Last May, the World Federation of Hemophilia (WFH) presented the 31st edition of its world congress in Melbourne, Australia. It was a memorable experience on all levels. This was my first time attending and what a magnificent congress it was! Right from the opening ceremony, meeting and talking with the hemophilia community and seeing Canadian colleagues began, which contributed to making my experience very enriching.

Despite everything I know about coagulation disorders and the awareness efforts that the community does, I was surprised to learn that almost 70% of the world population is still not diagnosed! It was with this news that I began what was to be five very busy days. I got to attend in a variety of conferences and sessions, including a presentation on individualized care whereby members of the family would be more involved in the patient’s care. Another workshop on physiotherapy presented the differences between pain due to bleeding versus pain due to arthritis. I particularly enjoyed the psychosocial sessions that put the emphasis on personalized care and the importance of having discussion groups to eliminate isolation. A good way to achieve this, amongst other things, is to highlight World Hemophilia Day. We’ve noticed over the past few years, through social media, an increase in exchanges and events created around this day. This also allows us to work with our young leaders, in order to do succession planning, while opening the door to the changes this implies. I also took part in a few working sessions given by WFH including one on the Advocacy in action program, which allowed participants to learn effective methods for good lobbying such as maintaining contact with organizations, influential people or those in decisional positions, the principal of dealing with one subject at a time during discussions, etc.

The importance of participating in clinical studies was also underlined, since it serves to gather information on an international scale to obtain the best global knowledge. Throughout these five days, during breaks, we got to meet in a large hall where posters done by health professionals were hung, like in an art gallery. At times, we could listen to these same professionals present their own posters, and then respond to questions from participants. In this same room there were also kiosks where representatives from various pharmaceutical companies interacted with delegates.

On the day after a memorable closing evening, and after five very full days, it was with a head and heart filled with interesting discussions that I got ready to fly home on a wave of enthusiasm. §
A WORD FROM THE EDITOR

I had the opportunity to attend the 31st Congress of the World Federation of Hemophilia, which took place in Melbourne, Australia, May 11-15, 2014. Despite the long voyage this represented for most people — for us Canadians, at least — this country and continent with undeniable tourist attractions succeeded in bringing together just over 4,000 delegates including people from 128 national member organizations. Attendance was lower than the 2012 Congress in Paris but still satisfactory since this time it was held Down Under. After all, doesn’t everyone want, some day, to see kangaroos living freely in their natural habitat, pet a koala... and play a didgeridoo!

The main sessions that interested me this year dealt with the medical, musculoskeletal and multidisciplinary aspects of inherited bleeding disorders care. I really appreciated the session on pain management, which presented points of view from two physiotherapists, a nurse, and a psychologist. There was discussion on how pain is an unpleasant sensory and emotional experience, and also subjective, which means that everyone responds to pain in different ways. However, when pain becomes chronic, it affects the sufferer’s energy, mood and quality of life. What can one do to feel better and function properly? Some people with chronic pain take analgesic pain medication, sometimes excessively, or even opioid drugs that can cause numerous side effects and often addiction, which is difficult to overcome later on. An approach that combines the use of pain medication (which may include opioids prescribed for a short period in cases of acute pain), physiotherapy, individualized exercises and complementary treatments can provide good results. In any case, the panelists said it is important to be well informed about the type of pain one is experiencing in order to better understand and control it, and if chronic pain cannot be resolved completely, there are pharmacological and non-pharmacological interventions that can improve well-being.

In addition, there was one session I made sure not to miss – the plenary session on new products for bleeding disorders and the new prophylaxis regimens to come. Dr. Johannes Oldenburg, director of the hemophilia centre at the University Clinic in Bonn Germany, gave a comprehensive presentation on factor VIIa, VIII, IX and X concentrates under development, particularly the longer-acting products that will soon be on the market. He explained the different techniques used to extend the half-life of these factor proteins. In closing he emphasized that with several of the new products, depending on the test used (one-stage or chromogenic assay) to determine potency and the circulating factor level in a person following infusion, be it a product with normal or extended half-life, the results can vary considerably. It...
is therefore necessary to continue to work on more trustworthy tests that would more closely reflect the pharmacodynamic reality of these products.

