

Newsletter

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C-SPIN

Canadian Stroke Prevention
Intervention Network

Reseau Canadien pour la Prevention
des Accidents Cerebrovasculaires

Ottawa Funding Announcement



The announcements, made by federal Health Minister Rona Ambrose at The Ottawa Hospital's Rehabilitation Centre, are part of a federal strategy to bring together researchers from across Canada in different fields to work together on common underlying causes of some of society's most prevalent chronic diseases.

The federal government, through the Canadian Institutes of Health Research, is contributing \$4.35 million per network. Funding partners, including health charities, academic institutions, including the University of Ottawa, and pharmaceutical companies are contributing a further \$9.6

million.

The creation of focused networks will "move research evidence into practice that will ultimately help Canadians," said Ambrose. "The partnership between government, academic institutions, health charities and industry is an excellent example of how we can leverage partnerships and empower Canadian research communities for the benefit of all Canadians."

The third network, the Canadian Stroke Prevention Intervention Network, will be led by Dr. Jeff Healey of McMaster University and Hamilton Health Sciences. It is co-led by the Ottawa Heart Institute.

The stroke research group aims to make Canada a global leader in clinic stroke research and to reduce the incidence of embolic stroke in Canada by 10 per cent within 10 years, said David Birnie, co-principal

investigator, Electrophysiologist and director of the arrhythmia service at the University of Ottawa Heart Institute.

C-SPIN has already developed eight studies that will help Canadians benefit from programs in medical research. Of these, one study will identify patients with atrial fibrillation so they receive appropriate treatment. A second will ensure patients visiting emergency departments get the follow-up treatment they need. Two others will see if blood thinners can prevent stroke in patients with pacemakers and others who have had a heart procedure to treat atrial fibrillation. There are also studies to determine if early treatment of atrial fibrillation can prevent cognitive decline and one to determine if the removal of a small piece of cardiac tissue (the left atrial appendage) at the time of routine heart surgery can prevent stroke.

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C-SPIN's People

A key to the early success of C-SPIN has been the rapid and collegial integration of members from different groups within the multidisciplinary research network.

The Network has attracted highly experienced members from a wide-range of scientific backgrounds (cardiologists,

neurologists, cardiac surgeons, emergency room physicians, family practitioners, pharmacists, statisticians, methodologists, knowledge translation (KT) experts and population scientists) representing institutions with international repute from across Canada.

C-SPIN's National Coordinating Office is located at the Population Health Research Institute (PHRI), a joint Institute of Hamilton Health Sciences and McMaster University.



Jeff Healey MD, MSc, FRCPC, FHRS

The C-SPIN network now links world-class researchers from across Canada and across a variety of fields, including medicine, surgery, nursing, pharmacy, population health and social sciences.

C-SPIN's Story and Vision

Our Story:

C-SPIN - The Canadian Stroke Prevention Intervention Network stems from the necessity to develop relevant and integrated stroke-prevention strategies to reduce embolic strokes across Canada and address the specific challenges of our population.

"The C-SPIN network now links world-class researchers from across Canada and across a variety of fields, including medicine, surgery, nursing, pharmacy, population health and social sciences. With the substantial support of the Canadian Institutes of Health Research, the Heart and Stroke Foundation of Canada and several pharmaceutical and cardiac device industry partners, C-SPIN will support clinical trials aimed at finding innovative ways to prevent stroke among

individuals with a common heart rhythm condition called atrial fibrillation. C-SPIN will also support the recruitment and retention of the next generation of Canadian clinical researchers in this field. The collaboration and funding of C-SPIN will allow Canadian scientists to conduct trials for important clinical questions, which would otherwise not be possible".

Dr. Jeff Healey's dedication to research that explores the causes and consequences of heart rhythm disorders and the identification of best patient treatments for cardiac rhythm disorders, including atrial fibrillation and its complications, brought to fruition his vision of a pan-Canadian integrated multi-disciplinary stroke prevention network. October 1st, 2013, marked the official inception of the Network.

Our Vision:

To develop actionable strategies that will make Canada a global leader in clinical stroke research; ensure sustainability of these efforts through strategies to recruit, train, support and retain clinical scientists and in collaboration with other networks, government and stakeholder groups implement strategies to reduce the incidence of embolic stroke in Canada by 10% within ten years



Arrhythmia Students and Trainees

A career in academic medicine appears to adopt an important flexion nearing the end of postgraduate training but preferably starts much earlier, and requires ongoing commitment, care, and refreshing throughout its life. Academic clinician trainees arise from a pool of young, energetic, smart people who may lack a particular interest in research. Their research training usually begins much later, near the end of clinical training; it is harder for these trainees to build curriculum vitae during this limited time that provides strong evidence of academic prowess. The first few independent years require rapid learning in

how to balance medical and academic demands, as there is an ongoing struggle between clinical duties and academic requirements. The fruits of clinical research require translation into useful and useable actions; and clinical research often requires prodigious networking beyond that which is typical for non-clinical sciences, particularly in the first five years (at-risk years) of an academic career when a promising clinician-scientist can turn into a very productive academician or abandon academia all together.

