide. Other methodologies include neuroimaging with MRI's, spectroscopy, PET scanning and electrophysiological measures. Trainees from various disciplines including Neurology, Geriatric Medicine and Psychology continue to come through the Memory Clinic. Both Dr. Chertkow and Dr. Bergman are past-Presidents of the C5R (Consortium of Canadian Centres for Clinical Cognitive Research). Dr. Chertkow hosted in 2006 a Canadian Consensus Conference on Dementia, leads the effort in the publication in a series of papers which have appeared in Canadian journals (CMAJ) and international journals (Alzheimer's and Dementia) during the past 12 months.

Dr. Johanne Monette is a geriatrician, with an MSc in epidemiology. She is the scientific director of the Collaborative Research Network in Long-Term Care ([www.solidage.ca/e/CRNLTC.htm](http://www.solidage.ca/e/CRNLTC.htm)). She just recently completed, as principal investigator, a longitudinal cohort study entitled: "Interdisciplinary educational program to optimize the management of behavioral and psychological symptoms of dementia in nursing homes". She has also collaborated on a series of other studies in long term care on delirium, on the use of cholinesterase inhibitors and on the evaluation of an end-of-life program for advanced dementia. Dr. Monette is a leading member of the McGill Geriatric Oncology Interest Group. She has provided the leadership in 1) a cross-sectional study: Usefulness of frailty markers in the assessment of health and functional status in older cancer patients referred for chemotherapy; 2) a retrospective chart review study on the comparison of the health and functional status between older in-patients with and without cancer admitted to a geriatric/internal medicine unit; 3) a census of cancer physicians in the province of Quebec; 4) two qualitative studies looking at the clinical experience of oncologists on the one hand and geriatricians on the other hand in the care of older patients. She is the PI in a prospective pilot study on a novel way of assessing health and vulnerability in older newly diagnosed cancer patients. Dr. Monette, in this work, has supervised 2 fellows from France (Dr. Frederique Retornaz and Dr. Veronique Girre), a fellow in the health care for the elderly program (Dr. Dagmar Peters-Mainville), as well as fellow in Geriatric Medicine (Dr. Doreen Wan-Chow-Wah). She is also member of the master degree thesis committee of Dr. Carmela Pepe and involved in the master degree research project of Dr. Jonathan Afilalo. Her work with fellows, residents and medical students and supervising their research training has been, and continues to be invaluable.

See Appendix VI for the graduate students supervised. In addition, our division was very active in contributing towards the research training of a very significant number of McGill medical students, residents (particularly in Medicine) and fellows not only in Geriatric Medicine but also in cardiology, respirology, and neurology. The Division has been very active in research training of fellows from other countries. Martine Puts, PhD from Amsterdam, is a postdoctoral fellow in our program and received a National Cancer Institute of Canada (NCIC) Fellowship.



#### 4. Conclusion

There is no doubt that the JGH Division of Geriatric Medicine is an essential part of the McGill Division of Geriatric Medicine. Our Division is probably one of the most well-rounded in terms of clinical activity, teaching and research. The scope makes it one of the most dynamic in North America. That being said, there are important and serious challenges that we, as well as other hospital divisions at McGill, face. In fact, these challenges are faced by almost every Division of Geriatric Medicine across Canada. These challenges are a result of on the one hand the tremendous number of acute Geriatric Beds that we look after in our hospital. At the same time, we are under increasing pressure to increase the number of consultations in the ER and on the Wards, as well as to develop our activities within the community and throughout the RUIS. At the same time, our teaching load is particularly heavy with the recent change in the Geriatric Clerkship where the clerks are now distributed not over 13 periods but over 7 periods meaning that JGH alone can get up to 8 to 10 clerks at any period.

We continue to maintain a high academic profile and develop new programs such as the Oncology and Aging Program.

We have been active throughout the hospital in raising awareness on these issues, in part, because of the limited ability to recruit new geriatricians because of the PREMs, as well as because of the limited number of medical residents going into Geriatric Medicine. The problem is also a result of the fact that there are increasingly growing numbers of very frail older persons, in particular on all medical hospital wards, but also on surgery. Walking through any teaching or non-teaching medical ward, family medicine ward or geriatric medicine ward, the patients look very similar but differ mainly around varying levels of acuity and disability. We, therefore, feel that the model of care and organization needs to change.

Geriatric Medicine needs to increase and intensify its consultative service in the hospital and in the community by becoming a service that gets very much involved in the care of the patients on other services or in the community without becoming the primary care physicians.

At the same time, we do not feel that having a separate and isolated Geriatric Ward is appropriate. We need to think in terms of developing collaborative models of care whereby a certain number of geriatric beds, for example 10 geriatric beds, are embedded within a medical CTU promoting an environment, both from an architectural and professional point of view, that will enable the highest quality of care for the very frail older persons and at the same time reduce inappropriate long hospital stays. This collaborative care model can serve to reinvigorate care for older persons in our hospital. It can then be reproduced on other Medical and Family Medicine CTUs.

## ACKNOWLEDGEMENTS

Geriatric Medicine welcomes the support of Ernesto Schiffrin, the JGH Physician in Chief and Chief of Medicine, and Mark Lipman, Associate Chief of Medicine. We also recognize support from the Division of Internal Medicine with Rubin Becker and, as well, Michelle Elizov, the Program Director. We also welcome the support of Michael Malus and Howard Goldstein, respectively Chief and Program Director in Family Medicine.

We would also like to express my special appreciation to Dr. Robert Levine of the Kaufmann Foundation and Ms. Anita David of the Gustav Levinschi Foundation who continue to be a source of counsel and vice for me and for our Division. They have constantly supported innovative clinical and research in our hospital division. We would like to express my sincere appreciation to our administrative secretarial and support staff, including: Carol Novoseller, Elizabeth Iacono, Clementina Vincelli, Hedwige Moss, and Amy Simon, as well as our clinic coordinators, Renée Kaminski for the Memory Clinic and Enid Solloway for the Geriatric Assessment Clinic. Myra Miller, who was a secretary in our Division for 18 years, retired in this past year and we wish her all the best.

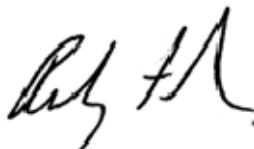
Dr. Gustavo Duque was a strong force in our Division throughout his years as a fellow, PhD student and faculty. He led a very innovative undergraduate clerkship program, carried out research in education and ran a successful basic science research program in osteoporosis. He decided to move to the University of Sydney in Australia where we know he will continue to be extremely successful.

Respectively submitted,



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The Dr. Joseph Kaufmann Professor and  
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Division of Geriatric Medicine  
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Director  
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**Note:** This is my last annual report as Chief of the JGH Division of Geriatric Medicine. I'm completing my third, five-year term as Director of both the McGill and the JGH Divisions of Geriatric Medicine. It has been an amazing and wonderful experience. Despite the real challenges we face, our Division in the past 15 years has moved from a successful teaching clinical program to a fully respected University Academic Discipline garnering respect across Canada and internationally. This could only have been accomplished as a team effort with all the medical and other professional faculty members. I have always enjoyed the support of our McGill and Hospital Department Chairs. A special word of appreciation to Ms. Elizabeth Iacono who has been a very precious collaborator throughout most of those 15 years. I will, of course, continue to be active with my colleagues in our Division over the coming years.

Howard Bergman, MD

**APPENDIX I**

**DIVISION OF GERIATRIC MEDICINE  
JEWISH GENERAL HOSPITAL**

**CLINICAL STATISTICS**

<b>ADMISSIONS</b>							
<b>ACUTE GERIATRICS (combined 6NW &amp; Off Service) STATISTICS</b>							
	<b>ADM.</b>	<b>E.R. (%)</b>	<b>WARDS (%)</b>	<b>TOTAL HOSP.(%)</b>	<b>HOME (%)</b>	<b>F.H. (%)</b>	<b>OTHER INST. (%)</b>
2000	461	373 (80.9)	71 (15.4)	444 (96.3)	6 (1.3)	2 (.4)	9 (2.0)
2001	466	381 (81.8)	70 (15.0)	451 (96.8)	1 (0.2)	4 (0.9)	10 (2.1)
2002	334	254 (76)	72 (21.6)	326 (97.6)	1 (0.3)	1 (0.3)	6 (1.8)
2003	380	314 (82.6)	55 (14.5)	369 (97.1)	0	1 (.3)	10 (2.6)
2004	409	317 (77.5)	76 (18.6)	393 (96.1)	1 (.2)	0	15 (3.7)
2005	391	335 (85.7)	36 (9.2)	371 (94.9)	3 (.8)	0	17 (4.3)
2006	457	347 (76.0)	85 (18.5)	432 (94.5)	2 (.5)	0	23 (5.0)
2007	380	285 (75.0)	65 (17.1)	350 (92.1)	0	0	30 (7.9)

6NW												
ACUTE GERIATRICS WARD STATISTICS												
DISCHARGES												
	D/C	HOME (%)	APT-HOTEL (%)	F.H. (%)	TOTAL COM. (%)	REHAB (%)	OTHER LTC INST. (%)	OTHER WARDS (%)	LTC JGH (%)	DEATH (%)	OTHER/Unknown	LOS DAYS
2000	450	174 (38.7)	27 (6.0)	62 (13.8)	263 (58.5)	34 (7.6)	40 (8.9)	4 (0.9)	71 (15.8)	37 (8.2)	1 (0.2)	18.8
2001	458	221 (48.3)	19 (4.1)	44 (9.6)	284 (62.0)	27 (5.9)	26 (5.7)	6 (1.3)	77 (16.8)	36 (7.9)	2 (0.4)	17.5
2002	315	111 (35.2)	17 (5.4)	24 (7.6)	152 (48.2)	22 (7.0)	33 (10.5)	3 (1.0)	69 (21.9)	35 (11.1)	1 (0.3)	26.0
2003	375	125 (33.3)	11 (2.9)	27 (7.2)	163 (43.4)	23 (6.1)	25 (6.7)	5 (1.3)	133 (35.5)	26 (6.9)	0	23.3
2004	404	132 (32.7)	4 (1.0)	20 (5.0)	156 (38.7)	31 (7.7)	40 (9.9)	7 (1.7)	141 (34.9)	27 (6.7)	2 (0.5)	22.2
2005	386	115 (29.8)	4 (1.0)	18 (4.7)	137 (35.5)	28 (7.3)	34 (8.8)	1 (0.3)	162 (42.0)	23 (6.0)	1 (0.3)	19.7
2006	459	132 (28.7)	16 (3.5)	20 (4.3)	168 (36.5)	26 (5.7)	36 (7.9)	19 (4.1)	165 (36.0)	45 (9.8)	0	19.6
2007	380	112 (29.5)	3 (0.8)	13 (3.4)	128 (33.7)	27 (7.1)	44 (11.6)	9 (2.4)	144 (37.9)	27 (7.1)	1 (0.3)	25.1