Dr. Manuel Carcao, co-director of the pediatric comprehensive care hemophilia program at the Hospital for Sick Children in Toronto, described the progress made in the treatment of bleeding disorders in recent years. He highlighted the fact that there has been no real change in the pharmacokinetics of coagulation products (cryoprecipitate, plasma-derived factor concentrates, and recombinant factor concentrates) in the past 40 years. The advent of prophylactic treatment though has reduced the number of hospitalizations and invasive surgeries and improved quality of life for people with bleeding disorders. However, prophylaxis presents certain challenges, such as cost of treatment, venous access, and adherence to treatment; missed doses are a problem - in fact, the adherence rate for prophylaxis varies from 60 to 80%, according to studies. Dr. Carcao suggested that the longer-acting products could lead to higher adherence to treatment, which would lead to better long-term clinical outcomes. Furthermore, with these products it may be possible to reduce the frequency of infusions or to maintain higher factor trough levels, or both, to provide improved protection against bleeds. This will require a more individualized treatment approach, he added. Dr. Carcao raised an important issue as to the per unit cost of these new products. He pondered the reasons that would drive health care regulators/payers to reimburse more expensive treatment products. He was skeptical that convenience for patients actually works as a powerful argument. If it is shown, however, that quality of life would be improved, regulators/payers may allow themselves to be convinced.

In conclusion, Dr. Carcao underlined that the new products are in the early stages and close post-marketing surveillance is essential.

In general, there appears to be a consensus forming among hemostasis specialists: current recombinant products are considered similar in terms of composition, efficacy, and safety and, for all practical purposes, are interchangeable.

The longer-acting products consist of molecules that are very different from current recombinant factors because the factor protein (truncated or whole) is combined with something else (polyethylene glycol/PEG, albumin, Fc receptor, etc.), using diverse techniques (fusion, single chain, amino acid sequence modification, etc.). The extended half-life molecule is a lot larger and, due to the new techniques, presents a greater potential risk of immunogenicity, that is, it can induce an immune reaction and the development of inhibitors.

In summary, the extended half-life factor VIII products, which have a 1.5-fold increased half-life, may be particularly significant for children with hemophilia A with difficult venous access since these products can reduce the frequency of infusions. The extended half-life factor IX products, which have a 3- to 6-fold increase, may be used in a large number of people with hemophilia B with the goal of reducing the frequency of infusions or raising trough factor levels, or even both at the same time, depending on the prophylaxis regimen used.

Nevertheless the advice of specialists studying the half-life of these different coagulation proteins must be considered in the development of a treatment plan for patients using these new molecules.

Again, as mentioned, close post-marketing surveillance will be of paramount importance to ensure that the benefits of these new therapies outweigh possible disadvantages related to their use.
in Lac-Beauport in the Quebec City area. The biggest challenge? Combining our two camps — the regular one and the one for kids affected by inhibitors — and to our great pleasure, it went very well. In no time, without even having to introduce them, the youngsters with inhibitors were already integrated into the group, trying to find out who was sharing a room with whom!

The functionality of the site meant that even those in a wheelchair or on crutches could get around without having to wait for someone to help them. Sharing a common cottage, friendships developed quickly with the counsellors, assistants, nurses and personnel from our organization.

Despite the weather, which wasn’t on our side, the animation team was able to keep things under control and made sure everyone was happy. The older kids even braved the elements, spending the night under the stars when it was 8°C... but don’t worry, they were well equipped!

**Past Activities**

The CHSQ held its summer camp including both youngsters with inhibitors and those with a bleeding disorder (without inhibitors) at Camp Cité Joie, located in Lac-Beauport, in the Quebec city area. Thirty-four youngsters between 5 and 15 years of age got to enjoy a busy week of activities.

**Our assistants' experience in a few words...**

Again this year, camp was a great success! I got the chance to spend a great week with 34 campers, some new faces at camp with inhibitors and others we see year after year. I had a lovely time with every one of them, like the night we slept out under the stars with the older ones, and while swimming and fishing in the pouring rain with the younger kids. I’m very happy the two camps were combined, since our group was larger and thus more dynamic and fun. It’s thanks to their love of life, their enthusiasm, their beautiful smiles, their curiosity, their simplicity and their sense of humour that I return to camp every year, ready to spend a memorable week in the company of these adorable kids. See you next year, my sweeties!

