

News We welcome news items of less than 300 words; we may edit them for clarity and length. News items should be emailed to journal@doctorsofbc.ca and must include your mailing address, telephone number, and email address. All writers should disclose any competing interests.

Preventing and responding to violence against physicians

To help physicians better prepare and to mitigate violence against them, Doctors of BC has developed a guide with information and resources that includes what to do before, during, and after a violent incident; who to reach out to; and how to assess the situation. Visit www.doctorsofbc.ca/sites/default/files/violencepreventionguideforcommunityoffices.pdf to review and download the guide.

Online resources for surgical patient optimization

A new Specialist Services Committee web page of over 50 resources is available for patients and caregivers to better optimize surgical patients' health before surgery for improved outcomes. Resources have also been put together

in a booklet, *Surgical Patient Optimization Collaborative (SPOC) Change Package*, which is available in hard copy and online. Visit <http://sscbc.ca/programs-and-initiatives/improve-surgical-patient-optimization-collaborative-spoc/optimization> to access the Optimization Resources web page.

How common are mental health problems in arthritis patients?

A recent Arthritis Research Canada study revealed that while administrative health databases are increasingly being used to study mental health in rheumatic diseases, researchers have used different ways to identify patients who have depression and anxiety, making it challenging to draw conclusions and comparisons across publications.

Administrative health databases refer to secondary data collected for billing purposes, which may comprise several unique administrative data sources, such as those capturing inpatient visits, outpatient visits, and prescription claims. These databases are increasingly used to study depression and anxiety in rheumatic diseases, but they only record details of those who seek and receive treatment. And mental health problems are notoriously underreported.

While there are many physical complications associated with rheumatic diseases, there is also an increased risk of depression and anxiety. A recent Canadian population-based study reported that individuals with rheumatoid arthritis have a 1.5-fold increased risk for incident depression and a 1.2-fold increased risk for incident anxiety.

While administrative health data are very accessible and reduce common biases associated with hospital- and clinic-based studies, there are many challenges associated with relying on the data to identify depression and anxiety. This research is a first step for researchers at Arthritis Research Canada toward understanding mental health issues in individuals living with arthritis using administrative health data.

To read the abstract of this paper in *Arthritis Care & Research*, visit <https://onlinelibrary.wiley.com/doi/10.1002/acr.24048>. To access a

UBC med student wins Innovation grant

Mr Philip Edgcumbe, a UBC medical student, has won a Joule Innovation grant in the Emerging Physician Innovator category. The category supports medical learners and residents who are looking to increase or improve access to care or create health care solutions that will provide better outcomes for patients. Mr Edgcumbe invented a miniature projector for surgery, called the Pico Lantern. A \$5000 grant will allow him to further develop and test the prototype for his device, which is small enough to be dropped into the abdominal cavity, giving surgeons the ability to peer beneath the surface, better formulate their surgical plans, and minimize surgical complications.

Joule, a subsidiary of the CMA, selected eight recipients for its annual Innovation grants. The recipients come from across Canada and will share \$200 000 in flexible funding to develop or expand their projects. For more information on the grant program and this year's recipients, visit www.joulecma.ca/grants.



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Taking evolution to heart

An international research group at UBC, Harvard University, and Cardiff Metropolitan University has discovered how the human heart has adapted to support endurance physical activities. The research examines how the human heart has evolved and how it adapts in response to different physical challenges, and will bring new ammunition to the international effort to reduce hypertensive heart disease.

The study analyzed 160 humans, 43 chimpanzees, and 5 gorillas to gain an understanding of how the heart responds to different types of physical activity. In collaboration with Harvard University's Daniel Lieberman and Aaron Baggish, UBC professor Robert Shave and colleagues compared left ventricle structure and function in chimpanzees and a variety of people, including some who were sedentary but disease-free, highly active Native American subsistence farmers, resistance-trained football linemen, and endurance-trained long-distance runners.

The wide variety of participants were specifically recruited in order to examine cardiac function in an evolutionary context. From the athletic stadium to wildlife sanctuaries in Africa, the team measured a diverse array of cardiac characteristics and responses to determine how habitual physical activity patterns, or a lack of activity, influence cardiac structure and function. Guiding their inquiry is the well-known idea that the heart remodels itself in response to different physiological challenges.

Among humans, the research team showed there is a trade-off between these two types of adaptations. This trade-off means that people who have adapted to pressure cannot cope as well with volume and vice versa. Basically, the hearts of endurance runners aren't great at dealing with a pressure challenge, and the weight lifter's heart doesn't respond well to increases in volume.

This new research provides evidence that the human heart evolved for the purpose of moderate-intensity endurance activities, but adapts to different physical (in)activity patterns. This research was published in the *Proceedings of the National Academy of Sciences* journal: <https://www.pnas.org/content/116/40/19905>.

full copy of the paper, contact Mary De Vera, research scientist of pharmacoepidemiology, MSc, PhD, at mdevera@arthritisresearch.ca.