<b>LTC</b>				
<b>LONG TERM CARE GERIATRIC WARD STATISTICS</b>				
<b>ADMISSIONS</b>				
	<b>ADMISSIONS</b>	<b>6NW (%)</b>	<b>OTHER (%) WARDS</b>	<b>SOCIAL ADM FROM ER (%)</b>
2000	147	75 (51.0)	71 (48.3)	1 (0.7)
2001	142	70 (49.3)	72 (50.7)	0
2002	139	57 (41.0)	78 (56.0)	4 (3.0)
2003	231	124 (53.6)	105 (45.4)	2 (1.0)
2004*	201			
2005	256	150 (58.6)	103 (40.2)	3 (1.2)
2006	257	130 (50.6)	123 (47.9) <sup>1</sup>	4 (1.5)
2007	237	145 (61.2)	84 (35.4)	8 (3.4)

\* The data for LTC admission/discharge was difficult to evaluate this year. LTC ward 6 West was temporarily closed for 9 months and 27 patients were relocated to the Lindsay LTC Ward. In addition 8 LTC patients were cared for on Acute Geriatric Ward 6NW, thus for 9 months there was a net loss of 5 LTC beds. All LTC admissions had to first be evaluated and screened for infectious diseases (VRE, MRSA) on the Acute Geriatric Ward 6NW prior to transfer to LTC wards.

<sup>1</sup> Including re-admissions from rehabilitation hospitals of patients originating from acute medical/surgical wards.

<b>LTC</b>											
<b>LONG TERM CARE GERIATRIC WARD STATISTICS</b>											
<b>DISCHARGES</b>											
	D/C	HOME (%)	APT-HOT (%)	F.H. (%)	TOT D/C TO COM. (%)	REHAB (%)	LTC INST. (%)	WARDS (%)	DEATH (%)	OTHER	LOS DAYS
2000	147	4 (2.7%)	1 (.7)	8 (5.4)	13 (8.8)	0	99 (67.4)	0	30 (20.4)	5 (3.4)	160.4
2001	142	10 (7.0%)	2 (1.4)	3 (2.1)	15 (10.5)	0	87 (61.3)	0	38 (26.8)	2 (1.4)	139.8
2002	139	9 (6.5%)	0	2 (1.4)	11 (7.9)	0	89 (64.0)	0	34 (24.5)	5 (3.6)	142.0
2003	231	10 (4.3%)	1 (.4)	8 (3.5)	19 (8.2)	0	173 (75)	0	35 (15.1)	4 (1.7)	99.3
2004	196	10 (5.1)	0	11 (5.6)	21 (10.7)	0	153 (78.1)	0	22 (11.2)	0	
2005	256	17 (6.6)	0	1 (.4)	18 (7.)	0	203 (79.3)	0	23 (9.0)	12 (4.7)	85.6
2006	257	10 (3.9)	0	1 (.4)	11 (4.3)	1 (.4)	167 (65.0)	0	23 (8.9)	55 (21.4)	75.3
2007	237	4 (1.7)	0	1 (0.4)	5 (2.1)	0	184 (77.6)	0	12 (5.1)	36 (15.2)	45.6

<b>E.R. GERIATRIC CONSULTATION TEAM STATISTICS</b>					
	<b>NEW PATIENTS</b>	<b>RE-REFERRALS</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	318	436	754	100	854
2001	299	434	733	85	818
2002	333	361	694	68	762
2003	374	387	761	339	1100
2004	366	347	713	299	1012
2005	389	352	741	420	1161
2006	414	355	769	317	1086
2007	432	370	802	206	1008

New Patients: New consultation on a patient never previously seen in any program of the Division of Geriatrics.  
 Re-referrals: New consultation on a patient previously seen in a program of the Division.



<b>IN-HOSPITAL GERIATRIC CONSULTATION TEAM STATISTICS</b>					
	<b>NEW PATIENTS</b>	<b>RE-REFERRALS</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	213	233	446	2509	2955
2001	209	192	401	1503	1904
2002	182	166	348	879	1227
2003	263	152	415	1707	2122
2004	243	196	439	2150	2589
2005	263	173	436	1680	2116
2006	247	129	376	1824	2200
2007	246	210	456	2404	2860

New patients: New consultation on a patient never previously seen in any program of the Division of Geriatrics.

Re-referrals: New consultation on a patient previously seen in a program of the Division.

<b>COMMUNITY GERIATRIC ASSESSMENT UNIT CLINIC STATISTICS</b>						
	<b>NEW PATIENTS</b>	<b>HOME EVAL.</b>	<b>RE-REFERRALS</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	128	23	54	205	277	482
2001	134	16	28	178	242	420
2002	134	54	34	222	308	530
2003	131	49	28	208	342	550
2004	167	23	17	207	375	582
2005	160	19	23	202	429	631
2006	163	32	26	221	448	669
2007	194	24	11	229	469	698

New patients: New consultation on a patient never previously seen in any program of the Division of Geriatrics.

Re-referrals: New consultation on a patient previously seen in a program of the Division.

<b>ADMISSIONS</b>							
<b>ACUTE GERIATRICS (combined 6NW &amp; Off Service) STATISTICS</b>							
	<b>ADM.</b>	<b>E.R. (%)</b>	<b>WARDS (%)</b>	<b>TOTAL HOSP.(%)</b>	<b>HOME (%)</b>	<b>F.H. (%)</b>	<b>OTHER INST. (%)</b>
2000	461	373 (80.9)	71 (15.4)	444 (96.3)	6 (1.3)	2 (.4)	9 (2.0)
2001	466	381 (81.8)	70 (15.0)	451 (96.8)	1 (0.2)	4 (0.9)	10 (2.1)
2002	334	254 (76)	72 (21.6)	326 (97.6)	1 (0.3)	1 (0.3)	6 (1.8)
2003	380	314 (82.6)	55 (14.5)	369 (97.1)	0	1 (.3)	10 (2.6)
2004	409	317 (77.5)	76 (18.6)	393 (96.1)	1 (.2)	0	15 (3.7)
2005	391	335 (85.7)	36 (9.2)	371 (94.9)	3 (.8)	0	17 (4.3)
2006	457	347 (76.0)	85 (18.5)	432 (94.5)	2 (.5)	0	23 (5.0)
2007	380	285 (75.0)	65 (17.1)	350 (92.1)	0	0	30 (7.9)

6NW												
ACUTE GERIATRICS WARD STATISTICS												
DISCHARGES												
	D/C	HOME (%)	APT-HOTEL (%)	F.H. (%)	TOTAL COM. (%)	REHAB (%)	OTHER LTC INST. (%)	OTHER WARDS (%)	LTC JGH (%)	DEATH (%)	OTHER/Unknown	LOS DAYS
2000	450	174 (38.7)	27 (6.0)	62 (13.8)	263 (58.5)	34 (7.6)	40 (8.9)	4 (0.9)	71 (15.8)	37 (8.2)	1 (0.2)	18.8
2001	458	221 (48.3)	19 (4.1)	44 (9.6)	284 (62.0)	27 (5.9)	26 (5.7)	6 (1.3)	77 (16.8)	36 (7.9)	2 (0.4)	17.5
2002	315	111 (35.2)	17 (5.4)	24 (7.6)	152 (48.2)	22 (7.0)	33 (10.5)	3 (1.0)	69 (21.9)	35 (11.1)	1 (0.3)	26.0
2003	375	125 (33.3)	11 (2.9)	27 (7.2)	163 (43.4)	23 (6.1)	25 (6.7)	5 (1.3)	133 (35.5)	26 (6.9)	0	23.3
2004	404	132 (32.7)	4 (1.0)	20 (5.0)	156 (38.7)	31 (7.7)	40 (9.9)	7 (1.7)	141 (34.9)	27 (6.7)	2 (0.5)	22.2
2005	386	115 (29.8)	4 (1.0)	18 (4.7)	137 (35.5)	28 (7.3)	34 (8.8)	1 (0.3)	162 (42.0)	23 (6.0)	1 (0.3)	19.7
2006	459	132 (28.7)	16 (3.5)	20 (4.3)	168 (36.5)	26 (5.7)	36 (7.9)	19 (4.1)	165 (36.0)	45 (9.8)	0	19.6
2007	380	112 (29.5)	3 (0.8)	13 (3.4)	128 (33.7)	27 (7.1)	44 (11.6)	9 (2.4)	144 (37.9)	27 (7.1)	1 (0.3)	25.1

<b>LTC</b>				
<b>LONG TERM CARE GERIATRIC WARD STATISTICS</b>				
<b>ADMISSIONS</b>				
	<b>ADMISSIONS</b>	<b>6NW (%)</b>	<b>OTHER (%)</b> <b>WARDS</b>	<b>SOCIAL ADM</b> <b>FROM ER (%)</b>
2000	147	75 (51.0)	71 (48.3)	1 (0.7)
2001	142	70 (49.3)	72 (50.7)	0
2002	139	57 (41.0)	78 (56.0)	4 (3.0)
2003	231	124 (53.6)	105 (45.4)	2 (1.0)
2004*	201			
2005	256	150 (58.6)	103 (40.2)	3 (1.2)
2006	257	130 (50.6)	123 (47.9) <sup>1</sup>	4 (1.5)
2007	237	145 (61.2)	84 (35.4)	8 (3.4)

\* The data for LTC admission/discharge was difficult to evaluate this year. LTC ward 6 West was temporarily closed for 9 months and 27 patients were relocated to the Lindsay LTC Ward. In addition 8 LTC patients were cared for on Acute Geriatric Ward 6NW, thus for 9 months there was a net loss of 5 LTC beds. All LTC admissions had to first be evaluated and screened for infectious diseases (VRE, MRSA) on the Acute Geriatric Ward 6NW prior to transfer to LTC wards.