**Kevin Blanchette**

Making changes this year wasn’t easy. I feel Camp Cité-Joie more than met my expectations and things went smoothly, which means I had a great time with the kids. The weather wasn’t great, but we still managed to have a good time.

**Emily Blanchette**

I really appreciated the CHSQ summer camp as an assistant counsellor. There was a joyous atmosphere during our stay for both campers and counsellors. At the end of camp, all the young campers, with big grins on their faces, told me they had a great time and would definitely be back next summer. Everyone gave their all during activities, whether it be the campers or the counsellors, and friendships were created or strengthened this summer. It’s an unforgettable experience to be repeated.

**Ke Lan Wu**

This year, I got to be an assistant counsellor at the CHSQ summer camp. During this week, I was able to help with the running of the camp. I found this experience to be very enriching since I could experience camp as a camper, but also with an added level of responsibility that I appreciated. I hope that next year I’ll be able to return to camp as an assistant counsellor because I really enjoyed my experience this year.

**Benoît Paquin**
We’re very satisfied with our experience of this first year with Camp Cité-Joie, while still aware that we have to make a few improvements in order to make it an even better stay.

I’d like to take this opportunity to thank our funders, Camp Cité-Joie, our trusty nurses Claude Meilleur and Hélène Néron and, of course, I can’t forget our assistants, Emily and Kevin Blanchette, Benoît Paquin and Ke Lan Wu, who did an excellent job.

And so ends this great experience that we won’t hesitate to repeat! I suggest you read the article by our nurses who shared their experience in the Treatment Centres’ Corner and the experience of our assistants, along with a few comments from youngsters taken from the evaluation forms we received.

Upcoming Activities

Youth activity

On October 25, 15 to 25 year-olds will be getting together. The day will start with a meeting at the CHSQ office, in order to discuss and identify the needs of these young people and how they see themselves in the future of our organization. Then we’ll head downtown where they’ll have supper at the Cage aux Sports. The evening will end at the Bell Centre watching a hockey game between the Montreal Canadiens and the New York Rangers!

The registration form is available on our website as well as our Facebook page.

For more information, contact Geneviève Beauregard by phone at 514-848-0666 or, toll free, 1-877-870-0666, local 21 or by email at: gbeauregard@schq.org.

The David Poulion CHSQ Scholarship Program

Each year, the CHSQ offers its student scholarship program whose goal is to encourage young people with a bleeding disorder to continue their collegial, university or professional training studies or to encourage people with a bleeding disorder to return to school or take continuing education classes.

You’ll find the form on our website in the program section. The deadline for receiving applications is midnight, October 31. Don’t delay! §

A few words from our campers and their parents

“Hélène and Claude are the coolest nurses in the world. They were a dynamic duo!!!”

“This is an incredible experience that the kids get to live thanks to you. Thank you. Our child wants to go again next year; that’s great!” :-)

“Thank you for everything. As a parent, we really appreciated this respite and, in particular, knowing that our children were safe and in good hands. We didn’t have to worry about hemophilia.”

A number of activities were on the program, notably kayaking, canoeing, paddle-boats, archery and swimming, to name a few.
In the last newsletter, Louise Lefebvre shared her experience of living with factor V deficiency. Here is the continuation with her daughter’s story: Marie-France Dubé.

As my mother previously mentioned, my childhood was punctuated with various health problems. Trips to the hospital began a few months after my birth in August 1985, when I was hospitalized for the first time with gastric reflux. In the spring of 1986, following a urinary infection, doctors discovered that I had a malformation of my urinary system; in fact, two ureters connected my left kidney to my bladder. This malformation required surgery that would take place at Saint Justine Hospital. The operation went well, but I believe there were a few post-operative bleeds that I don’t really remember, since I was only three years old. While I was a toddler, I had almost permanent bruises on my legs and arms, to the point where the doctors began to wonder if my parents mistreated me. But let me reassure you, my parents have never laid a hand on me.

A few years went by and, in December 1995, the doctors decided I had to have a tonsillectomy at the Hôpital Charles-Le Moyne in Greenfield Park. Post-operative bleeds were so heavy that the surgeons decided to reoperate a few days after the first intervention in order to contain the bleeding that was affecting me. Following this adventure, doctors explained to my mother that this was a normal operational risk and they didn’t investigate further. However, my mother began to have doubts, in particular about why she and her daughter both bled so much.

