Briefly

CMA President-elect: Yellowknife, Northwest Territories family physician Dr. Anna Reid has been nominated as the Canadian Medical Association's President-elect for 2012–13. Reid, who recently completed a two-year stint as president of the NWT Medical Association (NWTMA) handily defeated Dr. David King in the vote amongst the association's 60 members. Reid's nomination must be ratified by delegates to the CMA's annual general meeting in St. John's, Newfoundland and Labrador this August. Reid's presidency will be the first for the NWTMA. CMA presidencies are on a fixed rotation through provincial–territorial medical associations.

Pharma marketing: Authors of meta-analyses published in medical journals rarely disclose whether the randomized clinical trials (RCTs) they are assessing were crafted by researchers with conflicts of interest (COIs), according to a Canadian study. An assessment of 29 meta-analyses which reviewed 509 trials indicated that "only 2 meta-analyses (7%) reported RCT funding sources; and 0 reported RCT author-industry ties or employment by the pharmaceutical industry," states the study (*JAMA* 2011;305[10]:1008–17). "Of 318 meta-analyzed RCTs that reported funding sources, 219 (69%) were industry funded; and 91 of 132 (69%) that reported author financial disclosures had 1 or more authors with pharmaceutical industry financial ties. In 7 of the 29 meta-analyses reviewed, 100% of included RCTs had at least 1 form of disclosed COI (pharmaceutical industry funding, author-industry financial ties, or employment), yet only 1 of these 7 meta-analyses reported RCT funding sources, and 0 reported RCT author-industry ties or employment."

Cord blood bank: After nearly a decade in the making, a national public umbilical cord blood bank will be created in Canada. Provincial and territorial health ministers, representing all jurisdictions except Quebec, announced Mar. 14 that they will invest $48 million over eight years to create an umbilical cord blood bank. "Currently, more than 800 Canadian patients are in need of a blood stem cell transplant to help them combat life threatening diseases such as aplastic anaemia, leukemia, and other blood related and immune disorders," Dr. Graham Sher, CEO of the Canadian Blood Services said in a press release. "Umbilical cord blood is a high-quality source of stem cells and a national bank will create a long-term supply that will help reduce Canada's dependency on internationally sourced units." The two-phase project will see the agency establish a cord blood stem cell laboratory in Ottawa, Ontario, and then create collection banks in Ottawa; Toronto, Ontario; Vancouver, British Columbia; and Edmonton, Alberta. Canada's health ministers have been considering the establishment of an umbilical cord blood bank since as early as 2002, while Quebec has been operating its own since 2004 (www.cmaj.ca/cgi/doi/10.1503/cmaj.090971).

Cancer strategy renewal: The Canadian government will renew funding for the Canadian Partnership Against Cancer by providing $250 million between 2012–2017 for the nonprofit organization. Over that time period, the partnership will "continue to prioritize cancer knowledge gathering and sharing; continue to increase access to high-quality cancer screening; broaden population health research to include chronic disease risk factors, specifically those for cardio-vascular disease, and collect data on populations living in the Territories; examine the unique health characteristics of Canadians living in rural and remote areas; and implement a cancer action plan and improve culturally relevant cancer initiatives for First Nations, Inuit and Métis people, which will be developed in collaboration with community partners," the government said in a press release (www.pm.gc.ca/eng/media.asp?id=4026).

Quid pro quo: The Alberta Medical Association has reached a new three-year funding agreement with the provincial government that will see compensation rates and salaries frozen in 2011–12 and 2012–13, followed by an increase in 2013–14 pegged to a cost-of-living formula. For its part, the government agreed not to maintain financial support for nine different programs, including a business costs program, a retention benefit and continuing medical education reimbursement, that collectively provide benefits on the order of $35 000 per year per physician, Dr. Patrick White, the association's president, wrote in a letter to members announcing the "agreement in principle" on a new master agreement (www.albertadoctors.org/bcm/ama/ama-website.nsf/AllDoc/3284EDC382DE244587257853007AF4F6/$File/Preslet_Mar14_2011.pdf). White bristled at the government's threat to cut physician programs, calling them an attempt to "intimidate" doctors. "And it repudiated the philosophy of collaboration and of shared responsibility and leadership that epitomize the current, eight-year, trilateral master agreement. In doing so, Government diminished the value traditionally attached to a constructive and ongoing relationship with the medical profession, which has implications for the future."