Canada leading developed countries in survival for lung and colon cancer

Canada has among the highest survival rates for lung cancer and colon cancer compared to other developed countries, according to new data published in *The Lancet Oncology*. Data were gathered by the International Cancer Benchmarking Partnership (ICBP) and are the most recent collection of survival statistics for seven types of cancer in seven countries: Canada, Australia, Denmark, Ireland, New Zealand, Norway, and the United Kingdom. There were 3.9 million cancer cases collected from cancer registries in 21 jurisdictions across the participating countries since 1995, including over 762,000 Canadian cancer cases from eight provinces.

The data show that Canada is among the world leaders in survival for most of the seven cancers observed, except for esophageal cancer and ovarian cancer. While Canada's overall average survival generally compares well, there is often more variation among the provinces than across the countries in this study.

The ICBP, led by Cancer Research UK, is an international partnership of clinicians,

academics, and policymakers seeking to understand variations in cancer survival between developed countries. The ICBP funds and produces high-impact, peer-reviewed publications showing international cancer survival variation and differences in awareness and beliefs about cancer and the role of primary care in cancer diagnosis. To learn more about what data are available, contact the ICBP Programme



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The Canadian Partnership Against Cancer (CPAC) participates in the international study through chairing the program board and funding the collection and analysis of all contributing provinces' data from their cancer registries for the ICBP paper. Read the full report at [www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(19\)30456-5/fulltext](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(19)30456-5/fulltext).

This past June, the CPAC released the modernized *Canadian Strategy for Cancer Control*, a roadmap to deliver world-class cancer care to all Canadians, families, and caregivers affected by the disease. The *Strategy* and its action plans acknowledge this variation in survival rates across Canada and strive to promote equity of access to quality cancer care for all Canadians. The *Strategy* also details the actions necessary to improve equity of care and ensure we have a sustainable health care system for the future. The CPAC is engaging with leading countries from the ICBP report, such as Australia, to learn more about their models of care and adapting approaches for Canada.

As the steward of the *Canadian Strategy for Cancer Control*, the CPAC works with Canada's cancer community to take action to ensure fewer people get cancer, more people survive cancer, and those living with the disease have a better quality of life. This work is guided by the *Strategy*, which was refreshed for 2019 to 2029 and will help drive measurable change for all Canadians affected by cancer. The *Strategy* includes five priorities that will tackle the most pressing challenges in cancer control as well as distinct priorities and actions reflecting Canada's commitment to reconciliation with First Nations, Inuit, and Métis peoples. The CPAC will oversee implementation of the priorities in collaboration with organizations and individuals on the front lines of cancer care—the provinces and territories; health care professionals; people living with cancer and those who care for them; First Nations, Inuit, and Métis communities; governments and organizations; and its funder Health Canada. Learn more about the CPAC and the refreshed *Strategy* at www.cancerstrategy.ca.

Canadians with inflammatory conditions sought for surveys

Two of Canada's leading patient groups, the Gastrointestinal Society and the Canadian Society of Intestinal Research, are calling on patients with inflammatory bowel disease (IBD) to participate in a survey to help identify what's missing in their care. They are also asking Canadian patients with any inflammatory condition who take biologic/biosimilar medication to provide their opinions.

Inflammatory bowel disease

The first survey, *IBD Patients: What's Missing in Your Care?*, seeks to learn more about IBD patients' experiences and their outlook in current management. The survey, available in English and French, follows a similar questionnaire conducted in 2018, but this time is open to IBD patients worldwide in order to collect a larger and more diverse body of information about the IBD patient community. Participants must have been diagnosed with any type of IBD (Crohn disease, ulcerative colitis, ulcerative proctitis, microscopic colitis, etc.). Visit <https://badgut.org/ibd-survey-2019> to learn more and participate in the study.

Use of biologic/biosimilar medications for inflammatory diseases

The second survey, the *Canadian Biosimilar Medication Experience*, explores the experiences and outlook of Canadian patients who use biologic/biosimilar medications to treat inflammatory bowel disease (Crohn disease or ulcerative colitis), as well as other inflammation-causing diseases such as diabetes, rheumatoid arthritis, cancer, osteoporosis, psoriasis, HIV, multiple sclerosis, or growth deficiencies. This survey follows up on one conducted in 2015. Visit <https://badgut.org/biosimilars-survey-2019> to learn more and participate in the study.

Data gathered from both surveys will be used anonymously and in aggregate to shape future programming and to inform discussions with community members, health care professionals, and health policy decision-makers.

For more information about the Gastrointestinal Society and the Canadian Society of Intestinal Research visit www.badgut.org.

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