On June 21, 1996, when I was on an end-of-year outing at the municipal pool, I fell 9 feet off a trampoline. I was only 11 years old, but I still remember how horrendous the pain was; I even thought I was going to die. It was my mother who brought me to the ER at Saint Justine, lying on the back seat of the car. I remember as if it was yesterday the face of the nurse who took me out of the car and the comment of the doctor who, after the initial examination, told my mother he thought that my kidney had exploded. I told my mother to stop crying, because it made me cry too, which increased the pain. The final diagnosis was a fracture of the iliac crest accompanied by bleeding that required hospitalization, where I was confined to my bed for almost the whole period of hospitalization, which would last all summer. It was after this event that I started to think about becoming a nurse when I grew up.

My hospital discharge coincided pretty much with the start of my grade six school year. During this school year, orthodontic problems led the dentist to extract three teeth, which, once again, caused abnormal bleeding. After a few days, my mother decided to return to see the dentist who, following an examination, decided to refer us to the ER at the Hôpital Charles-Le Moyne where the doctor suggested my mother return home and get me to bite on teabags in order to stop the bleeding. My mother was worried about the situation and decided to bring me to CHU Sainte-Justine the next day since the bleeding hadn’t stopped. In no time, my case was referred to hematology where Claudine Amesse, that angel, welcomed us and guided us through the long investigation process.

After a number of tests and meetings with doctors and nurses, the long-awaited diagnosis was revealed: the thing responsible for all these problems was a rare bleeding disorder called factor V deficiency. It explained all the bleeding and complications that had occurred since I was a child and that also affected other members of my family. Treatment with Cyklokapron™ was started in order to treat the oral bleeding. However, during the following days, when I returned to school, I remember feeling weak and being brought back to the hospital in an ambulance because the dose was too strong.

At 12 years of age, my menstrual periods began, but weren’t very problematic. At that time, I was doing figure skating, despite the diagnosis with my disease. It allowed me to feel normal. I completed secondary school, then decided to pursue my studies in nursing. I graduated in 2006, and moved to Saint Hyacinthe with my partner where I started my career as a nurse at the Hôpital Honoré-Mercier. Not long afterwards, I got pregnant. My pregnancy was closely followed by doctors Michèle David and Diane Fancoeur. I had a bit of bleeding around the 25th week. At that time, the doctors suggested that I slow down so as not to lose the baby growing in me. Contractions began at the 31st week, which led to bed rest until the end of my
pregnancy. After that, you’d think that my baby boy didn’t want to be born any more, since the doctors had to provoke my delivery at the 41st week. Instructions were clear: no epidural, no forceps or ventouse delivery, since these procedures were too risky. So, doing it the old way, I gave birth to a marvellous 8 lb 8 oz boy. There was a bit of bleeding afterwards, but nothing worrisome.

After the birth, my periods were more difficult. At times, I had to take Cyklokapron to control the bleeding. In 2009, when I thought I was pregnant again, abdominal pains with light bleeding began. I immediately went to the ER. Following an ultrasound, doctors told me that there was no life in my uterus. It was actually a tumour that could be benign or malignant. Surgery was necessary to remove it and confirm its status. The date for this surgery was December 22. In preparation for the intervention, I received plasma, DDAVP (desmopressin) and Cyklokapron. The surgery occurred and the next day, despite all the preventive medication I had taken, my haemoglobin had seriously dropped; I felt weak, out of breath, sad and above all worried that the tumour was cancerous.

Thankfully, the tumour was benign and I could put the little energy I had into slowly getting better by taking iron and Cyklokapron. After this incident, my gynecologist thought I could never have a baby again. To my great surprise, I got pregnant two months before my wedding in 2011. What indescribable joy, what a lovely gift of life. It’s as if life, after all the challenges I’d been through, came to spread a bit of salve on my suffering and pain. It was a perfect pregnancy, without any problems. My daughter was born on May 17, 2012; the delivery was easy, without complications.

Despite my health problems, I consider myself lucky, since my two children don’t have factor V deficiency but are simply carriers. Over time, I’ve learned to live with this disease that is part of me. I can’t say it stops me from living, but my bleeding disorder does cause a lot of discomfort on a daily basis. During my menstrual periods, I feel very weak, exhausted and I don’t function very well.

