

JGH NEWS

THE SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

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SUMMER 2002



**At the
cutting edge of
gene therapy**

Also inside: Outstanding volunteer Charles Larente

Message



Jonathan Wener

from the President

We are at the crossroads of major change at the JGH. We have laid the groundwork for our future with the completion and launch of our strategic plan last year and we are moving forward on the road to execution.

While some of our goals may be considered lofty, they are based on well-grounded and sound strategies. We have had a long track record of accomplishments, daring to dream of constant improvement and advancement of our medical staff, facilities and equipment.

We have successfully completed major renovations in the hospital on 7W and 7NW, which has had an overwhelming positive reaction from our healthcare practitioners and patients alike. These renovations go a long way not only to humanize patient care but also to humanize the delivery of patient care. Much thought, research and collaboration went into implementing these renovations successfully. My congratulations to all of you who participated in these worthy projects and who have helped lead the hospital into a new era in health care delivery.

Once again, the JGH has been recognized for its leadership and record of accomplishment. We were ranked #1 in the province for our performance by the Bédard Commission, appointed by the Ministry of Health. This level of efficiency and the leadership position we have attained empowers us to continue to make leading edge proposals to the Government, the Regional Health Board and to our donors.

Our Foundation is hard at work to launch our next capital campaign in order to meet the needs identified by our strategic initiatives. Under the able leadership of Morton Brownstein, who has graciously agreed to lead this next campaign, I am confident we will achieve our goals. We need your support to assist us in all these endeavors and I know I can count on you.

Volunteerism:



Charles Larente

This hospital has the incredible fortune to have many dedicated and energetic volunteers who are devoted to maintaining excellence in quality care at the JGH. One of these impressive individuals is Charles Larente.

Charles Larente became involved with the JGH in 1994 when he was recruited to participate in the JGH Golf Classic as a member of the organizing committee. Mr. Larente is a past two-time Chairman of the Golf Classic, and has been the Chairman of the Corporate Sponsors Committee for the past eight years. To date, he has single-handedly raised in excess of \$1.5 million.

Mr. Larente was inspired to get involved by watching the many other community leaders volunteering their time and energy to the hospital. "These people are very dedicated to the community at large and to the institution," says Mr. Larente. "They inspired me — I felt that it would be very worthwhile to get involved."

In 1999, Mr. Larente received the hospital's Distinguished Service Award. This prestigious award is designed to honour and recognize extraordinary individuals who have left a permanent imprint on the hospital.

"Everyone who has had the pleasure of working with Charles could not fail to be impressed by his energy and determination, his remarkable powers of persuasion and his deep and total commitment to the hospital," said Past Hospital President Leo Goldfarb, upon presenting Mr. Larente with the award.

Mr. Larente says he admires the staff of the hospital because everyone is so committed to the welfare of the patients. "The JGH is an incredible institution," he notes. "What impresses me most is the dedication of all the doctors, nurses, administrators, support staff and volunteers."

A Vice President and Director of ScotiaMcLeod, he has been ranked the number one broker in terms of assets across Canada for the past 15 years. Other involvements include being a past director of the Cancer Research Society. He has also devoted time through ScotiaMcLeod to fund-raising for the Montreal Children's Hospital and Hôpital Ste. Justine.

"Everyone who has had the pleasure of working with Charles could not fail to be impressed by his energy and determination, his remarkable powers of persuasion and his deep and total commitment to the hospital."

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Dr. Jacques Galipeau in the cell therapy suite.

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A McGill University
Teaching Hospital

STEM CELL Transplant Program

In February, 2002, doctors in the Division of Hematology performed their 100th blood stem cell transplant.

Dr. Stephen Caplan, chief of the Division of Hematology, began performing autologous stem cell transplantation in 1993, and is enthusiastic about the numerous benefits of this procedure. In patients with Hodgkin's or non-Hodgkin's lymphoma, there is a 30-50% success rate. For patients with multiple myeloma, which is incurable, the procedure can extend their lifespan by 12-18 months. Moreover, the procedure itself is relatively simple, painless and does not require surgery or hospitalization.

Patients suffering from cancers such as Hodgkin's and non-Hodgkin's lymphoma require high dose chemotherapy, which, unfortunately, can be toxic to the body. In the past, these patients had to undergo a bone marrow transplant to prevent severe toxicity. Bone marrow was extracted from the patient prior to the administration of high dose chemotherapy and then returned to the patient after chemotherapy.

Bone marrow transplants, while effective, required surgery, were often painful and difficult for the patient to tolerate.

Scientists have long known that it is the stem cells — a small fraction of the cells found in the bone marrow — that are self-renewing and thus, of major importance in the recovery process. But the process of collecting stem cells from the patient took several days because a great

deal of blood needed to be processed.

A key discovery was made when scientists noticed that as bone marrow regenerates after chemotherapy, there is an increase of stem cells in



Hematologist Dr. April Shamy (right), assisted by oncology nurse Réjeanne Bergeron, performs a stem cell transplant on patient Ruth Rowntree.

the blood — from 10 to 100 times the normal amount. “This provides us with a window of opportunity in which to collect the patient’s own stem cells,” explains Dr. Caplan.

Another major breakthrough in stem cell transplantation occurred when a company developed a product called G-CSF which stimulates the production of blood cells and the mobilization of stem cells into the bone marrow. This, in turn, prevents the fall of the patient’s white blood count, greatly reducing the risk of infection and other complications.

Patients who are candidates for stem cell transplantation are given G-CSF immediately after their chemotherapy treatment. As the blood cells recover, stem cells are collected while the patient is hooked up to a special machine. This is done within one or two days. The blood is then sent to Héma-Québec for freezing and storage. A few weeks later, the blood is thawed in 37 degree celsius water and injected back into the patient. The majority of cases are done on an outpatient basis.

“This procedure has transformed our approach to patients who previously had very little hope. We’re offering something very substantial to our patients,” concludes Dr. Caplan.

A key discovery was made when scientists noticed that as bone marrow regenerates after chemotherapy, there is an increase of stem cells in the blood — from 10 to 100 times the normal amount. “This provides us with a window of opportunity in which to collect the patient’s own stem cells,” explains Dr. Caplan.

At the cutting edge of gene therapy

With the recent establishment of a Cell Therapy Suite, the first of its kind in Canada, scientists at the Jewish General Hospital are poised to offer cutting-edge cell and gene therapy clinical trials to cancer patients right here in Montreal. Otherwise known as the cell processing centre, this custom-built sterile facility necessary for novel cell and gene therapies, was built in partnership with a French biotechnology firm, IDM (Immuno-Designed Molecules). In addition to providing most of the building costs, the company will provide the technology necessary for formulating anticancer cell therapies. The hospital was fortunate to receive generous support for this project from Jonathan and Ryan Wilner in memory of their father Allen Wilner.

"This facility will put us on the international radar screen, allowing us to develop our own investigator-initiated research and expand the number of clinical trials available to patients," explains

Dr. Jacques Galipeau, a hematologist and director of the Cell and Gene Therapy section of the JGH-based Montreal Centre for Experimental Therapeutics in Cancer.

The brainchild of Dr. Gerald Batist, this Centre groups together scientific investigators from all of Quebec's major universities, representing a major leap forward in the battle against cancer. The Centre received a \$7.5 million grant for infrastructure and equipment from the Canadian Foundation for Innovation as well as a \$2.7 million operating grant from (VRQ) the Achievement of Value in Quebec program of the Ministry of Science, Research and Technology. Speaking about the Cell Therapy Suite, Dr. Batist pointed out that the facility will provide a forum for research projects that are often difficult to initiate in the United States and elsewhere.

As Dr. Galipeau explains, the guiding principle of gene therapy is that genetic information can be used to reprogram normal or diseased tissue, "a bit like reprogramming a computer with new software." The idea is to train the patient's own immune system to attack and destroy cancer.