C-SPIN has developed an EMC2 strategy (Education, Mentoring, and Career Continuity) that targets

these issues led by Dr. L. Welikovitich, a talented educator from the University of Calgary, Chair of the Royal College of Physicians and Surgeons Cardiology Panel.. They have elected to focus on the development of career clinician scientists, because we perceive these to be our greatest need. We take a balanced approach to career development and support, with a financial emphasis on the at-risk years spanning the end of training and first five years of faculty appointment. Our tools include bootcamps, travelling fellowships, webinars, trainee retreats, junior faculty support, limited sabbatical support, structured curricula, and emeri-

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C-SPIN Fellowship Programs

The Wheatstone Fellowship



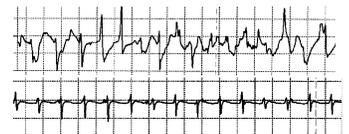
Will provide recognition and funding to outstanding Canadian atrial fibrillation or stroke researchers (including physicians, nurses, professions allied to medicine and non-clinician

trainees) early in their careers, and provide a reliable supply of future Canadian leaders in this field. This fellowship provides bridge funding for a final academic training year followed by support for the first two years as a Faculty member in a Canadian university or institution. The Wheatstone Fellows will be exceptional candidates who will become leaders in academic health care in Canada.

The C-SPIN - Bayer Junior Faculty Fellowship

Will provide recognition and salary support to outstanding Canadian atrial fibrillation or stroke researchers (including physicians, nurses, and non-clinical trainees) early in their careers, and provide a reliable supply of future Canadian leaders in this field. To achieve this objective the Fellowship will provide bridge funding for a final academic training year and/or support for faculty members within the first 5

years of an appointment to a Canadian university. The C-SPIN-BAYER Fellows will be exceptional candidates who will become leaders in academic medicine in Canada.





Canadian Stroke Prevention Intervention Network

Location:

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Given the complexity of its operation and the need for stakeholder input, C-SPIN has put in place a Scientific Executive Committee (SEC), a Steering Committee and External Advisory Committee (EAC). The Coordination Office will be located at the Population Health Research Institute in Hamilton, Ontario; however, individual studies may be coordinated at any institution. Education and mentoring will be coordinated at the University of Calgary.

C-SPIN Executive Committee

Dr. J. Healey	McMaster University
Dr. R. Sheldon	University of Calgary
Dr. D. Birnie	University of Ottawa
Dr. S. Connolly	McMaster University
Dr. L. Dolovich	McMaster University
Dr. P. Dorian	University of Toronto
Dr. A. Dragomir	Population Health Research
Dr. I. Graham	University of Ottawa
Dr. R. Hart	McMaster University
Dr. M. Hill	University of Calgary
Dr. M. Sharma	McMaster University
Dr. M. Talajic	University of Montreal
Dr. A. Tang	Western University
Dr. L. Welikovitch	University of Calgary

Program Profile

C-CUSP

Canadian Community intervention program to improve the Utilization of evidence-based therapies for Stroke Prevention in atrial fibrillation

Program Leaders:

Dr. Ratika Parkash
(Dalhousie University)
Robby Nieuwlaat
(McMaster University)

The heart rhythm disorder atrial fibrillation and hypertension (high blood pressure) are two important risk factors for stroke. There is well established evidence that lowering blood pressure in hypertension patients and using blood thinners in atrial fibrillation patients reduce the risk for stroke. However, evidence-

practice gaps are present as a result of many patients not receiving or using recommended care, which result in strokes that could be prevented with existing therapies. Considering that among Canadians 65 years and older 2.6 million have hypertension and 315,000 have atrial fibrillation, small relative improvements in their care could have large absolute benefits to prevent stroke in the Canadian population. Better use of the knowledge and therapies we already have for hypertension and atrial fibrillation will likely result in the prevention of more strokes than could be achieved by any single novel therapy.

Recently the Cardiovascu-

lar Health Awareness Program (CHAP) reported that a 10-week community intervention to better diagnose and treat hypertension reduced rates of hospitalization for cardiovascular disease in Ontario by 9%. This study demonstrated the effectiveness of using existing community resources and involving local community agencies, healthcare providers and volunteers to improve hypertension detection and treatment. However, this intervention did not reduce the rate of hospitalization for stroke specifically. Reducing stroke will require a community-wide sustainable intervention tailored to the local situation that goes beyond hypertension detection and treatment by

also improving the appropriate use of blood thinners in people with atrial fibrillation.

Value towards Network Vision

This program will target and mobilize urban and rural communities to improve stroke prevention. If successful, this study could lead to sustainable strategies to reduce stroke in Canada without added healthcare costs. The assembled C-SPIN network will allow rapid dissemination and implementation of successful strategies across Canada.