<sup>1</sup> Including re-admissions from rehabilitation hospitals of patients originating from acute medical/surgical wards.

<b>LTC</b>											
<b>LONG TERM CARE GERIATRIC WARD STATISTICS</b>											
<b>DISCHARGES</b>											
	D/C	HOME (%)	APT-HOT (%)	F.H. (%)	TOT D/C TO COM. (%)	REHAB (%)	LTC INST. (%)	WARDS (%)	DEATH (%)	OTHER	LOS DAYS
2000	147	4 (2.7%)	1 (.7)	8 (5.4)	13 (8.8)	0	99 (67.4)	0	30 (20.4)	5 (3.4)	160.4
2001	142	10 (7.0%)	2 (1.4)	3 (2.1)	15 (10.5)	0	87 (61.3)	0	38 (26.8)	2 (1.4)	139.8
2002	139	9 (6.5%)	0	2 (1.4)	11 (7.9)	0	89 (64.0)	0	34 (24.5)	5 (3.6)	142.0
2003	231	10 (4.3%)	1 (.4)	8 (3.5)	19 (8.2)	0	173 (75)	0	35 (15.1)	4 (1.7)	99.3
2004	196	10 (5.1)	0	11 (5.6)	21 (10.7)	0	153 (78.1)	0	22 (11.2)	0	
2005	256	17 (6.6)	0	1 (.4)	18 (7.)	0	203 (79.3)	0	23 (9.0)	12 (4.7)	85.6
2006	257	10 (3.9)	0	1 (.4)	11 (4.3)	1 (.4)	167 (65.0)	0	23 (8.9)	55 (21.4)	75.3
2007	237	4 (1.7)	0	1 (0.4)	5 (2.1)	0	184 (77.6)	0	12 (5.1)	36 (15.2)	45.6

<b>E.R. GERIATRIC CONSULTATION TEAM STATISTICS</b>					
	<b>NEW PATIENTS</b>	<b>RE-REFERRALS</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	318	436	754	100	854
2001	299	434	733	85	818
2002	333	361	694	68	762
2003	374	387	761	339	1100
2004	366	347	713	299	1012
2005	389	352	741	420	1161
2006	414	355	769	317	1086
2007	432	370	802	206	1008

New Patients: New consultation on a patient never previously seen in any program of the Division of Geriatrics.  
 Re-referrals: New consultation on a patient previously seen in a program of the Division.

<b>IN-HOSPITAL GERIATRIC CONSULTATION TEAM STATISTICS</b>					
	<b>NEW PATIENTS</b>	<b>RE-REFERRALS</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	213	233	446	2509	2955
2001	209	192	401	1503	1904
2002	182	166	348	879	1227
2003	263	152	415	1707	2122
2004	243	196	439	2150	2589
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2006	247	129	376	1824	2200
2007	246	210	456	2404	2860

New patients: New consultation on a patient never previously seen in any program of the Division of Geriatrics.

Re-referrals: New consultation on a patient previously seen in a program of the Division.



<b>COMMUNITY GERIATRIC ASSESSMENT UNIT CLINIC STATISTICS</b>						
	<b>NEW PATIENTS</b>	<b>HOME EVAL.</b>	<b>RE-REFERRALS</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	128	23	54	205	277	482
2001	134	16	28	178	242	420
2002	134	54	34	222	308	530
2003	131	49	28	208	342	550
2004	167	23	17	207	375	582
2005	160	19	23	202	429	631
2006	163	32	26	221	448	669
2007	194	24	11	229	469	698

New patients: New consultation on a patient never previously seen in any program of the Division of Geriatrics.

Re-referrals: New consultation on a patient previously seen in a program of the Division.

<b>MEMORY CLINIC STATISTICS</b>					
	<b>NEW PATIENTS</b>	<b>RE-REF.</b>	<b>TOTAL CONSULTS</b>	<b>F/U VISITS</b>	<b>TOTAL VISITS</b>
2000	218	4	222	481	703
2001	209	14	223	505	728
2002	233	5	238	603	841
2003	189	8	197	647	844
2004	182	4	186	694	880
2005	187	11	198	658	856
2006	144	13	157	648	805
2007	174	8	182	549	731

**APPENDIX II**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**PUBLICATIONS, BOOK CHAPTERS AND ABSTRACTS**

**JANUARY – DECEMBER**  
**2007-2008**

- \_\_\_\_\_ **Division member**
- **Cross-appointed to the Division**
- ===== **Adjunct member**

## PUBLICATIONS: 2007-2008

### Peer Reviewed Papers

\*indicates student or fellow

1. Saumier D, Murtha S, Bergman H, Phillips N, Whitehead V, Chertkow H. Cognitive Predictors of Donepezil Therapy Response in Alzheimer Disease. *Dementia and Geriatric Cognitive Disorders*. 2007;24:28-35
2. Montero-Odasso M\*, Levinson P, Gore B, Tremblay L, Bergman H. A Flowchart System to Improve Fall Data Documentation in a Long Term Care Institution: A Pilot Study. *JAMDA*. 2007;8(5):300-306
3. Bergman H, Ferrucci L, Guralnik J, Hogan D, Hummel S, Karunanathan S, Wolfson C. Frailty, an Emerging Research and Clinical Paradigm: Issues and Controversies. *J of Gerontol: Med Sci*. 2007; vol. 62A, No. 7:731-737
4. Oremus M\*, Wolfson C, Vandal AC, Bergman H, Xie Q. Caregiver Acceptance of Adverse Effects and Use of Cholinesterase Inhibitors in Alzheimer Disease. *Canadian Journal on Aging*. 2007; 26(3):205-212
5. Savard J, Leduc N, Lebel P, Béland F, Bergman H. L'utilisation des centres de jour par les personnes âgées qui présentent des incapacités. *Canadian Journal on Aging / Revue canadienne du vieillissement*. 2007; 26(3) : 255-274
6. De Stampa M, Vedel I, Henrard JC, Bergman H, Novella JL, Lapointe L. Participation des médecins généralistes dans les réseaux de santé: expériences en Amérique du Nord. *Revue d'Épidémiologie et de Santé Publique*. 2007; 55: 401-412
7. Massoud F, Belleville S, Bergman H, Kirk J, Chertkow H, Nasreddine Z, Joannette Y, Freedman M. Mild Cognitive Impairment and Cognitive Impairment, No Dementia: Part B, Therapy. *Alzheimer's & Dementia*. 2007; vol 3, 4: 283-291
8. Abellan Van Kan G, Rolland Y, Bergman H, Morley JE, Kritchevsky SB, Vellas B (on behalf of the Geriatric Advisory Panel). Frailty Assessment of Older People in Clinical Practice Expert Opinion of a Geriatric Advisory Panel. *Journal of Nutrition, Health & Aging* 2008; 12(1):29-37
9. Belleville S, Chertkow H, Gauthier S. Working memory and control of attention in persons with Alzheimer's disease and mild cognitive impairment. *Neuropsychology*. 2007; 21 (4), 458-469.
10. Whatmough C, Chertkow H. rCBF to the Hippocampal complex covaries with superior semantic memory retrieval. *Behavioural Brain Research*. 2007; 181(2), 262-269.
11. Chertkow H. Introduction: The Third Canadian Consensus Conference on the Diagnosis and Treatment of Dementia, 2006. *Alzheimer's & Dementia*. 2007; 3 (4), 262-265.

12. Chertkow H, Nasreddine Z, Joannette Y, Drolet V, Kirk J, Massoud F, Belleville S, Bergman H. Mild cognitive impairment and cognitive impairment, no dementia: Part A, concept and diagnosis. *Alzheimer's & Dementia*. 2007; 3 (4), 266-282.
13. Maes O.C, Xu S, Yu B, Chertkow H, Wang E, Schipper H. Transcriptional profiling of Alzheimer blood mononuclear cells by microarray. *Neurobiology of Aging*. 2007; 28 (12), 1795-1809.
14. Rockwood K, & Chertkow H. (2007). A cellular-telephone model of assessing frontal lobe function in physicians. *Canadian Medical Association Journal*, 177(12), 1533-1535.
15. Babins L, Slater M-E, Whitehead V, Chertkow H. Can an 18-point clock drawing scoring system predict dementia in elderly individuals with Mild Cognitive Impairment? *Journal of Clinical and Experimental Neuropsychology*. 2008; 30 (2), 173-186.
16. Chertkow H. Diagnosis and treatment of dementia: Introduction. Introducing a series based on the Third Canadian Consensus Conference on the Diagnosis and Treatment of Dementia. *Canadian Medical Association Journal (CMAJ)*. 2008; 178 (3) 316-321.
17. Taler V, Baum S, Chertkow H, Saumier D. Comprehension of grammatical and emotional prosody is impaired in Alzheimer's disease. *Neuropsychology*. 2008; 22 (2), 188-195.
18. Djordjevic J, Jones-Gotman M, De Sousa K, Chertkow H. Olfaction in patients with mild cognitive impairment and Alzheimer's disease. *Neurobiology of Aging*. 2008; 29 (5), 693-706.
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20. Jain P, Cerone MA, LeBlanc A, Autexier C. Telomerase and neuronal marker status of differentiated NT2 and SK-N-SH human neuronal cells and primary human neurons. *J. Neurosci Res*. 2007; Jan;85(1):83-9. [MOP 15118 CIHR Csp]
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23. Gains MJ, LeBlanc AC. Canadian Association of Neurosciences Review: Prion protein and prion diseases: the good and the bad. *Can J Neurol Sci*. 2007; 34:126-145. [MOP 49594 – CIHR PrP / 1R01 NS 40431 – NIH PrP]