Other than these periods, I live each day like everyone else. With challenges, you gain strength and learn to see the positive side in the little things in life.

Yes, I have factor V deficiency, but it could be worse, since I could have cancer, diabetes or worse... Yes, there are a few daily inconveniences, but you have to look beyond all that. §

Marie-France Dubé
FUNDRAISING AND COMMUNICATIONS

by Geneviève Chartré
Public Relations and Development Manager

T
e time just flies...school has already started and we’re swapping our bathing suits and suntan lotion for raincoats and comfort food recipes. The beginning of the school year coincides with the start of our Entraide campaign and Dance for life benefit show, two regulars on the CHSQ autumn schedule.
Looking forward to seeing you at our next activities!

Fundraising
Past Activities

Launch of the 2014 Entraide Campaign
The launch of the 2014 Entraide campaign took place September 9 at the Maison Théâtre de Montréal. Spokesperson and storyteller, Fred Pellerin, announced that he would not renew his involvement next year. After 8 lovely years as the spokesperson, he’ll pass the flame to his successor who’ll be named at a later date.
This year, the objective of this annual fundraising campaign, deducted directly from the pay of Quebec public servants and retirees, is $7,400,000. On average, the CHSQ receives $20,000 of this sum, through Quebec HealthPartners.
If you know someone who works in public service, suggest they invite a spokesperson from Quebec HealthPartners, in particular from the CHSQ, to their workplace. This will have a direct affect on donations we receive during the campaign. For more information, contact us.

Upcoming Activities

Victoriaville Bowl-a-thon
The 3rd annual Bowl-a-thon in Victoria will take place October 18 in support of the CHSQ. Organized by Nathalie Martel, a member of our organization and mother of a young hemophiliac, this activity will take place at the Quillorama des Bois-Francs in Victoriaville.
There will be two sessions, one at 1 pm and the other at 6:30 pm.
There are a few tickets left.
For more information, contact Nathalie Martel at 819-552-2009 or the CHSQ office at 1 877-870-0666, local 22.

Dance for Life Annual benefit show — 8th edition
The 8th edition of our annual benefit show, Dance for life, will take place Saturday November 15.
On the program: Andrew Skeels, dancer and choreographer with the Grands ballets canadiens and Ballets Jazz de Montréal, Ballet Ouest, the hip hop troupe Tripoli, Chantal Dauphinais and Rafaeıl Baron, a sensual couple who will offer a passionate tango, and surprises like the Java Trio, directed by Chantal Blanchard, ex-principal singer from the Cirque du Soleil’s Saltimbanco show.
If you haven’t already bought your tickets for this evening, which promises to be a great show, don’t wait too long! VIP tickets, which give access to a cocktail dinner, the show and the chance to meet the artists after the show are $125, while general admission tickets for the show are $30.
Consult the event’s website at: www.dansezpourlavie.ca or contact us to reserve your tickets.

Communications

L’Écho du facteur by e-mail
In order to save funds for our organization and to help the environment, the CHSQ wishes to remind you that you can now get your newsletter, L’Écho du facteur, by email.
Simply send us an email at info@schq.org, giving us the email address to receive your newsletter electronically.
We encourage you to make this gesture that is doubly beneficial...a gesture for the environment and for your organization! §
In fact, we saw new friendships develop that helped form a united group. Despite everything, listening to all the kids' comments, we felt that both sides had to learn to adapt. This is understandable since the camp has to meet certain conditions to adapt to both groups. But we believe that we’re on the right track since we’ve achieved our first objective, which was to create OUR OWN camp.

In order to start off on the same footing and to ensure everyone's safety, the CHSQ offered a new location for camp. This allowed everyone to adapt to this new camp format at the same time as the nurses. For all these reasons, Hélène Néron (nurse from the treatment center at the Hôpital de l'Enfant-Jésus) and me, Claude Meiller (nurse from the treatment centre at CHU Sainte-Justine) agreed not to do any nursing workshops other than the reconstitution of product and insertion of the butterfly infusion needles into the vein.

Long live the holidays!

Once again, there were many CHAMPIONS and extraordinary big brothers who supervised them! We saw a spark of pride in the eyes of many...

We had a chalet that could hold everyone. We were also lucky to be able to supervise treatment and do on-site evaluations. The chalet had a kitchen, which allowed us to serve the majority of our meals in OUR chalet.