Dr. Galipeau heads a team of nine scientists who are exploring the use of genetic engineering in cancer and cardiovascular disease. Results obtained thus far

have been very encouraging. "We have proven that we can cure cancer in mice by removing their own normal cells through a bone marrow biopsy and reprogramming the cells to produce anti-cancer hormones. The cells are then reimplanted close to locally advanced cancers, such as melanoma, brain, ovarian and prostate cancer," explains Dr. Galipeau.

Of course, what works in mice does not necessarily work in humans. Given that Phase I clinical trials to test this approach in humans would be prohibitively expensive, Dr.

Galipeau is now collaborating with the University of Montreal's School of Veterinary Medicine to conduct ethically approved clinical trials in dogs that are dying of cancer. The studies are done with the approval and signed consent of pet owners. Synthetic, genetically engineered cancer-killing genes are injected directly into the tumours. A week later, this is followed by a biopsy to determine whether the gene transfer occurred as expected. The next step will be to determine whether the procedure led to shrinkage of the tumours.

Another major research interest is cardiovascular gene cell therapy. Dr. Galipeau and his team discovered that when bone marrow cells are removed from rats, grown in petri dishes and then injected into muscles where blood flow is normally poor, these cells actually promote the growth of new blood vessels. This research may ultimately have major implications for patients with blocked blood vessels in the leg, necessitating amputation, as well as patients with blocked arteries to the heart who are not candidates for cardiac surgery.

"With the establishment of the Montreal Centre for Experimental Therapeutics in Cancer and the Cell Therapy Suite, we have a golden opportunity to develop a critical mass of investigators who are determined to translate scientific discoveries into the development of new therapies for patients with catastrophic illness," concludes Dr. Galipeau.

"This facility will put us on the international radar screen, allowing us to develop our own investigator-initiated research and expand the number of clinical trials available to patients."



People in the News

Dr. Mervyn Gornitsky has been promoted to the rank of Emeritus Professor at McGill University. Dr. Gornitsky was also accorded the title Emeritus member of the JGH Council of Physicians, Dentists and Pharmacists in 1999. These honours are in recognition of his achievements and his many years of loyal and dedicated service to the JGH and to McGill University.



Dr. Enrique Silva, chief of the Division of Endocrinology and Metabolism, was recently elected to a two-year term as President of the Canadian Society of Endocrinology and Metabolism. This honour reflects his contributions to the Society and to Canadian endocrinology in general.



Dr. Andrew Karaplis was nominated William Dawson Scholar by the Board of Governors at McGill University. This award is for outstanding junior professors at McGill University and is equivalent to a Tier II Canada Research Chair. This is a five-year term effective January 1, 2002 and recognizes Dr. Karaplis' accomplishments in research and academia.



Executive Director Henri Elbaz was named Manager of the Year (Dirigeant de l'année) at Les Grands Sommets des dirigeants de la santé, a conference organized by Perform. This award, given by a jury of peers, recognizes the accomplishments and honours the performance of a leader in the health care network.



"The work of an Executive Director is first and foremost the work of a team," Mr. Elbaz told the audience of more than 200 people representing the health care industry and the public sector. "I therefore accept this honour on behalf of each and every Board member, administrator, physician, nurse, pharmacist, and the entire clinical and general staff of the Jewish General Hospital. I share this recognition and honour with the entire Hospital family."

Congratulations to **Dr. Daniel Mishkin**, winner of the Sheldon Zemelman Memorial Award for the 2000-2001 academic year. This annual award is given to a resident in the Department of Medicine who has made an outstanding contribution to the department and its patients. The winner is selected by the chief of the Department of Medicine in consultation with his colleagues. Sheldon Zemelman was a popular and highly respected resident at the hospital.

Dr. Nicoletta Eliopoulos was recently awarded a three-year \$50,000 (U.S.) scholarship from the U.S. Army Breast Cancer Research Program. Dr. Eliopoulos, a post-doctoral Fellow in Dr. Jacques Galipeau's research lab at the Lady Davis Institute for Medical Research, has been working on developing new gene-based therapies for the past two years.

Cancer care nursing

On February 7th, nurses, nursing students and nurse leaders were invited to learn about the many faces of cancer care nursing at the Jewish General Hospital. With the emphasis on nurse-physician partnerships and quality of care for patients and their families, the hospital welcomed nurses who may be considering a career in cancer care. Approximately 60 participants, including nursing students from Dawson, John Abbott, Vanier, University of Montreal and McGill, and nurses from other hospitals heard presentations from nurse-physician teams from various JGH units including Palliative Care, Hematology/Oncology, Hematology-Pheresis Clinic, Interleukin-2 Treatment Program, Nursing Education, Nursing Research, Oncology Clinic, Pulmonary-Oncology Clinic and Radio-Oncology Clinic.

Provincial Minister Visits JGH



Quebec Junior Health Minister *David Levine* visited the JGH on March 4th, 2002 to tour the hospital's medical and research facilities. He is pictured above with JGH Executive Director *Henri Elbaz*.

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Establishment of Centre for Neurotranslational Research offers hope for patients with neurological disorders

As a researcher, Dr. Hyman Schipper has devoted much of his time trying to unravel the mysteries of how aging of the brain predisposes to neurological illness. As a physician, he treats patients suffering from neurological conditions such as Alzheimer's and Parkinson's disease. As director of the newly established Centre for Neurotranslational Research (CNR), he plans to combine his experience in both the scientific and clinical worlds to the ultimate benefit of patients.



“The goal of the CNR is to translate scientific discoveries into clinical applications as effectively as possible,” he explains.

The Centre is the first of its kind in Quebec. Its primary objective is to facilitate the development of new therapies and diagnostic tools for the management of patients suffering from dementia and other neurodegenerative diseases, stroke, multiple sclerosis, movement disorders, neuromuscular disease and brain/spinal tumours. To achieve this objective, Dr. Schipper hopes to forge strategic alliances with the pharmaceutical and biotechnology industries to expedite the development and testing of promising new medications and diagnostic tools.

Another important objective is to create an academic environment for training new generations of graduate students, post-doctoral fellows, residents, clinical fellows and other health care professionals who are interested in practicing “bench-to-bedside” medicine. Not surprisingly, the establishment of the CNR has received the enthusiastic support of the Chairman of the Department of Neurology and Neurosurgery in the McGill University Faculty of Medicine.

An internationally recognized researcher in the fields of brain aging, neurodegenerative diseases, oxidative stress and neuroendocrinology, Dr. Schipper has published over 100 peer-reviewed articles in scientific and medical journals, serves on the Editorial Board of the prestigious *Journal of Neurochemistry* and is a frequently invited symposium speaker at international biomedical conferences. He is currently leading a team of researchers who are developing unique blood tests to detect non-familial Alzheimer's disease and who are investigating novel genetic risk factors for this condition.

During the past decade, there has been a virtual explosion of fundamental knowledge concerning the

workings of the brain and its ailments. As Dr. Schipper explains, “The challenge now is to exploit this fountain of knowledge in order to develop safe and effective treatments for the many debilitating neurological conditions that afflict our society.” The centre is designed to do just that, and is modeled after similar programs being created at major North American sites such as Harvard University.

The Centre for Neurotranslational Research, which currently has 17 members, is capitalizing on the hospital's expertise in several key areas including geriatric medicine, fundamental research on aging, epidemiology and clinical trial design. Dr. Schipper is pleased that the Centre will have access to beds in the Clinical Research Unit (CRU), where Phase I clinical trials are conducted under close supervision, following the strictest medical and ethical guidelines. Phase I trials involve the study of medications for the first time in humans. “My mandate is to determine which candidate therapies have shown the most promise in the laboratory and are most likely to prove successful in human clinical trials,” notes Dr. Schipper.

While the infrastructure of the CNR is in place, funding will be required to conduct this vital and innovative research. Dr. Schipper expects funding for the Centre to come from a combination of sources including private donations, contracts from pharmaceutical and biotechnology companies, government grants and various health foundations and societies.