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32. Schipper HM, \*Maes OC, Chertkow HM, Wang E. MicroRNA expression in Alzheimer blood mononuclear cells. *Gene Reg Systems Biol.* 2007; 1: 263-274
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**2007-2008**

**Book Chapters, Reviews**

1. Bergman H, Hogan D, Karunanathan S. La fragilité. Précis Pratique de gériatrie, 3<sup>e</sup> édition. 2007; Chapitre 6, 83-91
2. Chertkow H, Whatmough, C., Saumier, D., & Duong, A. (2008). Chapter 25. Cognitive neuroscience studies of semantic memory loss in Alzheimer's disease. In W. Sossin, J-C Lacaille, V. F. Castellucci & S. Belleville (Eds), Prog Brain Res. pp. 393-407
3. Schipper HM. Chapter 123. Cell biology of normal brain aging: Metal accumulation during aging. The New Encyclopedia of Neuroscience, L. Squire et al. (eds.), 2007
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6. Droege W, Schipper HM. Oxidative stress and aberrant signaling in aging and cognitive decline. Aging Cell 6:361-370, 2007
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9. Schipper HM. Biomarker potential of heme oxygenase-1 in Alzheimer disease and mild cognitive impairment. Biomarkers Med, 1: 375-385, 2007



**PUBLICATIONS**  
**2007-2008**

**Abstracts**

1. \*Sourial N, Zhu B, Steele R, Wolfson C, Bergman H. An Ad-hoc Solution to Using Multiple Imputation for a Multivariate Graphical Method. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). The Canadian Journal of Geriatrics 2007;10(1):20
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3. \*Vedel I, Destampa M, AnkriJ, Teillet L, Bergman H, Lapointe L, Cassou B. A new Integrated Care Model: CPA Coordination of Professional Care for the Elderly. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). The Canadian Journal of Geriatrics 2007;10(1):26
4. \*Naglie G, Comrie J, Beattie L, Bergman H, Black S, Borrie M, Byazewski A, Freedman M, Hogan D, Irvine J, Krahn M, MacKnight C, Patterson C, Ritvo P, Streiner D, Kowgier M, Tomlinson G. Patient and caregiver quality of life in Alzheimer's disease in relation to cognitive severity. Annual meeting of the American Geriatrics Society, Seattle, WA. (May 2-6, 2007) Journal of the American Geriatrics Society 2007;55(S1):S1-S2
5. \*Naglie G, Comrie J, Beattie L, Bergman H, Black S, Borrie M, Byszewski A, Freedman M, Hogan D, Irvine J, Krahn M, MacKnight C, Patterson C, Ritvo P, Streiner D, Kowgier M, Tomlinson G.F. Depressive symptoms and functional status predict quality of life in patients with Alzheimer's disease: Cross-sectional results from the Canadian Alzheimer's Disease Quality of Life (CADQOL) Study. CGS Annual Scientific Meeting. Montreal, QC (Apr 10-12, 2008) The Canadian Journal of Geriatrics 2008; 11(1):38-39
6. \*Naglie G, Comrie J, Beattie L, Bergman H, Black S, Borrie M, Byszewski A, Freedman M, Hogan D, Irvine J, Krahn M, MacKnight C, Patterson C, Ritvo P, Streiner D, Kowgier M, Tomlinson G.F. Depressive symptoms and functional status predict quality of life in patients with Alzheimer's Disease. Annual meeting of the American Geriatrics Society, Washington, DC. (Apr 30 – May 4, 2008). Journal of the American Geriatrics Society 2008; 56(S1):S2-3
7. \*Houde M, Whitehead V, Bergman H, Chertkow H. A Predictive Depression Pattern in Mild Cognitive Impairment. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):32-33

8. \*Vedel I, De Stampa M, Bergman H, Andri J, Cassou B, Mauriat C, Blanchard F, Bagaragaza E, Lapointe L. A Sustainable Model of Integrated Care for the Elderly. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):33
9. \*Wolfson C, Bergman H, Karunanathan S, Pelletier A. A Systematic Literature Review on the Prevalence of Frailty in Older Adults. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):33-34
10. \*Sourial N, Bergman H, Wolfson C, Puts M, Fletcher J, Zhu B, Karunanathan S, Béland F. Associations Among Frailty Domains: Comparison Across Populations. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):35-36
11. \*Naglie G, Comrie J, Beattie L, Bergman H, Black S, Borrie M, Byszewski A, Freedman M, Hogan D, Irvine J, Krahn M, MacKnight C, Patterson C, Ritvo P, Streiner D, Kowgier M, Tomlinson G. Depressive Symptoms and Functional Status Predict Quality of Life in Patients with Alzheimer's Disease: Cross-Sectional Results from the Canadian Alzheimer's Disease Quality of Life (CADQOL) Study. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):38-39
12. \*Vedel I, De Stampa M, Bergman H, Ancri J, Cassou B, Mauriat C, Blanchard F, Lapointe L. Improving Elderly Care: A Qualitative Study Based on Practices, Perceived Issues and Expectations. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):48
13. \*Arsenault-Lapierre G, Whitehead V, Belleville S, Massoud F, Bergman H, Chertkow H. Mild Cognitive Impairment Subcategories Depend on the Source of Norms. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):53
14. \*Lafortune L, Béland F, Bergman H, Andri J. Health Status Profiles and Service Utilization in Community-Living Elderly. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):72-73
15. Chertkow H, Massoud F, Belleville S, Nasreddine Z, Joannette Y, Bergman H. Canadian Consensus Recommendations on Mild Cognitive Impairment. Neurology 2007;68 (Suppl 1): A235
16. Chertkow H, Bergman H, Wolfson, C., McKelvey, R., & Murtha, S. (2007). Testing proposed new criteria for early Alzheimer disease in longitudinal study of Mild Cognitive Impairment. Annals of Neurology, 62 (suppl 11). S4.

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18. Johns, E.K., Phillips, N.A., Chertkow, H., Bergman, L., Solomon, S., Desormeau, J., & Nasreddine, Z. (2008). The Montreal Cognitive Assessment (MoCA) : Normative Data In the Community. *Journal of the International Neuropsychological Society*, 14, (Supp 1), i-292.
19. Arsenault-Lapierre, G., Lupien, S., & Chertkow, H. (2008). Salivary cortisol levels are increased in Mild Cognitive Impairment and Alzheimer Disease compared to normal elderly controls when effects of season are taken into account. *The Canadian Journal of Geriatrics*, 11 (1), 53.
20. Johns, E.K., Phillips, N.A., Chertkow, H., Bergman, L., Solomon, S., Desormeau, J., & Nasreddine, Z. (2008). The Montreal Cognitive Assessment (MoCA) : Normative Data In the Community. *The Canadian Journal of Geriatrics*, 11 (1), 62.
21. Arsenault-Lapierre, G., Whitehead, V., Belleville, S., Massoud, F., Bergman, H., & Chertkow, H. (2008). Mild Cognitive Impairment subcategories depend on the source of norms. *The Canadian Journal of Geriatrics*, 11 (1), 60.
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23. \*Puts M, Monette J, Girre V, Pepe C, Monette M, Wolfson C, Bergman H. Recruiting Older Newly Diagnosed Cancer Patients for an Observational Ongoing Prospective Cohort Study: Lessons Learned. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). *The Canadian Journal of Geriatrics* 2008; 11(1):59
24. \*Puts M, Monette J, Girre V, Pepe C, Monette M, Panasci L, Basik M, Batist G, Wolfson C, Bergman H. A Novel Way of Assessing Health and Vulnerability in Older Newly Diagnosed Cancer Patients: Preliminary Results of an Ongoing Prospective Pilot Study. The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). *The Canadian Journal of Geriatrics* 2008; 11(1):69-70
25. Puts M, Girre V, Monette J, Monette M, Wan-Chow-Wah, Wolfson C, Bergman H. Clinical Experience of Physicians Involved in Cancer Treatment Management of Older Patients: A Qualitative Interview Study. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). *The Canadian Journal of Geriatrics* 2007;10(1):6