Our stay was made enjoyable thanks to Roro, Bûcheron, Ficelle, Panoramix and Hélium, the counsellors at the Cité Joie camp, who skillfully managed activities and meals for the youngsters. But I have to say that Hélène and I lent a hand with the water games. And we had a lot of fun spraying everyone who got in our way or in our line of fire. This said, we still don't understand why the older kids were against our group?! But it doesn't matter because we won. Yeah!

The organizer, Geneviève Beauregard, and her assistant counsellors, Kevin Blanchette, Kevin Blanchette and Benoît Paquin from the CHSQ, organized a few extra activities to surprise everyone (bounce balls, rockets, etc). Laughter and joy were the order of the day!

But without a doubt it was the Sleep out that was the activity that impressed us the most, both the youngsters and Hélène and I. Don't worry, the youngsters slept in the great hall, under the watchful eyes of the CHSQ counsellors and Hélène... Kids will be kids!

Bye for now, everyone; we miss you already! §

Hello to everyone who took part in hemophilia camp this year. And to those who’ll soon join us!

This year was very special for many of us. The CHSQ decided to combine the hemophilia and the hemophilia with inhibitors camp this year.

Hélène and I found the format for this camp allowed us to share our experiences with the two groups.

Self-infusion techniques are reviewed at camp, under the watchful eye of the nurses.

HEMOPHILIA TREATMENT CENTRES' CORNER
Impressions of the two nurses who participated in the CHSQ 2014 Summer Camp

by Claude Meilleur
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THE MILLION DOLLAR CLUB REACHES THE TWO MILLION DOLLAR MARK

Beginning with a dream by Ken Poyser from Alberta, the objective of the Million Dollar Hemophilia Research Club was to raise an endowment fund of one million dollars whose interest, year after year, would finance research into hereditary bleeding disorders in Canada. In 1984, notably with the help of Richard O’Shaunessy from Quebec, the original goal was reached in only six years and the Million Dollar Club was born.

In 2000, Frank Bott from Ontario took over the reins of an extremely ambitious financial campaign aiming to increase the reserves in the Million Dollar Club endowment fund. His efforts were supported by the Canadian Hemophilia Society (CHS), its chapters and regions as well as various partners. The objective of this campaign was reached at the end of 2004 when the value of the funds increased to $1,600,000. Then, by the end of 2013, thirty years after its creation, the balance of the endowment funds has reached $2,109,733!

The capital of this fund cannot be touched, thus ensuring its growth so that the gains realized can be applied to research projects. Each year, the Million Dollar Club and the CHS jointly finance important work on research projects from gene therapy to von Willebrand Disease, along with work on mutation correction and many other topics.

Since 1990, through the CHS research program Dream of a Cure, the Million Dollar Club has invested almost three million dollars in approximately sixty research projects by over fifty Canadian researchers whose mission is to find a cure for hereditary bleeding disorders and to improve care offered to people who are affected. The CHS has done its part in achieving this goal by contributing substantially, on an annual basis, to research in Canada. The Million Dollar Club is a CHS designated fund. The administrators, elected for a three-year mandate by stakeholders with voting class certificates, assume responsibility for all questions of the use of the fund, propose investments, solicit contributions and make recommendations to the Board of Directors of the CHS about the amounts available for research during the course of the year. The CHS is the only beneficiary of research funding through its research program, Dream of a Cure.

Note that the research projects funded are not chosen by the Million Dollar Club. This decision is made by a group of professionals - doctors and researchers - named by the CHS. All recommendations presented to the Board and voting class certificate holders must be approved by CHS administrators.

To learn more about the Million Dollar Club or to make a donation, go to www.hemophilia.ca/en/about-the-chs/to-support-us/hemophilia-research-million-dollar-club.

-F.L.

Travel award program for the 2015 CADTH Symposium

The Canadian Agency for Drugs and Technologies in Health (CADTH) announced the Student and Patient Group Representative Travel Award Programs for the 2015 CADTH Symposium, which will be held at TCU Place in Saskatoon, Saskatchewan from April 12 to 14, 2015.

Since 2007, CADTH has supported student participation by offering funding for travel and registration for more than 125 attendees through awards of more than $165,000 in total.

For the first time, CADTH is also pleased to offer funding to representatives from patient groups who would otherwise be unable to attend, facilitating their participation in the CADTH Symposium.