“Ultimately, the mission of the CNR is to offer new hope to patients afflicted with devastating and intractable neurological disorders,” concludes Dr. Schipper.

The Thrombosis Clinic:

investigation, management and prevention

Established by Dr. Susan Kahn in 1998, the Thrombosis Clinic has grown exponentially over the past four years, receiving referrals from across the city and gaining national recognition. “Ours is the only clinic of its type affiliated with McGill University,” Dr. Kahn notes.

The clinic’s comprehensive services involve the investigation, management and prevention of thrombotic conditions such as deep vein thrombosis (an acute blood clot in the deep veins of the body, usually the leg), pulmonary embolism, (which occurs when a piece of the clot breaks off and travels into the lung), prevention of thrombosis in pregnancy and following surgery, and screening for inherited thrombophilia, a group of blood disorders that increase the risk of thrombosis.

If left untreated, thrombotic conditions can have serious consequences ranging from shortness of breath to respiratory failure, heart failure and even death. Thromboembolic disease is the third most common acute cardiovascular condition, occurring in 1 per 1000 people per year in the general population.

What makes the clinic unique is its multidisciplinary, integrated approach, combining clinical care, basic and clinical research and resident teaching. In addition to Dr. Kahn, an internist and epidemiologist specializing in thromboembolic conditions, the clinic is staffed by Drs. Mark Blostein and Wahbi Hammouda of the Hematology Division, pulmonary specialist Dr. Andrew Hirsch, research nurse Carla Strulovitch and secretary Moira D’Adderio. As well, the clinic has access to consultants in vascular surgery and neurology.

“While our primary focus is to provide good patient care, we are



The Thrombosis Clinic Team, left to right: Dr. Wahbi Hammouda, Moira D’Adderio, Dr. Susan Kahn, Dr. Mark Blostein, Dr. Andrew Hirsch, Carla Strulovitch.

also growing academically, reflecting the goals of a major university teaching hospital,” says Dr. Kahn. In recognition of her expertise, Dr. Kahn was recently named head of the thrombo-embolism research axis of the FRSQ (Quebec Funds for Health Research) Cardiovascular Research Network, responsible for coordinating thrombosis research across the province.

The Thrombosis Clinic is extremely active in both clinical and basic science research, supported primarily by agencies such as the FRSQ, the Canadian Institute for Health Research, the Heart and Stroke Foundation and the National Institutes of Health (U.S.).

The Clinic is participating in a total of 10 different clinical trials — many of them multicentre trials in collaboration with thrombosis research groups in Canada and the United States. The goal of these studies is to optimize the prevention, diagnosis and treatment of

acute thromboembolic diseases.

An exciting research study underway — in fact, the first trial of its kind in the world — involves testing pregnant women who have had previous bad pregnancy outcomes for inherited thrombophilia, a condition that causes blood clots. Bad pregnancy outcomes include recurrent miscarriages, pre-eclampsia, placental

abruption and intra-uterine growth restriction. “There is growing evidence to suggest that there may be a link between these bad outcomes and inherited blood disorders,” explains Dr. Kahn. Pregnant women who have had these outcomes will be tested for

“While our primary focus is to provide good patient care, we are also growing academically, reflecting the goals of a major university teaching hospital,”

inherited thrombophilia and if eligible to participate in the study, will be given either a placebo or a blood thinner during their pregnancy. Patients who would like more information can speak to their obstetricians or Drs.

Kahn and Blostein directly.

Dr. Blostein runs a basic science laboratory in the Lady Davis Institute for Medical Research that studies the biochemistry of coagulation and blood clotting factors. “My goal is to develop new therapies that will inhabit coagulation,” says Dr. Blostein.



Continuous Quality Improvement:

focus on improved quality of care

Improving the quality of patient care starts with multidisciplinary teams working together to identify specific problems, design and implement solutions and evaluate their effectiveness. This, in essence, is what the Continuous Quality Improvement (CQI) Program at the hospital is all about.

Each CQI Team is co-chaired by a physician and a nurse or other member of the professional staff. The overall program is co-chaired by Dr. Joseph Portnoy, Director of Professional Services, and Ms. Lynne McVey, Nursing Director of Medicine, Psychiatry and Oncology. CQI Program Coordinator Ms. Jan Ingram pulls it all together, supporting the teams in their endeavours and keeping an eye on the whole picture.

“As an organization committed to delivering the finest quality health care, we have to be aware of how we are doing and constantly strive for improvement,” says Dr. Portnoy. When problems are investigated, the focus is on improving processes to minimize the risk of human error. Dr. Portnoy used the following example to illustrate the value of this approach — for decades, children getting off school buses risked getting hurt. All sorts of remedies were tried, including having adult monitors on buses, but the accident rate did not improve until, one year, an actual physical arm was developed. This increased safety and decreased accidents by preventing children from running in front of buses.

The support and commitment to quality by the hospital’s administration as well as the Board of Directors is critical to the functioning of the CQI Program. In fact, board member Mr. Morton Brownstein played a key role in the establishment of CQI at the hospital and remains enthusiastic about the program’s accomplishments.

To take just one of many examples, recently the CQI Surgical Team, co-chaired by Dr. Martin Black, Chief of Surgery, and Ms. Denise Bédard, Clinical Nurse Specialist, took on the challenge of reducing post-operative pain. As a first step, a chart audit was conducted to determine if medication orders were evidence based. This was followed by a

comprehensive education program, directed at both staff and patients, explaining how medications should be ordered, how to assess pain and how to teach patients to use the pain evaluation scale. Patient feedback was solicited to evaluate the success of the program, which is currently being reviewed and updated.

Throughout the hospital, the deliberations and imaginative solutions proposed by CQI teams have had a positive impact not only on patient care, but also on improving working relationships among professionals and staff. “By working together to develop solutions to difficult problems, we’ve broken down barriers that previously existed between departments,” notes Ms. McVey.

The Risk Management Program, coordinated by Ms. Lianne Dzygala, focuses on increasing patient and staff safety by identifying, evaluating and taking corrective measures regarding potential risks that could lead to injury.

Another component of the CQI Program, coordinated by Ms. Linda Kotler, is the Patient Satisfaction System – SEQUUS. Under her leadership, teams are formed to develop specially designed patient satisfaction surveys, the results of which are used to improve care. For example, cardiology patients noted that although they received a great deal of teaching regarding their condition, the timing of this teaching was not ideal. In fact, research shows that patients assimilate information better once they are home from the hospital and are not under as much stress. As a result of the survey, the cardiology patient education program is now being revamped.

Dr. Portnoy’s message to the public is simple: ***“Don’t be afraid to tell us where difficulties lie. Unless we get feedback, we won’t be able to improve.”***

Erratum

In an article entitled “Neuronavigational system provides improved patient care” which appeared in the Winter 2002 issue of the JGH News, the photographs were inadvertently transposed. We apologize to Dr. Mohr, Chief of the Division of Neurosurgery, for this error.



The first Total Ankle Replacement in Quebec

Dr. Ruth Chaytor, JGH orthopedic surgeon, performed the first three new generation Total Ankle Replacement surgeries in Quebec on April 1 and 2, 2002.

The patients who underwent the procedure suffered from arthritis of the ankle. Prior to the development of this technique, surgeons could only perform a fusion operation to permanently stiffen the patient's ankle joint. This procedure gives patients the ability to retain motion in their ankle.

"This operation is technically very difficult," said Dr. Chaytor. "The procedure takes over three hours to do, but it gives older patients a good opportunity to stay mobile and relieve pain."

The prosthesis, which replaces the joint, is made of metal and plastic. According to Dr. Chaytor, the procedure is still in its introductory stages, and the

prosthesis will improve over time. While no long-term results are currently available, the early outcome looks very good.

"The procedure takes over three hours to do, but it gives older patients a good opportunity to stay mobile and relieve pain."