26. Retornaz F, Monette J, Batist G, Monette M, Sourial N, Wan-Chow-Wah D, Puts M, Small D, Caplan S, Bergman H. Usefulness of Frailty Markers in Older Cancer Patients Referred for Chemotherapy. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). The Canadian Journal of Geriatrics 2007;10(1):8
27. Hotte D, Monette J, Gold S, Monette M, Champoux N. A Memo Reminding Physicians to Reassess the Indication for Antipsychotics Among their Nursing Home Patients with Dementia. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). The Canadian Journal of Geriatrics 2007;10(1):9
28. Puts M, Monette J, Girre V, Wolfson C, Wan-Chow-Wah D, Pepe C, Panasci L, Basik M, Retornaz F, Batist G, Bergman H. The Association Between Health and Functional Status, and Outcomes of Cancer Treatment in Older Newly Diagnosed Cancer Patients: A Prospective Pilot Study. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). The Canadian Journal of Geriatrics 2007;10(1):19
29. Wan-Chow-Wah D, Monette J, Retornaz F, Monette M, Sourial N, Puts M, Batist G, Bergman H. A Census of Cancer Physicians in the Province of Quebec: Clinical Experience with Elderly Patients. The 27<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Banff, AB (April 19-21, 2007). The Canadian Journal of Geriatrics 2007;10(1):22
30. Retornaz F, Seux V, Sourial N, Tur O, Dalco O, Monette J, Bergman H, Soubeyrand J. Étude comparative de l'état de santé des patients âgés avec et sans cancer en unité de court séjour gériatrique. 55<sup>ème</sup> Congrès de la Société Nationale Française de Médecine Interne 2007. Béziers et Narbonne, France. (6-9 juin 2007)
31. Retornaz F, Seux V, Sourial N, Dalco O, Tassy S, Reynaud-Levy O, Braud AC, Monette J, Bergman H, Soubeyrand J. Étude comparative de l'état de santé des patients âgés avec et sans cancer en unité de court séjour gériatrique. Journées annuelles de la Société française de gériatrie et gérontologie. Paris, France. (23-25 octobre 2007)
32. Retornaz F, Monette J, Batist G, Monette M, Sourial N, Wan-Chow-Wah, Bergman H. Dépistage de la vulnérabilité par les marqueurs de fragilité chez les patients âgés atteints de cancer référés pour chimiothérapie. Journées annuelles de la Société française de gériatrie et gérontologie. Paris, France. (23-25 octobre 2007)
33. Puts MTE, Girre V, Monette J, Monette M, Wan-Chow-Wah D, Batist G, Wolfson C, Bergman H. Clinical experience of physicians involved in cancer treatment management of older cancer patients: A qualitative interview study. 8th SIOG Meeting. Madrid, Spain. (Nov 8-10, 2007)
34. Puts MTE, Monette J, Girre V, Wan-Chow-Wah D, Pepe C, Panasci L, Basik M, Miller WH, Retornaz F, Batist G, Wolfson C, Bergman H. A novel way of assessing health and vulnerability in older newly diagnosed cancer patients: preliminary results of an ongoing prospective pilot study. 8th SIOG Meeting. Madrid, Spain. (Nov 8-10, 2007)

35. Puts MTE, Monette J, Girre V, Wan-Chow-Wah D, Pepe C, Panasci L, Basik M, Miller WH, Retornaz F, Batist G, Wolfson C, Bergman H. A novel way of assessing health and vulnerability in older newly diagnosed cancer patients: preliminary results of an ongoing prospective pilot study. Making Connections: A Canadian Cancer Research Conference. Celebrating NCIC's 60th Anniversary. Toronto, Ontario (Nov 15-17, 2007)
36. Puts MTE, Girre V, Monette J, Monette M, Wan-Chow-Wah D, Batist G, Wolfson C, Bergman H. Clinical experience of physicians involved in cancer treatment management of older cancer patients: A qualitative interview study. Making Connections: A Canadian Cancer Research Conference. Celebrating NCIC's 60th Anniversary. Toronto, Ontario (Nov 15-17, 2007)
37. Retornaz F, Monette J, Batist G, Monette M, Sourial N, Wan-Chow-Wah D, Puts M, Small D, Caplan S, Bergman H. Usefulness of Frailty Markers in the Assessment of Health and Functional Status in Older Cancer Patients Referred for Chemotherapy. Making Connections: A Canadian Cancer Research Conference. Celebrating NCIC's 60th Anniversary. Toronto, Ontario (Nov 15-17, 2007)
38. Monette J, Savoie M, Champoux N, Monette M, Wolfson C, Fortin L, Sourial N, Fletcher J. Interdisciplinary Educational Program Aiming to Optimize the Management of Disruptive Behaviors and Antipsychotic Prescribing in Nursing Home Residents with Dementia. The 28<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):49-50
39. Puts MTE\*, Monette J, Girre V, Pepe C, Monette M, Wolfson C, Bergman H. Recruiting older newly diagnosed cancer patients for an observational ongoing prospective cohort study: Lessons learned. The 28<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):59
40. Puts MTE\*, Monette J, Girre V, Pepe C, Monette M, Basik M, Panasci L, Batist G, Wolfson C, Bergman H. A novel way of assessing health and vulnerability in older newly diagnosed cancer patients: results of an ongoing prospective pilot Study. The 28<sup>th</sup> Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):69-70
41. \*Shiroky J, Schipper H, Bergman H, Chertkow H. Can You Have Dementia with a MMSE Score of Thirty? The 28th Annual Meeting of the Canadian Geriatrics Society, Montreal, Quebec (April 10-12, 2008). The Canadian Journal of Geriatrics 2008; 11(1):36-37
42. Miller W, Laurenzana A, Schipper H, \*Diaz Z. In vitro and in vivo effects of trolox on arsenic-mediated toxicity. Keystone Symposia, Whistler, BC, March 18-23, 2007.

43. Schipper HM, Kwok CS, Rosendahl S, Bandilla D, Maes O, Melmed C, Rabinovitch D, Burns DH. Vibrational spectroscopy of blood plasma for diagnosis of idiopathic Parkinson disease. American Academy of Neurology, Boston, April 28-May 5, 2007. Neurology 68 (Suppl 1): A112, 2007.
44. \*Henri-Bhargava A, Melmed C, Glikstein R, Schipper H. Neurological impairment due to vitamin E and copper deficiencies in a patient with celiac disease. American Academy of Neurology, Boston, April 28-May 5, 2007. Neurology 68 (Suppl 1): A145-146, 2007.
45. Vaya J, \*Song W, Khatib S, \*Geng G, Schipper HM. Heme oxygenase-1/sterol interactions in Alzheimer disease. American Academy of Neurology, Boston, April 28- May 5, 2007. Neurology 68 (Suppl 1): A309-310, 2007.
46. Schipper HM. Heme oxygenase-1: transducer of pathological iron deposition in human CNS disorders? American Academy of Neurology, Boston, April 28-May 5, 2007. Neurology 68 (Suppl 1): A310, 2007.
47. \*Zukor H, \*Song W, \*Lieberman A, Mui J, Vali H, Bennett DA, Schipper HM. Mitochondrial damage and corpora amylacea formation in mild cognitive impairment. American Academy of Neurology, Boston, April 28-May 5, 2007. Neurology 68 (Suppl 1): A311, 2007.
48. June 26, 2007 Mitochondrial damage and corpora amylacea formation in mild cognitive impairment. (H. Zukor, W. Song, A. Lieberman, J. Mui, H. Vali, D.A. Bennett, H. M. Schipper). Annual LDI/JGH Student Research Day, Montreal.

**APPENDIX III**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**RESEARCH**

**2007 - 2008**

- \_\_\_\_\_** Division member
- Cross-appointed to the Division
- =====** Adjunct member

**RESEARCH**  
**2007 – 2008**

- 2007-2012 The CIHR Team in Frailty and Ageing. Co-Principal Investigators: F. Béland, A. Tourigny. Co-Investigators: H. Bergman, L. Bonin, Y. Courturier, L. Demers, L. Demers, J. Desrosiers, N. Dubuc, T. Fulop, P. Gaudreau, R. Hebert, M-J. Kergoat, L. Lapointe, D. Malo, L. Mathieu, J.A. Morais, D. Morin, H. Payette, M. Rochon, B. Shatenstein, M.Y. Tousignant, R. Verreault, C.M. Wolfson, M-V. Zunzunegui. Canadian Institutes of Health Research. \$3,729,170.
- 2002-2009 Canadian Alzheimer's Disease Quality of Life Study. Naglie G (PI); co-investigators: Beattie B, Bergman H, Black S, Borrie M, Freedman M, Hogan D et al. Canadian Institutes of Health Research (CIHR): (2002-2006) \$565,419 (2006-2009) \$211,955; Alzheimer Society of Canada (2004-2006) \$113,752
- 2003-2009 Quebec Network for Research on Aging. Bergman H (Director). FRSQ. (2003-2004) \$570,000; (2004-2005) \$760,000; (2005-2006) \$760,000; (2006-2007) \$760,000; (2007-2008) \$760,000; (2008-2009) \$900,000.
- 2006-2008 Frailty Data (FrData): Examining candidate domains of frailty in the elderly. Bergman H & Wolfson C (PI); co-investigator: Béland F. Dr. Joseph Kaufmann Chair in Geriatric Medicine; Canadian Initiative on Frailty and Aging; Solidage research Group: \$50,000
- 2007-2009 Health of work after retirement age and impact on worker health management in industries - Comparing Canada and Japan. Theriault G & Yoshiharu A (PI); co-applicants: Bergman H, Fuhrer R, Kakuma R, Sato Y. Canadian Institutes of Health Research. \$60,000 (\$30,000/year)
- 2003-2008 Diagnosis, localization, and treatment of semantic memory impairment in Alzheimer's Disease. Chertkow, H. (P.I.), Arnold, D. CIHR (Canadian Institutes of Health Research) operating grant of \$113,350/year.
- 2007-2012 Establishing prognostic subgroups in mild cognitive impairment. Chertkow, H. (P.I.), Kabani, N.J., Diksic, M. CIHR (Canadian Institutes of Health Research) operating grant of \$114,007/year
- 2006-2008 The role of impaired cerebral autoregulation and chronic cerebral hypoperfusion in patients with Alzheimer's disease. Chertkow, H., Schondorf, R. Alzheimer Society of Canada. \$149,690.
- 2007 Canadian Consensus Conference on the Diagnosis and Treatment of Dementia. Chertkow, H. Dissemination of recommendations of the 3<sup>rd</sup> CIHR (Canadian Institutes of Health Research) \$15,000.
- 2008 Dissemination plan for the 3<sup>rd</sup> Canadian Consensus Conference on Dementia. Chertkow, H. CIHR (Canadian Institutes of Health Research) \$23,333.