Applications for the Student Travel Award will be accepted from full-time undergraduate or graduate students at registered institutions in Canada. The individuals must be taking courses in an area relevant to CADTH’s work. Applications for the Patient Group Representative Travel Award will be accepted from not-for-profit, patient-related organizations, or citizen’s organizations interested in health policy. Funding decisions will be based on financial need expressed by the individual in the application, and on what the individual may obtain from and bring to the conference. The maximum award for both programs is $1,500.

All recipients are required to book and pay for their own travel and accommodation, as well as register for the Symposium. The awarded funds will be issued by the end of March 2015.

Individuals who receive an award must submit a post-Symposium report to CADTH outlining the benefits they received and identifying ways to improve the Symposium. The final date for submission of the post-symposium report is May 8, 2015.

To download criteria and the application form, visit the 2015 CADTH Symposium website at: www.cadth.ca/en/events/cadth-2015-sympos/travel-award-programs.

Application forms must be submitted by email to symposium@cadth.ca by Friday, December 5, 2014. Beneficiaries will be notified before December 19, 2014.

-F.L.
A MOMENT TO REFLECT

“Happiness is something that is felt and experienced and not something that is reasoned and defined.”

Miguel de Unamuno
**Eloctate™ is approved by Health Canada**
The Biogen Idec pharmaceutical company announced on August 26th that its new product, Eloctate™, was approved by Health Canada, thus becoming the first extended half-life recombinant factor VIII to be approved in Canada for the control and prevention of bleeding episodes in adults and children over 12 affected by hemophilia A.

This antihemophilic factor was obtained by fusing B-domain depleted human immunoglobulin. The goal is to extend the presence of this factor in the blood system by linking it to recombinant human immunoglobulin, thus imparting a 1.5 fold extended half life. This offers people with hemophilia A the possibility of longer intervals between prophylactic infusions. These could go from once every three to five days, or even once a week, instead of every two or three days, according to prophylactic schedules using present recombinant products.

The Fc fusion technique is the same one Biogen Idec uses for its product Alprolix™, which was already approved March 24, 2014, by Health Canada for the treatment or prevention of bleeding in patients with hemophilia B.  

**F.L.**

**Alprolix™ et and Eloctate™ added to the list of Quebec's blood system products**
On August 6, Biogen Idec Canada announced the decision made by the Direction de la biovigilance et de la biologie médicale at Health and Social Services (MSSS) to add Eloctate™ and Alprolix™ to the list of products in the Quebec blood system. This decision is based on the recommendation of the National Transfusion Medicine Consultation Committee (CCNMT) and, most likely, recommendations from the report presented by the CHSQ to the CCNMT to this effect. A uncommon move, this decision by the MSSS occurred before the approval of Eloctate by Health Canada and was thus conditional on the approval of the product by the Canadian regulatory agency. This approval occurred on August 26, 2014 (see the other text on this topic).

These products will not be immediately distributed to Quebec establishments by Héma-Québec. They are part of submissions from various pharmaceutical companies for the purpose of renewing contracts for factor VIII and IX concentrates, contracts that will expire March 31, 2015.

**F.L.**

**Sovaldi™ and Galexos™ added to the list of drugs reimbursed by Quebec**
On June 2, 2014, the Minister of Health and Social Services announced that Sovaldi™ (Sofosbuvir) by Gilead and Galexos™ (Simeprevir) by Janssen will now be part of the list of drugs reimbursed by Quebec. In short, here are the drugs which these products must be administered, the molecules that are targeted as well as the estimated length of treatment. (CHSQ advises you to consult your doctor).

**Sovaldi™ (Sofosbuvir):**
This medication must be taken with ribavirine and Interferon peg alpha and is for patients infected with genotype 1 or 4 chronic hepatitis C who have never undergone treatment and who are not coinfected with HIV. Treatment with Sovaldi lasts 12 weeks.

**Galexos™ (Simeprevir):**
This medication must be taken with ribavirine and Interferon peg alpha and is for patients with genotype 1 chronic hepatitis C who are not HIV positive, nor have the Q80K mutation. Treatment with Simeprevir can last from 12 to 48 weeks, depending on results, and is for those who were unsuccessfully treated with a previous therapy. §

**F.L.**

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