The three operations were performed with the help of Dr. Stephen Conti from Pennsylvania, who trained Dr. Chaytor in the procedure. Dr. Conti is considered one of the pioneers in the U.S. currently performing this surgery.

Dr. Chaytor is one of the only orthopedic surgeons in Quebec authorized to perform Total Ankle Replacement surgery, and one

of only a handful of doctors across Canada currently performing this operation.

Young adults raise \$50,000 for Hope & Cope

On Saturday, April 27th, a sold-out, charged up crowd of several hundred people danced the night away at a fundraiser organized by the Young Adult Division of Hope & Cope, a hospital-based organization providing psycho-social support services to cancer patients and their families.



In keeping with the theme "Denim and Diamonds", the crowd showed up ready to rock and dressed to the nines in the hottest brands of denim jeans and beautiful diamonds. Held at the Just For Laughs Museum, the bash was sponsored by Parasuco Jeans and produced by Sensix Entertainment, with music by D.J. Luc Barrette of Groove-Line Entertainment.

A highlight of the event was a fabulous auction with items such as autographed sweaters by Canadiens players Saku Koivu and Jose Theodore. Guests enjoyed plentiful and delicious food donated

by The Globe Restaurant, Lester's Deli, Tasty Food's Pizza, Marathon Souvlaki, Dagwoods, Ben & Jerry's ice cream, Delice de Dawn cakes, Linny's cakes, Dunkin Donuts and Starbuck's coffee.

The organizing committee responsible for this exciting evening consisted of Co-Chairpeople Lisa Singer Miller and Pamela Ungar Berbrier, Sheryl Miller Adessky, Elayne Starr, Randi Cohen, Judi Milstein, Debbie Bridgman, Elana Steinberg, Pam Salzman, Mona Shiri, Stephanie Raby, Cristelle Basmaji, Lindsay Hart, Stacey Sobol and Nina Azoulay.

Emergent Information Technology

Can a computer help solve your medical problems, or even save your life? You might not be able to get a full diagnosis from your PC, however, more and more emergent information technologies are being used and even developed at the Jewish General Hospital.



This will increase the quality of patient care and lead to more efficient communication in the medical community. According to Frederic Abergel, Director of Information Services, there are more than 20 projects at the JGH that are designed to lessen the administrative workload for nurses, physicians and unit coordinators, providing more time for clinical responsibilities. "The main goal is to reduce the time of non-patient care for clinicians," says Mr. Abergel, "and have access to more information."

One recent addition to the JGH operating rooms is Opera – total information management software for all staff concerned: anaesthesiologists, surgeons and nurses. The system is divided into three main functions: pre-operative (including scheduling of surgery), peri-operative (during surgery), and post-operative. Previously, patients were booked in separate systems, which made it very difficult to follow a patient from the initial booking of his operation to the follow-up care needed. Opera integrates everything into one system, and will eventually be able to provide surgeons with concise analyses on patients.

The Department of Radiology has been regularly updating the Radiology Information System (RIS) since 1988. RIS is the "intelligence" of the Picture Archiving Computer System (PACS) which places

images immediately on a computer screen. The two systems work in conjunction with each other, reducing the wait for images to be developed, thus providing physicians with immediate information. This system is scheduled to be up and running by the end of June 2002.

JGH staff will be able to monitor outpatients' visit with Medivisit, a hospital wide clinic scheduling system. Every outpatient will be tracked in one system, making it easy to follow whether he has had multiple visits to different departments. For example, a patient who visits the Department of Orthopaedics may also be receiving treatment for cancer. Medivisit can easily verify the courses of treatment, medications and the patient's medical history, enabling improved communication amongst physicians.

A committee of JGH medical personnel meets monthly to prioritize new information services. From the Pharmacy to the Human Resources Department, computers continue to reduce tasks that were once performed manually. Programs like Opera and Medivisit have placed the JGH on the forefront of information technology. "My goal," states Mr. Abergel, "is for the JGH to be one of the top three Quebec hospitals in this field within two to three years."

Click your way to the JGH!

The long-awaited new JGH website was launched the first week of March. Log on to www.jgh.ca to check out the hospital's totally redesigned, user friendly Internet site.

The creation of jgh.ca was an important priority for the hospital and the site is being improved daily. You can soon look forward to finding the JGH News online. The Annual Report is also available through the website.

Jgh.ca is a great resource, with information and maps to find the hospital. There's also information about volunteering, fund-raising and career opportunities at the JGH, as well as descriptions of the many departments and specialized services available at the hospital.



Arthritis Advice

Half of all people age 65 and older have arthritis. There are over 100 different forms of arthritis and many different symptoms and treatments. Scientists do not know what causes most forms of arthritis, although some forms are better understood than others.

Arthritis causes pain and loss of movement. It can affect joints in any part of the body. Arthritis is usually chronic, meaning it can occur over a long period of time. The more serious forms can cause swelling, warmth, redness, and pain. The three most common kinds of arthritis in older people are osteoarthritis, rheumatoid arthritis and gout.

Treatments

Treatments for arthritis work to reduce pain and swelling, keep joints moving safely, and avoid further damage to joints. Treatments include medicines, special exercise, use of heat or cold, weight control and surgery.

Medicines help relieve pain and reduce swelling. Acetaminophen or ACT should be the first drug used to control pain in patients with osteoarthritis (OA). Patients with OA who don't respond to ACT and patients with RA and gout are most commonly treated with non-

steroidal anti-inflammatory drugs such as ibuprofen.

Exercise, such as a daily walk or swim, helps keep joints moving, reduces pain and strengthens muscles around the joints. Rest is also important for the joints affected by arthritis. Physical therapists can develop personal programs that balance exercise and rest.

Many people find that soaking in a warm bath, swimming in a heated pool, or applying heat or cold to the area around the joint helps reduce pain. Controlling or losing weight can reduce the stress on joints and can help avoid further damage.

When damage to the joints becomes disabling or when other treatments fail to reduce pain, your doctor may suggest surgery. Surgeons can repair or replace damaged joints with artificial ones. The most common operations are hip and knee replacements.

Common Warning Signs of Arthritis:

- Swelling in one or more joint(s)
- Morning stiffness lasting 30 minutes or longer
- Joint pain or tenderness that is constant or that comes and goes
- Not being able to move a joint in the normal way
- Redness or warmth in a joint
- Weight loss, fever, or weakness and joint pain that can't be explained

If any one of these symptoms lasts longer than 2 weeks, see your regular doctor or a doctor who specializes in arthritis (a rheumatologist).

*This article is courtesy of
www.MDChoice.com*

PASSOVER SEDER

The hospital held a Passover Seder for patients and their families on March 27th. More than 200 attended this festive meal, organized and catered by the JGH Department of Dietetics. Services were led by Rabbi Hershel Schecter, brother of Rabbi Myer Schecter, JGH Director of Chaplaincy Services. JGH music therapist Brian Highbloom assisted in the celebration.

“The JGH Seder is an important hospital event that allows Jewish patients, who may otherwise be unable to attend family Seders, to participate right here in the hospital together with family,” said Rabbi Myer Schecter. “It gives them a feeling of hope and pride knowing that their traditions and customs live on and transcend the generations,” he added.

Introducing our Coordinator of Donor Relations



As the Co-ordinator of Donor Relations my mission is to ensure that you, our donors, are informed about how your gifts are being used and about important Foundation/Hospital develop-

ments. As a donor, you play a critical role in the growth of the hospital and in its ability to continue its proud tradition of exceptional medical care, research and teaching. We want you to know how truly appreciated you are.

In the past seven months, I've had the privilege of meeting many wonderful people. I have discovered that each individual has a unique and special reason for supporting the JGH. The donations, be they large or small, are especially meaningful when you know the stories behind them. We, at the Foundation and at the hospital, truly recognize the merit and value of each and every gift.