- 2008-2013 Canadian Dementia Knowledge Translation Network (CDKTN). Rockwood, K. (P.I.) Chertkow, H. one of 4 co-investigators. CIHR (Canadian Institutes of Health Research) operating grant \$4,000.00/5 years
- 2006- Alzheimer's disease neuroimaging initiative (ADNI). P.I.: Howard Chertkow, M.D.;Co-Investigators: Howard Bergman, MD, Susan Vaitekunas, MD Sylvia Windholz, MD and Susan Gold, MD. Funded by ADCS/UCSD.
- 2005-2008 A phase III study of the efficacy and safety of Alzhemed<sup>TM</sup> in patients with mild to moderate Alzheimer's disease.(study#CL-758007).P.I.:Howard Chertkow, MD;Co-Investigators: Howard Bergman, MD, Yves Bacher MD, Gary Inglis MD, Susan Vaitekunas, MD Sylvia Windholz, MD, Gabe Leger, MD and Susan Gold, MD. Funded by Neurochem/Alzhemed.
- 2007- A randomised, double-blind, double dummy, oral donepezil controlled study on the safety and efficacy of ongoing repeated monthly subcutaneous injections of a sustained- release implant of ZT-1 in patients with moderate Alzheimer's disease (study DEB- ZTSR-201). P.I.: Howard Chertkow, M.D.;Co-Investigators: Howard Bergman, MD, Susan Vaitekunas, MD Sylvia Windholz, MD and Susan Gold, MD. Funded by Debiopharm.
- 2008-present A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Efficacy and Safety Trial of Bapineuzumab (AAB-001, ELN115727) in Patients with Mild to Moderate Alzheimer's Disease who are Apolipoprotein E  $\epsilon$ 4 Non-Carriers. (ELN115727-301) and A Phase III, Multicenter, Randomized, Double-Blind, Placebo-Controlled, Parallel Group, Efficacy and Safety Trial of Bapineuzumab (AAB-001, ELN115727) in Patients with Mild to Moderate Alzheimer's Disease who are Apolipoprotein E  $\epsilon$ 4 Carriers. (ELN115727-302) P.I.: Howard Chertkow, M.D. Co-Investigators: Howard Bergman, MD, Susan Vaitekunas, MD Sylvia Marquez, MD and Susan Gold, MD. Elan
- 2002-2007 Operating grant (25% effort) 1 RO1 NS40431-01A2. Role of prion protein in neuronal survival. Principal investigator: Andréa LeBlanc, \$200,000 US per year. (8% overhead to McGill U.)
- 2002-2007 Multi-User Equipment and Maintenance Grant for the Electron Microscopy Center. 2002-2007. Co-applicant: Andréa LeBlanc, Principle Investigator: John Bergeron, Dept. Anatomy and Cell Biology. CIHR (\$134,206.00/year).
- 2006-2011 Role of caspases in human neuronal cell death and in Alzheimer's disease. Principal investigator: Andréa LeBlanc. CIHR, operating grant, \$123,418

- 2006-2007 Criblage de petites molécules inhibitrices de la caspase-6. Principal investigator: Andréa LeBlanc and co-PI Marc Blondel. Fonds France-Canada pour la recherche. \$10,000.
- 2007-2010 Structure Function analysis of Caspase-6. PI Andrea LeBlanc. CIHR-NSFC Canada-China Joint Health Initiative. \$30,000.
- Structure Function analysis of Caspase-6. Co-PI Andrea LeBlanc. FRSQ-NSFC Quebec-China. \$11,000 for travel and scientist exchange.
- 2006-2008 Delirium in nursing home patients with severe cognitive impairment. Jane McCusker, PhD PI, Philippe Voyer RN co-investigator, Martin Cole MD, Nathalie Champoux MD, MSc, Johanne Monette MD MSc, Antonio Scampi PhD. Jointly funded by the Alzheimer's Society of Canada, the Canadian Nurses Foundation, the Nursing Care partnership, the Institute of Aging and the Institute of Gender and Health. Amount: 171,061\$ (Alzheimer's Society of Canada: 114,041\$; Institute of Aging: 28,510\$; Institute of Gender and Health: 28,510\$)
- 2006-2007 Optimisation de la gestion des symptômes psychologiques et comportementaux de la démence (SPCD) en centre d'hébergement et de soins de longue durée (CHSLD). Johanne Monette, MD, MSc (PI), Maryse Savoie, Inf. MSc, Nathalie Champoux MD, MSc, Christina Wolfson, PhD, Johanne Lafleur, inf MSc. Canadian Patient Safety Institute. 162,303\$
- 2004-2007 Role of heme oxygenase-1 in aging and parkinsonian neural tissues (I). PI: Hyman Schipper. Canadian Institutes of Health Research (CIHR) \$324,933
- 2007-2009 Role of heme oxygenase-1 in aging and parkinsonian neural tissues (II) PI: Hyman Schipper. Canadian Institutes of Health Research (CIHR) \$682,855
- 2005-2009 Development of heme oxygenase-1 suppressor (HOS) technology for the diagnosis prognosis and therapy of neurodegenerative diseases. PI's: H. Schipper, A. Gupta. Osta Biotechnologies, Inc. (\$TBA)
- 2005-2009 Discovery of biomarkers of Alzheimer's disease. Phase II and extension. PI: H. Schipper. Caprion Pharmaceuticals Inc. (\$17,000)
- 2006-2007 Development of novel HO-1 inhibitors for treatment of neurodegenerative diseases and cancers. PI's: H. Schipper, K. Nakatsu, W. Szarek, A. Gupta. Osta Biotechnologies Inc. \$31,000
- 2007 Spectroscopic analysis for neurodegenerative disease biomarker discovery. PI: H. Schipper. Molecular Biometrics LLC \$50,000

- 2000-present A 4-week, parallel-group, randomized, double-blind, placebo-controlled, adaptive proof of concept study of AQW051 at up to three dose levels for the treatment of patients with findings consistent with mild Alzheimer's disease (AD) or Mild Cognitive Impairment (amnesic MCI) CAQW051A2104. P.I.: Susan Vaitekunas, MD Co-Investigators: Howard Bergman, MD, Howard Chertkow, M.D. Sylvia Marquez, MD and Susan Gold, MD. Novartis
- 2004-2008 A randomized, multi-center, double-blind, placebo-controlled, 18 month study of the efficacy of Xaliproden in patients with mild to moderate dementia of the Alzheimer's type. (Study#EFC2946). P.I.: Sylvia Windholz, M.D; Co-investigators: Howard Bergman, MD, Howard Chertkow, MD. Susan Vaitekunas, M.D, Susan Gold, M.D., Gary Inglis MD, Yves Bacher MD, and Hyman Schipper MD. Funded by Sanofi-Aventis/Xaliproden.
- 2008-2010 A clinical and population based approach to the study of a rare neurological disorder: A pilot study to develop epidemiological research in amyotrophic lateral sclerosis. Principal Investigator: C. Wolfson. McGill University Health Centre.
- 2008-2009 Risk factors for multiple sclerosis: An international case-control study. Principal Investigator: Dr. Maura Pugliatti, University of Sassari. Co-Investigator: C. Wolfson. Fondazione Italiana Sclerosi Multipla. €50,000.
- 2007-2008 The Canadian longitudinal Study on Aging – A strategic Initiative. Principal Investigator: C. Wolfson. FRSQ Réseau québécois de recherche en vieillissement. \$35,000.
- 2004-2008 The Canadian Longitudinal Study of Aging: Developmental Activities-Phase 1 PI: Wolfson, C. José A. Morais Co-investigator responsible for the clinical sub-theme of diabetes. CIHR \$1,744,000
- 2006-2008 Canadian Longitudinal Study on Aging (CLSA): Developmental Activities Phase II. Co-Principal Investigators: C. Wolfson, S. Kirkland, P. Raina. Co-Investigators: C. Balion, F. Béland, H. Bergman, P. Cappeliez, L. Chambers, N. Chappell, M. Crossley, T. Fulop, F. Gagnon, K. Gray-Donald, D. Hogan, L. McDonald, I. McDowell, M. McQueen, N. O'Rourke, H. Payette, M. Penning, K. Rockwood, B. Shatenstein, M. Simard, H. Tuokko, (over 180 across Canada). Canadian Institutes of Health Research. \$2,100,000.
- 2006-2007 A Framework for Parkinson's disease research in Canada. Co-Principal Investigators: C. Wolfson, R. Postuma. Parkinson Society of Canada. \$20,000.
- 2004-2007 Evaluation multicentrique de la sensibilité au changement d'une batterie d'instruments de mesure du statut des aînés suivis en réadaptation. L. Demers (PI). Co-Investigators: G. Bravo, J. Desrosiers, LA Robichaud, B. Ska, Canadian Institutes of Health Research. C. Wolfson. \$213,487.

2003-2009 Integrated Training Program in Basic and Clinical Aspects of Neuroinflammation. J. Antel (PI). Co-Investigators: T. Owens, A. Bar-Or, J. Nalbantoglu, P. Duquette, P. Talbot, C. Wolfson, S. David, D.L. Arnold, G.N. Luheshi. Canadian Institutes of Health Research. \$1,320,000.

