

terms of diagnosis and treatment, those areas are of provincial responsibility. The response from the provinces has been spotty.”

Dudgeon has nothing but praise, however, for Canadian dementia researchers, whom he says are “certainly punching above their weight class.” Beaudet agrees, and says Canadian expertise in Alzheimer disease research is something worth sharing — and expanding.

“The other idea is to showcase our talent internationally in this area — because we have it,” says Beaudet, who once worked for the Montréal Neurological Institute in Montréal, Quebec. “It will also be of immense benefit to our scientists to be able to

tap into the world’s resources.”

Over the next 5 years, Beaudet hopes to build upon existing international collaborations and encourage innovation in key research areas, such as prevention. He would also like to have further collaborative discussions with the United States.

This fall, the CIHR, in conjunction with France and the province of Quebec, will launch a request for applications from multidisciplinary groups needing funding for “large, innovative, cutting-edge” Alzheimer disease projects. Annual contributions will come from CIHR (\$600 000), Quebec (\$800 000) and France (€700 000, or \$1.1 million) over a 3-year period. According to a May 21 briefing note on

the Prague meeting, the ultimate goal is for Canada and Europe to develop a joint request-for-applications process, with annual contributions of \$5 million over 5 years from CIHR, the United Kingdom and France.

International collaboration is vital to learn more about Alzheimer disease and how to treat it, says Beaudet. “You need some competition in research, but there are things that working together would allow us all to do considerably faster. ... With an aging population, dementia will be a huge burden on the population as time goes by. The cost will be unbelievable 15 to 20 years from now.” — Roger Collier, *CMAJ*

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