Over the coming months, I look forward to meeting with many more of you. I am here to answer questions you may have concerning donations already given or future gifts that you may be considering. Donations in the amount of \$2500 and greater are recognized with a plaque either on our donor wall (at the entrance to the hospital) or in the appropriate hospital department. It will be my pleasure to discuss a variety of gift options and donor recognition opportunities with you. Please feel free to contact me at 514-340-8222 ext.2679.

— Francine Levi



Honour your precious treasures

Our Precious Treasures Program ensures a lasting memento of a child's birth. You can purchase a teddy bear plaque of gold, silver or bronze colour with the child's name and date of birth engraved on it. Since the program's inception in 1999, over 160 bears have been placed on our beautiful mural in the Maternal Child Health Centre. All proceeds have been used to acquire much needed equipment for our Department of Pediatrics.

To honour the birth of your "precious treasure," please call Cindy Hershon at (514) 340-8222 local 2235.

EXCLUSIVELY FOR OUR

Research Governors Society members

We are pleased to announce a program of lectures and hospital tours for our 2002 Research Governors Society members. A preview of the Fall line-up includes:

- ▶ **An informative evening with some of our distinguished physician/scientists who will be discussing the latest breakthroughs in cancer research.**
- ▶ **A Tour of our state-of-the-art laboratories in the Department of Diagnostic Medicine.**
- ▶ **A fascinating presentation on "Bones, Backs and Breaks," with members of our renowned Department of Orthopedic Surgery.**

For more information on our exciting program of events or to join our Research Governors Society, please call Cindy Hershon at (514) 340-8222 local 2235.



An Evening Befitting the Memory of Steven Backler

The Spring 2002 Gala dedicated to the late Steven Backler attracted over 1,000 people to Place des Arts for "A Night at the Apollo." Close to \$500,000 has been raised towards The Steven Backler Clinical Research Award in Oncology.



We pay tribute to some of our recent benefactors:



*Ann & Morris Hoffman (through the Sender Hoffman Memorial Foundation)
Equipment for the Division of Nuclear Medicine and the Department of Microbiology*



Fausta Olewinski and her son Alexander, with the assistance of her cousin Sabrina Mallozzi, raised money for the Division of Hematology



*Mina and Minel Kupferberg
Donation for Gastroenterology*



*Bank of Montreal
Endowment for the Division of Cardiology*



*Donald Flinker, Michael Flinker and Marcia Gilman
In honour of Florence Flinker
Equipment for the Division of Colo-Rectal Surgery*



*Joyce and Saul Abracen - In honour of Dr. Danny Bercovitch's retirement as Chief of Nephrology
Donation to the Division of Nephrology*



*Frank and Mary Tutino
Donation to the Department of Oncology*



Rolf and Marianne Hagen - Equipment for the Cardiac Catheterization Lab in honour of Dr. Charles Gomberg

We thank them all for their exceptional generosity!

At a recent dance attended by over 400 guests, members and friends of the Hellenic Association of Epidavrou Limiras Laconias of Montreal, presented the Jewish General Hospital with a gift —

“so that the hospital’s goals of alleviating pain and providing quality health care be maintained.”



From left to right: Mr. Nondas Theodosakos, President of the Epidavrou Limiras Laconias of Montreal Association, Helen Arvaniti, JGH Foundation, Nick Lakoumentas, JGH Foundation, Mr. Vangelis Panaritis, Vice-President of the Association, and Mr. Nick Kapleris, President of the Association’s Community Relations.

CURE-OSITY 2002

Cure-osity 2002, a party thrown by the Junior Committee of the Research Governors Society of the Sir Mortimer B. Davis - Jewish General Hospital’s Foundation proved to be a hugely successful fundraising endeavour.

Last year, a group of students came together and brainstormed on ways that people their age could help fight the battle against cancer. Out of this united effort was born Cure-osity, an annual gala for students aged 18 - 25 whose purpose is to promote cancer awareness among youths as well as raise money for cancer research.

The 2nd annual Cure-osity gala was held on March 21, 2002 at the Medley and was attended by 400 people. The \$15,000 raised from ticket sales and sponsors will be donated to both the Jewish General Hospital as well as the Colorectal Cancer Association of Canada.



To the Jewish General Hospital

My wife’s zaidie Harry Kasner died in September 2001 after a month and a half stay at the Jewish General Hospital.

Each year, he would give to his grandchildren and great-grandchildren \$100-\$200 as birthday presents. We give Tzedekah of 10% from all our gifts.

This year, when I asked my 5 year old son Yosef where he would like to give his 10% Tzedekah from zaidie’s birthday money, he said “to the Jewish General Hospital because they took care of zaidie.”

So, enclosed is my 5-year-old son Yosef Halpern’s tzedekah money.

Thank you for taking such wonderful care of my wife’s zaidie and all the other patients in your care.

**Sincerely, Mark Halpern
Markham, Ontario**

Improving end-of-life care

In January, 2000, at the request of the Board of Directors, the Bereavement Committee was formed to analyze and improve the hospital's intervention with families following the death of a loved one. This interdisciplinary committee has been very active and creative in improving the manner in which the hospital deals with bereavement issues. It has also been collaborating closely with the Living Will Committee, as both committees are working to ameliorate end-of-life care.

The following actions have been or are in the process of being implemented:

- **Sending condolence letters to bereaved families of patients who died in hospital.**
- **Creating a package for bereaved families, with information about bereavement and grieving, as well as relevant resource material.**
- **Compiling an educational package geared to multidisciplinary team members regarding dealing with end-of-life issues and grieving families.**
- **Developing a questionnaire to solicit information from bereaved families about end-of-life care for patients who died in hospital. This is a quality improvement project that looks at issues of communication, respect and pain control.**
- **With upcoming renovations to the hospital morgue, the committee is working to develop a more humane and caring way to handle transportation to the morgue.**

January 4, 2002



Mr. Henri Elbaz:

It has taken me one year to write this letter. The impact of being diagnosed with cancer, as well as the treatments that followed, left me emotionally paralyzed.

I would like to share this surreal experience with you. Words fail me to express my deepest gratitude to each and every doctor, nurse and support staff that contributed to my well-being. They are the most professional, compassionate people I have met to date.

Dr. Harvey Sigman was my surgeon. I could not have had a more skillful, compassionate and reassuring doctor. His secretary, Francine, took the time to answer all questions and even to call me at home as a follow-up. When one hears horror stories pertaining to the long waiting periods for surgery, I was pleasantly surprised at the expediency of the procedure in my case. I received confirmation of the pathology report on Monday. On Wednesday, I was scheduled for pre-admission tests and the following Tuesday, I had surgery.

Dr. Michael Pollack is my oncologist. I feel very privileged to be under his care. His knowledge, his reassurance and humour made very difficult times easier. Lucie Tremblay, the nurse assigned to administer my chemotherapy, was my rock of Gibraltar. She was knowledgeable, compassionate, always even-mannered and extremely positive. How these people maintain their high level of professionalism and positive outlook on a daily basis never ceased to amaze me.

Dr. Julio Guerra and his wonderful radiation-oncology team reinforced the positive professional spirit throughout my treatment. The Hope & Cope team of dedicated individuals is to be commended for the work that they do.

Each and every person that has taken part in my well-being should be commended. Each and every one of them is my hero.

Remaining yours truly,

H.R.

Membership is an important source of funding, enabling the Auxiliary to provide quality services and help the hospital purchase much needed equipment. Membership is open to men and women, and all are encouraged to join. For more information, please call (514) 340-8216 or e-mail: &co-pres@aux.jgh.mcgill.ca

Roslyn Liebling Memorial Lecture – Body and Soul Health Series

The JGH Auxiliary presented an informative and interesting lecture series in April, featuring a wide range of subjects under the theme of “Staying Healthy in the 21st Century.”