**APPENDIX IV**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**INVITED LECTURES**

**2007 - 2008**

- \_\_\_\_\_ **Division member**
- **Cross-appointed to the Division**
- ===== **Adjunct member**

**INVITED LECTURES**  
**2007-2008**

**BERGMAN, Howard**

**International Academic Presentation**

The Complexity of Care for Older Persons. Frailty, Co morbidity and Function - Challenges facing Modern Healthcare Systems. Lausanne, Switzerland (May 8, 2007)

Les soins aux personnes âgées, une complexité et une diversité à saisir: les grands enjeux actuels de l'intégration des services. Réseaux de santé, intégration des services gérontologiques : quel modèle d'évaluation? Colloque international. Ministre de la santé et des solidarités et du Ministre délégué à la sécurité sociale, aux personnes âgées, aux personnes handicapées et à la famille. Paris, France (21-22 juin, 2007)

Le concept de fragilité. Rencontre Franco-Québécoise (sous l'égide de la Société Provençale de Gérontologie). Paris, France (28 juin, 2007)

Chronic Disease, Frailty and Disability: Understanding the Heterogeneity of Older Persons. 6<sup>th</sup> ALMA Cartagena de Indias meeting. Cartagena, Colombia (August 22, 2007)

The Complexity of Care for Older Persons. 6<sup>th</sup> ALMA Cartagena de Indias meeting. Cartagena, Colombia (August 24, 2007)

The Complexity of Care for Older Persons. Forum on Aging and Health Research in BC's Interior: What are the Research Priorities? BC Network for Aging Research (BCNAR). Kelowna, BC (September 27, 2007)

Understanding and Meeting the Needs of the Older Population : A Global Challenge. Beijing Forum 2007. Beijing, China. (Nov 2-4, 2007)

Understanding care needs of frail elderly. Health Manpower Development Plan (HMDP)-Visiting Experts. St-Lukes Hospital, Singapore. (Jan 28, 2008)

Care of Geriatric Cancer Patient: Can we do More? Health Manpower Development Plan (HMDP)-Visiting Experts. Alexandra Hospital, Singapore. (Jan 29, 2008)

Frailty. Health Manpower Development Plan (HMDP)-Visiting Experts. Tan Tock Seng Hospital, Singapore. (Jan 30, 2008)

Lessons from Integrating Care for the Frail Elderly. Health Manpower Development Plan (HMDP)-Visiting Experts. Changi General Hospital, Singapore. (Jan 31, 2008)

Frailty and Oncology. Health Manpower Development Plan (HMDP)-Visiting Experts. Changi General Hospital, Singapore. (Jan 31, 2008)

Diagnosis and Treatment of Cognitive Decline. Health Manpower Development Plan (HMDP)-Visiting Experts. Peace Haven Nursing, Singapore. (Feb 1, 2008)

Understanding and Meeting the Needs of the Older Population: A Global Challenge. Health Manpower Development Plan (HMDP)-Visiting Experts. National University of Singapore, Singapore. (Feb 1)

How research contributes to common problems in Geriatrics (Plenary Session). V Congreso Comlat – IAGG, VIII Congreso de La Asocacion Colombiana de Gerontologia y Geriatria. Cartagena, Colombia. (Apr 15-16, 2008)

### **National Academic Presentation**

National Initiative for the Care of the Elderly (NICE) Symposium. Session Co-Chair. The 27th Annual Meeting of the Canadian Geriatrics Society. Banff, AB (Apr 19-21, 2007)

Report on the Second International Working Meeting on Frailty and Aging. The 27th Annual Meeting of the Canadian Geriatrics Society. Banff, AB (Apr 19-21, 2007)

### **CHERTKOW, Howard**

New Canadian guidelines for diagnosis and treatment of dementia: Results of a consensus conference. Jewish General Hospital Department of Medicine Grand Rounds. Montreal: March 12, 2007.

Alzheimer's Disease: What's New in Treatment and Prevention. Special Multidisciplinary City Wide Rounds – Regional Geriatric Program of Eastern Ontario & Alzheimer Soc. Of Ottawa and Renfrew County. Ottawa: September 7, 2007.

When forgetting becomes a problem. Atwater Library and Computer Centre. September 28, 2007

Debate: MCI is a clinically meaningful diagnosis. 4<sup>th</sup> Canadian Colloquium on Dementia. Vancouver: October 18-20, 2007.

Diagnosis and treatment of dementia: New Canadian consensus guidelines. McGill Neurology Conference. Jewish General Hospital. Montreal: November 9, 2007.

Diagnosis and treatment of Alzheimer Disease and dementia: results from the Third Canadian Consensus Conference. Department of Internal Medicine Grand Rounds, Ottawa Hospital. Ottawa: November 14, 2007.

Functional Imaging and Alzheimer's Disease. Functional Neuroimaging: Compensatory Mechanisms in the Aging Brain. Douglas Hospital Symposium: Biological Changes Associated With Healthy versus Unhealthy Aging: Predicting and Treating Cognitive Decline in the Elderly. Montreal: December 14, 2007.

New developments in dementia - diagnosis and therapy. London Heath Sciences Centre, University of Western Ontario. London, Ontario: January 22/08.

When forgetting becomes a problem. St. Paul's Anglican Church. Montreal: May 10, 2008.

Can cognitive neuroscience studies of semantic memory in AD lead to better therapies? University Hospital Gasthuisberg, Leuven, Belgium: May 29, 2008.

### **FUNG, Shek**

Dementia 2007: Montreal Chinese Hospital, November 17, 2007

### **GOLD, Susan**

Evaluating the TTAG project: four years of longitudinal exposure to geriatric medicine at McGill University. Duque G., Ferrier C., Heilpern P., Bonnycastle M., Gold S. Poster session, American Geriatrics Society Annual Scientific Meeting, Washington , D.C. May 2008.

### **LEBLANC, Andrea**

The pros and Cons of the Amyloid Hypothesis in Alzheimer Disease. The fourth Canadian Colloquium on Dementia. Vancouver, October 20, 2007

The activation of Caspase-6 in Alzheimer disease. Immunology Montreal Symposium, Brain Inflammation and Disease, November 16, 2007.

### **SHIPPER, Hyman**

#### **Provincial/National/International**

The role of heme oxygenase-1 in brain aging and neurodegeneration. ApoPharma Inc., Toronto, August 24, 2006.

Heme oxygenase-1 and pathological iron deposition in brain aging and neurodegeneration. Invited symposium speaker. SPRING Symposium on Mechanisms of Iron-induced Neurodegeneration: A Focus on Parkinson's Disease. Imperial College, London, UK. January 5-6, 2007

Spectroscopy of blood plasma for the diagnosis of Parkinson disease. MJ Fox Foundation, New York City, NY, April 26, 2007.

Heme oxygenase-1 in brain aging and neurodegeneration. 5<sup>th</sup> Meeting of the Canadian Oxidative Stress Consortium, Montreal, May 3-6, 2007.



**VAITEKUNAS, Susan**

Round table “Diagnosis and Management of Vascular Dementia” St. Jean Sur Richelieu, May 3, 2008

**APPENDIX V**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**AWARDS & NOMINATIONS**

**2007 - 2008**

- \_\_\_\_\_** Division member
- Cross-appointed to the division
- =====** Adjunct member

**AWARDS & NOMINATIONS  
2007 – 2008**

**BERGMAN Howard**

Elected Fellow of the Canadian Academy of Health Sciences

Appointed by the Quebec Minister of Health to chair a task force with the mandate to propose an action plan from prevention to end of life care, including the research agenda (November 2007)

**CHERTKOW, Howard**

2008      Nomination, Canadian Magazine Award.

**LEBLANC, Andrea**

2007-08   William Dawson Scholar, McGill University.

2007      Ancienne de l'année, Faculté des Sciences, Université de Moncton, NB.

**APPENDIX VI**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**COMMITTEE WORK**

**2007 - 2008**

- \_\_\_\_\_ **Division member**
- **Cross-appointed to the division**
- ===== **Adjunct member**

**COMMITTEE WORK  
2007 – 2008**

**BERGMAN Howard**

**Journals**

**Editorial Board**

Geriatrics & Aging	1998-present
Geriatrics & Gerontology (International Editorial Board)	2005-present
The Journal of Nutrition, Health & Aging	2008

**Grant Reviews**

**Ad hoc reviews**

Canadian Institutes for Health Research (CIHR)	2004-present
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**McGill University**

***Department of Medicine***

Executive Committee, Division of Geriatric Medicine	1991-
Education Committee, Division of Geriatric Medicine	1994-

**Sir Mortimer B. Davis Jewish General Hospital**

***Department of Medicine***

Policy Committee	1990-
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***Hospital Committees***

Medical Advisory Committee	1987-
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**National Appointments**

Member, Advisory Board of the Institute of Aging, CIHR	2004-present
Chair, Advisory Board of the Institute of Aging, CIHR	2005-present

**Professional and Learned Societies**

Organizing committee, Seminar: Besoins en santé des personnes âgées et réponses sanitaires: quelques pistes. IUMSP, Lausanne, Switzerland (May 29)	2007
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**Foundations and Industry**

Board of Directors, Gustav Levinschi Foundation	2004-
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**CHERTKOW Howard**

Jewish General Hospital Academic Advisory Committee	2000-
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Medical advisor, Québec division of the Alzheimer's Society of Canada	1998-
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Member, Executive Committee, Lady Davis Institute, S.M.B.D.-Jewish General	1999-
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## Hospital

Editorial Board Cognitive and Behavioral Neurology	2004-
Coordinator, Third Canadian Consensus Conference on the Diagnosis and Treatment of Dementia (including Dissemination Committee).	2006-08
Member, NIH Study section on “Adult Psychopathology and Disorders of Aging”.	2006-
Past President, C5R	2007
Member, 4 <sup>th</sup> CCD Executive Committee	2007
Member, Alzheimer Society of Canada, Canada Dementia Continuum Mapping Initiative.	2008-
Member, Quebec Government Expert panel on the Diagnosis and Treatment of Dementia.	2008

## **FISHER, Gillian**

Member of the Corporation of the Catherine Booth Hospital	2007-
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## **FUNG, Shek**

Resident Training Committee, Division of Geriatric Medicine, McGill University	1999-
Organizing Committee, 2008 Annual Meeting, Canadian Geriatrics Society	2007-08
Comité des Compétences, Réseau Québécois de la gériatrie	2006-
Continuing Education Committee, Canadian Geriatric Society	2005-
Medicine Test Committee, Medical Council of Canada	2005-

## **GOLD Susan**

McGill Executive Committee	2000-
Education & Training Committee	2000-
Resident Training Committee	2000-
Undergrad Training Committee	2000-

**KIRK John**

Education and Training Committee McGill Division of Geriatric Medicine

College of Family Physicians of Canada Health Care of the Elderly Committee  
Quebec representative

**LEBLANC, Andrea**

Member of safety committee, LDI	2005-
Member of the mentoring program, Dept. Neurol. & Neurosurg..	2004-
Member of the Promotion and tenure committee, Dept. Neurol. & Neurosurg.	2004-

