I HIGHLIGHTS

Our satellite dialysis unit is in its second full year of service. The unit is located on the ground floor of the newly renovated Pavilion H, formerly the Nuns’ property adjacent to the hospital. The satellite dialysis unit was the first clinical service activity to be offered in Pavilion H and led the way for the many clinical activities that are now being relocated to this pavilion. This unit has the capacity for 12 additional dialysis stations. This translates into the ability to accommodate up to 72 new hemodialysis patients. Currently we are running two sessions per day, 6 days per week, and using 9 of the 12 stations. This extra capacity has provided our division with the ability to accommodate our growing end-stage renal disease population.

This past year marked the first year anniversary of the opening of the Kidney Treatment Centre (pre-dialysis clinic) which is located adjacent to the satellite dialysis unit in Pavilion H. With this development, the JGH will has ceased to be one of the only large end-stage renal disease programs not to offer a pre-dialysis clinic. The clinic provides the necessary educational, dietary, psychological support to these patients and their families. These programs have been shown to slow the decline of renal function in participants. In addition, the team in the pre-dialysis clinic help patients make the often difficult transition to dialysis therapy.

We continue to operate out of our original dialysis unit in Pavilion G. This unit is running at full capacity using 16 dialysis stations, three sessions per day, 6 days per week. This unit serves all our dialysis patients who are admitted to hospital as well as our more fragile out-patients.

Our peritoneal dialysis program continues to be among the largest in Montreal. We currently have 40 patients in this program.

The Division of Nephrology at the JGH continues to serve as a training site for the McGill Renal Fellowship program. Fellows rotate through our peritoneal dialysis program and the consulting service. The feedback from the fellows on the JGH experience has been uniformly positive.

The Division of Nephrology was responsible for organizing the scientific content for the Andre Aisenstadt Clinical Day this past year. The invited speakers were of national and international renown and the event was well attended with excellent feedback from participants. Dr. David Bercovitch was this year’s honoree for his many years of dedicated service to the Jewish General Hospital.

II EVALUATION OF THE PAST ACADEMIC YEAR
1. Teaching activities

Core Medicine lecture series.

Dr. D. Bercovitch
Dr. M. Davidman,
Dr. M. Lipman
Dr. G. Frisch

University teaching:
- Dr. G. Frisch & Dr. M. Lipman:
  Medicine I Physiology: Small group tutorials - Renal section - 18 hours/year each.
  Back to Basics Acid-Base - 6 hours/year each.
- Dr. M. Lipman: McGill Renal fellow seminar series.
  Immunobiology of renal transplantation rejection.: 2 hours/year
- Dr. M. Davidman: McGill Anesthesia resident seminar series - Fluids and electrolytes, acid-base and renal disease - 3 hours/year

Undergraduate medical student lectures:
Dr. D. Bercovitch, Hypertension, 6 hours
Dr. M. Davidman, Renal failure, 6 hours
Dr. M. Lipman, Electrolytes, 6 hours
Dr. G. Frisch, Electrolytes, 6 hours

CTU Ward attendings: Dr. Lipman (4 weeks), Dr. Frisch (8 weeks)
ICMB: Dr. G. Frisch, Jan-March 2006, May-June 2006

2. Research Activities

Operating grants

Dr. Lipman


Belatacept evaluation of nephroprotection and efficacy as first-line immunosuppression trial (BENEFIT), (Sponsored by Bristol-Myers Squibb)

An opened labeled extension study of the safety of long-term administration of Sirolimus (Rapamycin) in solid organ transplant recipients, (Sponsored by Wyeth-Ayerst)
An opened labeled extension study of the safety of long-term administration of Sirolimus (Rapamycin) in solid organ transplant recipients, (Sponsored by Wyeth-Ayerst)

Dr. Frisch & Dr. Lipman

An Active Safety Surveillance Plan to Conduct Serologic Testing for Anti-Erythropoietin Antibodies and Prospectively Monitor the Incidence of Pure Red Cell Aplasia (PRCA) in Among Patients Receiving Epoetin Alfa or Another Erythropoietin, (Sponsored by Ortho-Biotec)

Dr. Davidman

AURORA: A study to evaluate use of Rosavustatin in subjects on Regular Hemodialysis; an Assessment of survival and cardiovascular events, (Sponsored by Astra-Zeneca)

Research Trainees

Robert Morgan, Masters, student, Division of Experimental Medicine.
Dr. Paul Raju, Nephrology Fellow

Publications


3. Clinical Activities:

Monday - Saturday: 8:00 - 8:30 a.m. Hemodialysis rounds
Monday - Friday: 8:30 - 12:00 a.m. Inpatient rounds with residents on elective 1:30 - 4:00 p.m. Renal Clinic
Tuesday: 8:45 - 3:00 p.m. Dr. M. Lipman - McGill Transplantation Clinic 12:30 - 4:00 p.m. C.A.P.D. Clinic
Thursday: 11:00 - 11:30 a.m. C.A.P.D. patient meeting 9:00 - 11:30 Renal Clinic 13:00-14:00 Nephrology Rounds
Every 4th Thursday: 1:30 - 4:30 p.m. Hemodialysis patient meeting

CTU Ward attendings: Dr. Lipman (4 weeks), Dr. Frisch (8 weeks)

4. Academic Staff
Dr. David Bercovitch Associate Professor of Medicine
Dr. Michael Davidman Associate Professor of Medicine
Dr. Gershon Frisch Assistant Professor of Medicine
Dr. Mark Lipman Associate Professor of Medicine

There were no recruitments, promotions, or departures this period.

5. Consulting Activities

Private Sector Consulting (# days)
Dr. Mark Lipman: 5
Dr. Gershon Frisch: 2

6. Honours, Awards, Prizes

Dr. David Bercovitch was the honouree this past year at Annual Andre Aisenstadt Clinical Day at the Jewish General Hospital.

III OBJECTIVES AND PRIORITIES

The division plans to extend its dialysis service in the satellite unit to 12 stations operating two shifts daily, 6 days per week. In addition the clinical activities of the nascent Kidney Treatment Centre will be gradually increased.

The division also plans to formally integrate some of its clinical activities with the Cardiovascular Prevention Centre in order to meet the goal of this centre to deliver comprehensive care to patients with cardiovascular risk factors or established cardiovascular disease.

The Division of Nephrology continues to expand its clinical research activities under the supervision of Dr. Frisch who is completing his Masters degree in Clinical Epidemiology, while Dr. Lipman continues to pursue his fundamental research initiatives through his laboratory at the L.D.I.

Recruitment is a major priority. The division has identified a couple of excellent candidates and hopes to recruit another nephrologist interested in research within the next one to two years.

Respectfully submitted,

Mark L. Lipman, M.D.
Chief, Division of Nephrology