In the first lecture on April 8th, entitled “Making Sense of our Senses: Healthy Eyes and Ears,” JGH otolaryngologist **Dr. Jamie Rappaport** and JGH ophthalmologist **Dr. Julius Gomolin** spoke about understanding our most often used senses – our eyes and our ears.

The lecture topic on April 15th was motivational and inspiring. **Roni Blanshay** (owner of boutique S/HE) and personal trainer **Scott Sternthal** (President of u.n.i. Training) talked about keeping the body beautiful, inside and out.

The final lecture of the series took place on April 22nd and featured JGH Psychiatrist **Dr. Phil Beck** talking about maintaining mental health.



From the program committee – left to right: Elaine Woolner, Auxiliary Past President; Rona Small, Program Chair; Hela Boro; Diane Liebling Mendel; Sharon Spiegel, Co-President Auxiliary; Franceen Finesilver; Iselott Gasman, Co-President Auxiliary; Joanne Costom. Absent from photo: Rona Miller; Rachel Hyams; Ruth Costin; Rosalie Gordon; Lucy Wolkove; Anne Glassman.

H.A.R.T.: Hospital Art and Redesign Team

This team of outside volunteer professionals, chaired by Barbara Silverberg, provides input on construction and renovation projects that are currently being planned for the hospital.

They have been instrumental in many projects, including the redesigning of the public washrooms near the main entrance. They have obtained artwork for the obstetrical ultrasound department, for newly redone wards 7NW and 7 W, and for the neurology department. They have also commissioned artists to create ceiling murals for radiation oncology.

Annual Fall Health Forum

Sunday, November 3rd at 1 p.m. - Block Amphitheatre

Speaker: Dr. Murray Baron,
Chief of the Department of Rheumatology

Annual Auxiliary Bridge Luncheon



Our 22nd Annual Bridge Luncheon was held on Wednesday, May 1, 2002, at the Tifereth Beth David Jerusalem Synagogue. The Chairpeople were Phyllis Karper and Dorothy Rotholz. Proceeds were used to purchase a labour and delivery bed for the Family Birthing Centre.

Lifeline

To benefit the hospital, as well as the community, the Auxiliary, in partnership with Lifeline Canada, provides this leading personal response provider enabling individuals to remain independent and safe within their own homes. At the touch of a waterproof button worn on a bracelet or pendant, help can be dispatched. Two-way voice communications with a Lifeline operator ensures a quick personal response.

For information please call the JGH Lifeline number (514) 344-2172.

Flower Corner

Located in the Main Lobby
Cote Ste. Catherine entrance.
We offer flowers, plants, and gift baskets for all occasions.
Outside deliveries are also available.

Call the shop at (514) 340-8222,
local 5512

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Hoffer LJ: Nutritional and metabolic management of diabetes during stress and injury. Canadian Diabetes Association-Canadian Society for Endocrinology and Metabolism, Edmonton, Alberta, October 2001. Vitamins and minerals: when to supplement. Women's College Ambulatory Care Centre, Sunnybrook & Women's Health Sciences Centre, Toronto, Ontario, February 2002.

Husein, M., Hier, M., Al-Abdulhadi, K., Black, M. : Predicting calcium status post-thyroidectomy with early calcium levels. Annual Meeting of the American Academy of Otolaryngology/Head and Neck Surgery, Denver, Colorado, Sept 2001.

Jarvis GE, Kirmayer LJ: Culture, trauma and PTSD. American Psychiatric Association, New Orleans, Louisiana, May 2001.

Jarvis GE, Kirmayer LJ, Unger B: Involuntary treatment of immigrants with psychosis: Preliminary findings. American Psychiatric Association, New Orleans, Louisiana, May 2001.

Kahn SR: Thrombophilia diagnosis and management. National Focus Session in Phlebology, Montreal, Quebec, September 2001. Mise à jour en thrombose veineuse: Thrombophilie, et durée d'anticoagulation. Centre Hospitalier Universitaire de Lanaudière, Joliette, Quebec, November 2001.

Kim S, Ponka P: S-Nitrosylation of IRP2 leads to its proteasomal degradation: Consequences for macrophage iron metabolism. Proceedings of the World Congress on Iron Metabolism – Bioiron 2001, Cairns, Australia, August 2001. Control of ferritin expression via NO-mediated modulation of IRP2: Implication for cellular iron homeostasis. Proceedings of the World Congress on Iron Metabolism – Bioiron 2001, Cairns, Australia, August 2001.

Kirmayer LJ: Body, memory and identity. Canadian Anthropology Society, American Ethnological Society, Society for Cultural Anthropology, Montreal, Quebec, May 2001. : Models of mental health care for multicultural societies. World Assembly for Mental Health, Biennial Congress of the World Federation for Mental Health, Vancouver, British Columbia, July 2001. Locating the narratives of psychiatry. British Medical Journal Conference on Narrative Approaches to Medicine, Homerton College, Cambridge, England, September 2001.

Koerner A, Drapeau M, Geyer M, Perry JC: Self-assessment of the interpersonal behavior with the Relationship Pattern Questionnaire (RPQ): Survey of the German population. Society for Psychotherapy Research, Montevideo, Uruguay, June 2001.

Lasry JC: Qualité de vie: evolution du concept, méthodologie et mesure, application au cancer et au SIDA. Laboratoire d'écologie humaine et d'anthropologie, Université d'Aix-Marseille, Aix-en-Provence, France, May 2001.

Lasry JC, Margolese R, Perry JC, Normand J: Communication conjugale et adaptation au cancer du sein. Canadian Breast Cancer Research Initiative,

Quebec, Quebec, May 2001. The impact of conjugal communication in breast cancer couples. American Psychological Association, San Francisco, California, August 2001.

Lasry JC: Les compétences interculturelles. Colloque Ethnopsychiatrie: réalités et perspectives. Institut Philippe Pinel, Montreal, Quebec, October 2001.: L'acculturation des immigrants. Colloque Ethnopsychiatrie réalités et perspectives. Institut Philippe Pinel, Montreal, Quebec, October 2001.

LeBlanc A: Prion protein protects human neurons against apoptosis. The Jerzy Olszewski Lecture, Canadian Association of Neuropathologists, Montreal, Quebec, September 2001; University of Ottawa, Ottawa, Ontario, October 2001. Molecular mechanisms of human neuronal cell death in neurodegenerative diseases. Queen's University, Kingston, Ontario, November 2001. Intracellular amyloid β peptide toxicity of human neurons. Mayo Clinic and Mayo Foundation, Jacksonville, Florida, December 2001.: Prion protein protection against Bax-mediated cell death. Neuroscience Division, University of Ottawa, Ottawa, Ontario, February 2002.

LeCours S: Mentalisation des affects et depression. La Timone Hospital, Marseilles, France, May 2001.

Libman E, Creti L, Bailes S, Fichten CS: Will late life insomnia improve with the passage of time or does cognitive behavioural treatment help? Canadian Sleep Society, Ottawa, Ontario, May 2001.

Miller WH Jr: Molecular targets of arsenic trioxide in malignant cells; Non-traditional cytotoxic approaches to the treatment of advanced hematologic malignancies. American Society of Hematology, Orlando, Florida, December 7, 2001.

Mohr, G., Dufour, J.J., Rappaport, J., Zeitouni, A.: Factors for hearing preservation in acoustic neuromas : results in 101 cases. 12th World Congress of Neurosurgery, World Federation of Neurosurgical Societies, Sydney, Australia, Sept 2001. Factors of hearing preservation in acoustic neuromas : results in 117 cases. 1. 50th Jubilee Meeting, Italian Neurosurgical Society, Rome, Dec. 2001.

Mohr, G., Albrecht, S.: Preliminary experience with an electro magnetic field – tissue vaporizer in deeply seated intracranial lesions. 50th Jubilee Meeting, Italian Neurosurgical Society, Rome, Dec. 2001.

Mohr, G., Dufour, J.J., Albrecht, S., Dimaio, S.: Distal AICA-aneurysm mimicking intracranial acoustic neuroma. Winter Meeting, New England Neurosurgical Society, Killington, Vermont, March 2002.