**National**

Member of FRSQ chercheur-boursier senior committee. February 9&10	2008
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**International**

Editorial Advisory Board member, Current Alzheimer Research, Bentham Science Publishers.	2003-
Editorial Board Member, The American Journal of Pathology.	2004-
Editorial Advisor for The Biochemical Journal.	2004-
Member of the Neural Oxidative Metabolism and Death (NOMD) Study Section,	2007-09
Member of France-Canada Research Foundation grant competition, November 22, 2007	

**MONETTE, Johanne**

The Quebec Medical Association	1987-
Quebec Association of Geriatricians	1991-
The Royal College of Physicians and Surgeons of Canada	1991-
Quebec Geriatric Society	1992-
Canadian Society of Geriatric Medicine	1992-
American Geriatrics Society	1992-

### **SCHIPPER Hyman**

#### **McGill**

Appointment, Promotion and Tenure Committee, Dept. of Neurology and Neurosurgery	2001-
Mentoring Program, Dept. of Neurology & Neurosurgery (Dr. Alex Thiele)	2006-
Contributed guidelines for the use of biological markers in the diagnosis of Alzheimer disease for the 3rd Canadian Consensus Conference for the Diagnosis and Treatment of Dementia (CCCDTD3). Montreal, March 9-11, 2006	2007

#### **Other**

Journal of Neurochemistry (Journal Editorial Board)	1998-
J Neurochemistry (Journal Ad-hoc reviews)	2007
Alzheimer's Association, U.S (2) (Grant Ad-hoc reviews)	2007

#### **Scholarly Activities**

Contributed guidelines for the use of biological markers in the diagnosis of Alzheimer disease for the 3rd Canadian Consensus Conference for the Diagnosis and Treatment of Dementia (CCCDTD3). Montreal, March 9-11, 2006	2007
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### **VAITEKUNAS, Susan**

JGH Medical Records Committee	1995-
Organizing committee for Annual Scientific Meeting of Canadian Geriatric Society, Montreal, Quebec April 10-12, 2008	2008



**APPENDIX VII**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**TEACHING ACTIVITIES**

**2006 - 2007**

- \_\_\_\_\_ **Division member**
- **Cross-appointed to the division**
- ===== **Adjunct Member**

## TEACHING ACTIVITIES

### **BERGMAN, Howard**

#### **Postgraduate students**

Co-thesis director, Louise Lafortune, PhD student, Université de Montréal. “L’évolution des profils de fragilité et d’utilisation des services sociosanitaires chez les personnes âgées”. 2003-

Co-Director, Frédérique Retornaz, Clinical Fellow, Université de la Méditerranée à Marseille. “Characterization of the health and functional status of cancer patients, aged 70 years and older, referred to oncology clinic for chemotherapy”. Sep 05 – May 08

Co-Director, Véronique Girre, Clinical Fellow, Institut Curie à Paris. “L’identification et prise en charge des personnes âgées souffrant de cancer”. Jun 06 – Dec 07

Co-Director, Martine Puts, Post-doctoral student, Vrije Universiteit, The Netherlands. “Longitudinal study on health and functional trajectories in older cancer patients” & “The Frailty Data (FrData) Project”. Apr 06 -

Co-Director, Isabelle Vedel, MD, Post-doctoral student, Université de Paris. “Clinical Experiences of Primary Care Physicians with older patients with regards to Cancer”. Oct 07 -

Co-Director, Mathieu de Stampa, 2004-2007, Université de Reims

Thesis Committee: Jonathan Afilalo, Cardiology fellow, 2007-  
Carmela Pepe, Respiriologist, MSc Epidemiology, 2007-

### **CHERTKOW, Howard**

#### **Postdoctoral Fellows**

Jim Nikelski, Ph.D., post doctoral fellow funded by the Alzheimer's Society of Canada. On cognitive neuroscience of semantic memory 2006-

#### **Graduate students supervised**

Geneviève Arsenault, Ph.D. Student, Dept. of Neurosciences, McGill University. 2006-

### **LEBLANC, Andrea**

#### **Graduate Students and Postdoctoral Fellows**

Guy Klaiman, M.Sc. student November 2002-

David Lin, M.Sc. student, McGill U. Sept. 2004-2007

Stephanie Laroche-Pierre, M.Sc. student, McGill U. Sept. 2005-2008

Saskia Srivananthan, M.Sc. student, McGill U. Sept 2006- (officially in January 2007)

Mehdi Fajarnejad, Ph.D. student, McGill U. January 2008-

Dalia Halawani, Ph.D. student, McGill U/ January 2008-

### **Course Taught (including CME at McGill)**

Course Instructor. Molecular Biology of Alzheimer Disease (12 hours teaching). 2007

Lecture on Alzheimer disease (2 hrs) + 8 student presentations (2 hrs) 2008

### **MONETTE, Johanne**

#### **Postgraduate**

Supervision of Doreen-Wan-Chow-Wah, fellow in Geriatric Medicine, McGill University. Project entitled: "A census of cancer physicians in Quebec: clinical experience with elderly patients. 2006-

Supervision of Dominique Hotte, fellow in the Family Medicine/Geriatric Program, McGill University. Project entitled: "Reducing antipsychotics prescriptions for demented patients: A simple and educational tool for physicians". 2006-

Thesis committee member for Carmela Pepe, candidate for an MSc degree in Epidemiology and Biostatistics, McGill University. "Chemotherapy Treatment in Elderly Non-Small Cell Lung Cancer Patients: A Quebec Cancer Centre Experience". 2006-

### **SHIPPER, Hyman**

#### **Post-doctoral**

Wei Song, MD., PhD (2002- ) (co-supervisor: Dr. Hemant Paudel). The effects of HO-1 up-regulation on downstream signal transduction pathways in cultured astroglia

Haixiang Su, MD, PhD (2002- ). Establishing antioxidant enzyme and oxidative damage assays in our institute's Biomedical Redox Laboratory

Present Daniela Ham, PhD ( 2007-)

Primary supervisor: Dr. Jacek Majewski. Daniela is evaluating the impact of hypoxia and oxidative stress on RNA alternate splicing and stability in neurovascular tissues.

## **Graduate**

Zuanel Diaz (2002- ). PhD Program, Div. of Experimental Medicine, McGill University. Co-supervisor: Dr. Wilson Miller. Redox mechanisms of arsenic toxicity.

Hillel Zukor (2004- ). PhD Program, Dept. of Neurology & Neurosurgery, McGill University. Using biochemical, molecular biological and morphological techniques to delineate downstream cytopathological effects of HO-1 up-regulation in rat astroglia

Jacob Hascalovici (2006- ). MSc Program, Dept. of Neurology & Neurosurgery, McGill University. Determining the impact of glial HO-1 over-expression on lipid metabolism. Awarded McGill Graduate Student Fellowship (2007-8) for high scholastic achievement

## **Undergraduate Students on projects**

2007 Spring/Summer Jordana Delnick, McGill University, (co-supervisor: Dr. Mervyn Gornitsky)

2007 Summer Gabriel Cartman, Marianopolis College

2007 Summer Nathan Light, Concordia University

## **Clinical Teaching – Residents and Fellows**

Neurology Ward and Consultation Service: Clinical Neurology training of residents and fellows who rotate to our service from the Departments of Neurology and Neurosurgery, Internal Medicine and Psychiatry (JGH and McGill University). 1988-

Didactic and Bedside Neurology Teaching to Herzl Family Medicine staff and residents. 1990-

Instruction in the diagnosis and management of aging-related neurodegenerative disorders to Residents and Fellows in Neurology, Medicine (Geriatrics) and Psychiatry attending the McGill Memory Clinic at the Jewish General Hospital 1998-

## **Course Taught**

Coordinator of course at McGill University offered through the Dept. of Neurology & Neurosurgery and Dept. of Medicine (Div. Of Experimental Medicine) beginning January 2003. Title: **Free Radical Biomedicine (NEUR 550)**. An interdisciplinary course on the biochemistry and cellular/molecular biology of free radicals, transition metals, oxidative stress, antioxidants and their roles in health and disease

**VAITEKUNAS, Susan**

Clinical supervision & teaching of medical studies during geriatric clerkship

Clinical supervision & teaching of family medicine and internal medicine residents during geriatric rotation – includes acute geriatrics ward, in-patient consult service, ER consult service, geriatrics clinic, memory clinic

Core teaching for Family Medicine Residents – “Assessment and Management of Dementia”  
Feb. 13, 2008 –

**APPENDIX VIII**

**DIVISION OF GERIATRIC MEDICINE**  
**JEWISH GENERAL HOSPITAL**

**COSULTATION**

**2007 – 2008**

- \_\_\_\_\_** Division member
- Cross-appointed to the division
- =====** Adjunct Member

## **BERGMAN, Howard**

### **BERGMAN, Howard**

Advisory Council, enCircle Program, Bank of Montreal, 2005-present

Consultant, Geriatric Medicine, Groupe Tactique d'Intervention (GTI). Ministère de la Santé et des Services Sociaux, Québec. 1995-present

Scientific Advisory Board, Vigorous Mind, 2006-present

Presentation at ESHEL Center. Frailty. Tel Hashomer, Israel (April 29, 2007)

Consultation visit, Health Manpower Development Plan (HMDP) visiting expert, Singapore, Jan 28-Feb 1, 2008

### **CHERTKOW, Howard**

Member, Scientific Advisory Board, Pfizer "Aricept" 2001-  
Janssen-Ortho, Scientific Advisory Board 2001-

### **SCHIPPER, Hyman**

#### **Public Sector**

Since 1993, participated as consulting neuroscientist and lecturer in a course given initially bi-annually now annually on the Cellular and Molecular Biology of Aging (Anatomy 504-541B).

In 2003, designed, coordinated and lectured in a new course at McGill University entitled Free Radical Biomedicine (NEUR 550).

### **VAITEKUNAS Susan**

Act as expert in long term care for the College des Médecins during institutional or individual inspections.