Shining a light: Arguing that consumers now need to know about food safety developments, the Canadian Food Inspection Agency announced Mar. 16 that it will commence publishing information about compliance and enforcement decisions. Agriculture Minister Gerry Ritz said in a press release that "we know consumers want more information and we are delivering that transparency around what we are doing to protect Canadian families. This will give our inspectors another tool in

the toolbox to shine the light of transparency on repeat offenders and companies that try and import unsafe food" (www.inspection.gc.ca/english/corpaffr/newcom/2011/20110316e.shtml). The information will include notices of "food imports that have been refused entry into Canada; federally registered food establishments whose licenses have been suspended, cancelled or reinstated; and notices of violations with warning and penalties, including identifying repeat offenders of animal transport regulations."

Not patentable: The European Court of Justice has issued a preliminary ruling that processes involving human embryonic stem cell lines are not patentable. "The concept of a human embryo applies from the fertilisation stage to the initial totipotent cells and to the entire ensuing process of the development and formation of the human body. That includes the blastocyst. In addition, unfertilised ova into which a cell nucleus from a mature human cell has been transplanted or whose division and further development have been stimulated by parthenogenesis are also included in the notion of a human embryo in so far as the use of such techniques would result in totipotent cells being obtained. By contrast, taken individually, pluripotent embryonic stem cells are not included in that concept because they do not in themselves have the capacity to develop into a human being," wrote Judge Yves Bot, the court's advocate general in the preliminary opinion (http://curia.europa.eu/jurisp/cgi-bin/form.pl?lang=en&jurcdj=jurcdj&newform=newform&docj=docj&docop=docop&docnoj=docnoj&typeord=ALLTYP&numaff=&ddatefs=7&mdatefs=3&ydatefs=2011&ddatefe=14&mdatefe=3&ydatefe=2011&nomusuel=&domaine=&mots=&resmax=100&Submit=Rechercher). Bot added that inventions must be excluded from patentability "where the application of the technical process for which the patent is filed necessitates the prior destruction of human embryos or their use as base material, even if the description of that process does not contain any reference to the use of human embryos." The only exception would be "inventions for therapeutic or diagnostic purposes which are applied to the human embryo and are useful to it."

Intimidation inquiry: In the face of repeated claims by Alberta doctors that they have been muzzled by health administrators from speaking out on health care concerns and issues, the Alberta Medical Association has called for a public inquiry into government intimidation of physicians. "An open and full review is needed to clear the air and move forward," Dr. Patrick White, the association's president wrote in an open letter following a meeting of Alberta's 125-delegate representative forum (www.albertadoctors.org/bcm/ama/ama-website.nsf/AllDoc/EFA0C607304BF59987257856005CA8D2/$File/Preslet_Mar17_2011.pdf). "There are concerns that, when speaking out, physicians may not feel they will be heard or may fear negative consequences. Personally, I have no doubt that the first instinct of physicians is always to stand up for patients, but the fact that these perceptions are out there at all is a source for concern, while the assertions related to intimidation are disturbing."

Sports injuries: Asserting that more than 40% of child and youth injuries treated in emergency departments are sport and recreation related, at a cost of $5.1 billion per year to the health care system, Minister of State (Sport) Gary Lunn has announced that Ottawa will provide $5 million over two years to "support community-based activities that empower Canadians to make safe choices" (www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0316a-eng.php). "Sport and recreation activities contribute to a significant number of injuries among children and youth, yet many of those injuries are predictable and preventable," Lunn said in a press release (www.phac-aspc.gc.ca/media/nr-rp/2011/2011_0316-eng.php). "That's why we're investing in initiatives to reduce injuries while creating the conditions for active and safe play."

Tuberculosis atlas: Researchers at McGill University in Montréal, Quebec, have created a searchable website to disseminate information about current and past tuberculosis vaccination policies for more than 180 countries. Called the *BCG World Atlas* in honour of the 1921 development of the only-known vaccine to be effective in preventing tuberculosis, the database was developed with support from the Public Health Agency of Canada, National Sanitarium Association and the Canadian Institutes of Health Research (www.bcgatlas.org).

Parallel processing: The United States Food and Drug Administration and European Medicines Agency have announced that they will share data and consult with one another on drug marketing applications that are simultaneously submitted to their agencies regarding manufacturing data components, known as Quality by Design (QbD). The pilot project is designed to allay concerns that International Conference on Harmonisation standards were being differently interpreted by drug regulators. "As the number of applications that follow the QbD approach steadily increases, collaborative assessments will enhance understanding of QbD concepts. The tools used by FDA and EU reviewers will increase information sharing and reduce redundancy," Dr, Janet Woodcock, director of FDA's Center for Drug Evaluation and Research, said in a press release (www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm247332.htm). "To fully implement QbD, we need to further harmonize the implementation of the guidelines, work collaboratively, and provide scientific, risk-based regulatory decisions in a timely manner." — Wayne Kondro, *CMAJ*

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