Mohr, G., Armor, E., Glikstein, R., Leventhal, M., Albrecht, S.: CT based stereotactic biopsies using the Patil-Frame: an alternative to neuronavigation. 12th World Congress of Neurosurgery, Sydney, Australia, Sept 2001.

Mouland AJ: Proteins involved in HIV-1 RNA trafficking and encapsidation. Department of Microbiology and Immunology, Dartmouth University, New Hampshire, May 2001.

Nachtigal, D., Frenkiel, S.: Sinusitis and surgery-complications and treatment. Postgraduate Medical School, Tel Aviv University, Israel, Dec. 2001.

Pantopoulos K: Regulation of cellular iron metabolism. The Heart Research Institute, Sydney, Australia, August 2001. Iron metabolism and cell growth. Peter MacCallum Cancer Institute, Melbourne, Australia, August 2001.

Papageorgiou, A.: Pharmacological interventions in the perinatal period: the use of steroids and indomethacin. 33rd Congress of the Association of Pediatricians of the French Language. Beirut, Lebanon, April 2002. Guest speaker: Growth and development at 5 years of age of infants born between 22 and 25 weeks of gestation. International Perinatal Collegium, Marco Island, Florida, July 2001. Outcome at 5 years of SGA and AGA infants born <28 weeks of gestation: a case control study. 10th European Workshop on Neonatology, Toledo, Spain, Oct. 2001. 1. Perinatal care near the limits of

viability. 2. The impact of IUGR on outcomes of very premature infants. XV Annual Meeting of the Norwegian Society of Perinatal Medicine. Alesund, Norway, Nov.2001. Keynote speaker: Adaptability, flexibility and perseverance: a formula to success. Annual Meeting of the Hellenic Board of Trade of Metropolitan Montreal, Nov. 2001.

Paris J: Predictors of outcome in a 27-year follow-up of BPD. American Psychiatric Association, New Orleans, Louisiana, May 2001. Personality factors and susceptibility to PTSD. American Psychiatric Association, New Orleans, Louisiana, May 2001. Impulsivity: The primary target symptom in BPD. American Psychiatric Association, New Orleans, Louisiana, May 2001. Recent research on borderline personality disorder. Stratford General Hospital and University of Western Ontario, Stratford, Ontario, September 2001. Personality disorders: Psychiatry's stepchildren come of age. Distinguished Member Lecture, Canadian Psychiatric Association, Montreal, Quebec, November 2001.

Paris J, Zweig-Frank H: Predictors of outcome in a 27-year follow-up of BPD. Canadian Psychiatric Association, Montreal, Quebec, November 2001.

Perry JC, Zheutlin B, Plakun E, Beck S, Fowler JC, Spearburg S: The Austen Riggs Follow-along Study five year outcome. American Psychiatric Association, New Orleans, Louisiana, May 2001.

Perry JC: Stability versus change in personality traits and disorders: A developmental view. American Psychiatric Association, New Orleans, Louisiana, May 2001. An introduction to identifying defense mechanisms in psychotherapy research use the Defense Mechanisms Rating Scale. Society for Psychotherapy Research, Montevideo, Uruguay, June 2001.

Perry JC, Lefebvre R, Drapeau M: An examination of wishes and fears among adults with borderline personality disorder. Society for Psychotherapy Research, Montevideo, Uruguay, June 2001.

Perry JC, Johannesen E, Bond M, Dworetz A: Does the alliance in the dynamic assessment interview predict alliance and retention in subsequent long-term psychotherapy? Society for Psychotherapy Research, Montevideo, Uruguay, June 2001.

Perry JC, Zheutlin B, Spearburg S, Beck S, Plakun E: Long-term outcome in adults with treatment-resistant disorders. Canadian Psychiatric Association, Montreal, Quebec, November 2001.

Pollak MN: A mechanism of androgen-independence related to IGF signaling in prostate cancer. 8th Annual Meeting of CAPCURE, Lake Tahoe, Nevada, September 2001. Insulin-like growth factors: relevance to prostate cancer. University Health Network-Princess Margaret Hospital, Toronto, Ontario, January 2002. IGF signaling in neoplasia: opportunities for drug development. Telik Inc., San Francisco, California, January 2002. Herceptin resistance and IGF signaling. NCIC Clinical Trial Group, Future of Breast Cancer Treatment Workshop, Toronto, Ontario February 2002. Endocrine epidemiology of IGFs. Albert Einstein University, New York, New York, February 2002. Prostate cancer prevention: New opportunities. Prostate Cancer Prevention Trial Management Committee, South West Oncology Group, San Antonio, Texas, February 2002.

Ponka P: Metabolism and transport of iron: Distinct control mechanisms in erythroid cells. Clinical Nutrition Research Unit, Vanderbilt University Medical Center, Nashville, Tennessee, May 2001. Role of nitric oxide in macrophage iron metabolism. Second Oxidative Stress Consortium Meeting, London, Ontario, May 2001. Cellular iron metabolism. European Congress of Clinical Chemistry and Laboratory Medicine, Prague, Czech Republic, May 2001. Iron metabolism: Physiology and pathophysiology. Department of Medicine, Charles University, Prague, Czech Republic, May 2001. Recent advances in iron metabolism. Department of :Pharmacology, Charles University, Hradec Kralove, Czech Republic, May 2001. Iron metabolism in erythroid cells. Heart Research Institute, The University of Sydney, Sydney, Australia August 2001. Overview of iron metabolism. International Congress of Physiological Sciences,

Christchurch, New Zealand, August 2001. Transport and metabolism of iron in erythroid cells. Département de chimie et de biochimie, Université du Québec à Montréal, Montreal, Quebec, October, 2001. Iron metabolism. Physiology and pathophysiology. Grey Bruce Health Services, Owen Sound, Ontario, October 2001. Role of nitric oxide in cellular iron metabolism. Proceedings of the Second International Workshop on Iron and Copper Homeostasis, Pucon, Chile, November 2001.

Ponka P, Yoon H-S, Kim S: Overexpression of transferrin receptor 2 inhibits erythroid differentiation of murine erythroleukemia cells. Annual Meeting of the American Society of Hematology, Orlando, Florida, December 2001.

Ponka P, Kim S: Control of ferritin expression via nitric oxide modulation of iron regulatory protein 2. Annual Meeting of the American Society of Hematology, Orlando, Florida, December 2001.

Rappaport, J.: Making Sense of senses – healthy ears. The Annual Roslyn Liebling Memorial Lecture. The Auxiliary of the Sir Mortimer B. Davis – Jewish General Hospital, April 2002.

Richard S: STAR proteins regulate RNA metabolism. RiboClub, Sherbrooke, Quebec, September 2001. The role of RNA binding proteins in myelination and spermatogenesis. Department of Pharmacology, Emory University, Atlanta, Georgia, December 2001.

Richardson DR, Muralian C, Ponka P, Becers E: Lipophilic chelators that bind mitochondrial iron: Potential agents for the treatment of Friedreich's ataxia. Proceedings of the World Congress on Iron Metabolism – Bioiron 2001, Cairns, Australia, August 2001.

Rosberger Z, Edgar L: Enhancing coping with cancer: Who, what, when, where? Canadian Psychological Association, Ste-Foy, Quebec, June 2001.

Roy CA, Perry JC, Luborsky L, Banon E: Defense mechanisms in psychoanalysis: The Penn Psychoanalytic Treatment Collection. American Psychiatric Association, New Orleans, Louisiana, May 2001. Changes in defensive functioning in completed psychoanalyses: The Penn Collection. Society for Psychotherapy Research, Montevideo, Uruguay, June 2001.

Sanlian N, Perry JC: Personality changes in adults over long-term psychotherapy. Canadian Psychiatric Association, Montreal, Quebec, November 2001.

Saumier D, Chertkow H, Arguin M, Renfrew J: Visual categorization deficits in Alzheimer's disease. First Canadian Colloquium on Dementia, Toronto, Ontario, October 2001. Categorical perception deficits in Alzheimer's disease: an effect of uncertainty in category boundaries. International Neuropsychological Society, Toronto, Ontario, February 2002.

Schipper HM: Heme oxygenase-1: A novel biomarker of early sporadic AD. 17th World Congress of Gerontology, Vancouver, British Columbia, July 2001. Immunomodulatory therapy for Alzheimer disease. Vasogen Conference on Immunomodulatory Therapies in Neurological Diseases, Toronto, Ontario, November 2001.

Sheftel A, Kim S, Ponka P: Up-regulation of heme oxygenase-1 by a non-heme inducer does not cause an increase in ferritin synthesis. Proceedings of the World Congress on Iron Metabolism - Bioiron 2001, Cairns, Australia, August 2001.

Shrier I: Truths, myths and madness of current treatments for soft tissue injuries. American College of Sports Medicine, Baltimore, Maryland, May 2001. Analysis of dichotomous data that involves a time component. American College of Sports Medicine, Baltimore, Maryland, May 2001. How to use PubMed. Canadian Academy of Sports Medicine, Calgary, Alberta, May 2001. Les exercices pour le cou et les membres supérieurs: L'appareil locomoteur, la santé au travail. Fédération des Médecins Omnipraticiens du Québec, Montreal, November 2001. Les exercices pour le dos: L'appareil locomoteur, la santé au travail. Fédération des Médecins Omnipraticiens du

Québec, Montreal, November 2001.

Sigal JJ, Rossignol M, Perry JC: Some psychological and physical consequences in adults of institutional care in childhood. American Psychiatric Association, New Orleans, Louisiana, May 2001.

Verret L, Levinoff E, Phillips N, Babins L, Kelner N, Bergman H, Chertkow H: A cognitive estimation test for memory impaired subjects. First Canadian Colloquium on Dementia, Toronto, Ontario, October 2001.

Wainberg MA: Gene therapy for HIV-1. International Conference on Chemotherapy, Amsterdam, Netherlands, July 2001. New targets in the HIV-1 life cycle. 1st IAS Conference on HIV Pathogenesis, Buenos Aires, Argentina, July 2001. The development of HIV microbicides: Problems of HIV drug resistance and viral fitness in therapeutic decisions. 3rd Symposium on HIV-AIDS, Mexico City, Mexico, August 2001. The need for novel anti-HIV microbicides. International Symposium on Leukemia, Lymphoma and AIDS: Pathogenesis and Treatment, Padova, Italy, October 2001. Optimal use of combination nucleoside therapy and considerations of fitness in the aftermath of drug resistance. Conference on Retroviral Drug Resistance in Clinical Practice, Naples, Italy, November 2001. Resistance et capacité de replication virale. Journées VIH/SIDA Francophones, Montréal, Québec. Potential benefits of the M184V mutation in reverse transcriptase. Northwestern University School of Medicine, Chicago, Illinois, November 2001. Can the 184V mutation in HIV reverse transcriptase be a good thing? University of Wisconsin, Madison, Wisconsin, November 2001. Novel prevention strategies for HIV-1: Issues on microbicide development. University of Botswana, Gaborone, Botswana, November 2001. Role des tests de fitness et de résistance dans le traitement du VIH. Université de Marseille, Marseille, France, December 2001. Controversies in the use of drug resistance tests in HIV disease. Hebrew University-Hadassah Medical School, Jerusalem, Israel, December 2001. Global impact of viral illness and HIV/AIDS. Wake Forest University School of Medicine, Winston-Salem, North Carolina, January 2002.

Wang J, Pantopoulos K: Cellular responses to tetracycline-inducible expression of IRP1_{C437S}, a constitutive mutant of iron regulatory protein 1. Bioiron 2001, World Congress on Iron Metabolism Cairns, Australia, August 2001.

Whatmough C, Chertkow H, Verret L, Fund D, Hanratty K, Whitehead V: Increased efficiency in the lateral inferior temporal cortex with semantic task repetition: A 150 PET study of rCBF changes associated with cognitive task priming. International Neuropsychological Society, Toronto, Ontario, February 2002.

Young A, Groleau D: Anthropological approaches to medical narratives. Cambridge University, Cambridge, England, September 2001.

NOMINATIONS / APPOINTMENTS

Black, M.J.: Course Co-director. McGill Otolaryngology Update Course.

Chertkow H: President, C5R (Consortium of Canadian Centres for Clinical Cognitive Research).

Frenkiel, S.: Member, National Anti-Infectives Advisory Board, Bristol Myers Squibb. Chairman, Targeting Upper Respiratory Tract Infections in Adults. Chairman, Challenging Airway Problems. A national program for specialists in allergy and otolaryngology. Member, Advisory Committee on Sinusitis Guidelines Updates. Bayer Canada. Group Leader, Ambulatory Care Clinics Group. Program and Facilities Master Plan for the JGH. Member, Operating Room Steering Committee, JGH. Chairman, Rhinology Group of the Canadian Society of Otolaryngology/Head and Neck Surgery. External Reviewer, Mount Sinai Hospital, Department of Otolaryngology, University of Toronto. Course-Co-director, McGill Otolaryngology Update Course. Moderator, Facial Plastics Session. McGill

Otolaryngology Update Course. Consultant Staff. Mount Sinai Hospital Centre, Montreal.

Götte M: Assistant Professor, Department of Microbiology & Immunology, and Medicine, and McGill University AIDS Centre, McGill University.

Hoffer LJ: Member, CIHR Grant Committee on Nutrition, Metabolism and Diabetes. Member, Health Canada Expert Advisory Committee on Natural Health Products. Co-editor of series on clinical nutrition published in the Canadian Medical Association Journal 2001-2002.

Kahn SR: Head, Thromboembolic Disorders Axis, Cardiovascular Research Network, Fonds de la Recherche en Santé du Québec (FRSQ). Associate Professor, Department of Medicine, McGill University.

Miller WH Jr: Member, Center for Scientific Review Special Emphasis Panel, National Institutes of Health, (USA).

Mouland AJ: Assistant Professor, Departments of Medicine, and Microbiology & Immunology, McGill University. Professeur associé, Département de Microbiologie et Immunologie, Université de Montréal.

Panasci, LC: Director of Medical Oncology, Department of Oncology, McGill University.

Rappaport, J.: Supervisor. Senior Residents. McGill Department of Otolaryngology (in preparation for their Royal College examinations). Instructor. McGill University Temporal Bone Drilling Course. Information Management Advisory Committee. Representative for the Department of Surgical Services – JGH.

Rosberger, Z.: Vice-President, Canadian Association of Psychosocial Oncology.

Roy C: Assistant Professor, Department of Psychiatry, McGill University.

Schipper HM: Promoted to Full Professor, Department of Neurology and Neurosurgery and Department of Medicine, McGill University. Director, Centre for Neurotranslational Research, Jewish General Hospital.

Sharpe C: Assistant Professor, Department of Medicine, McGill University.

Wolfson C: Member, Training Program Grant Committee, Canadian Institutes of Health Research. Member, USA - National Academy of Sciences Committee on Gulf War and Health: Solvents and Neurological Outcomes.

PRIX / HONOURS, AWARDS

Chertkow H: Chercheurs Nationaux du FRSQ 2001-2006.

Elbaz, H. : Prix de L'Académie Perform^{md} Named Manager of the Year at Les Grands Sommets des dirigeants de la santé. This award, given by a jury of peers, recognizes the accomplishments and honours the performance of a leader in the health care network.

Hier, M.: Outstanding Teacher Award. Department of Otolaryngology, McGill University.

Papageorgiou, A.: Prix Letondal, 13th recipient of the Association of Pediatricians of Quebec, 2002, for outstanding contributions to a specialty.