

Lupus Courier

LUPUS SOCIETY OF ALBERTA

October 2011
Volume 12
Issue 3

Health Canada News

NATIONAL REPORT
CARD
ON HEALTH CARE

HEADACHE

Step Out
For Lupus

**LUPUS
RESEARCH
NEWS**

PREPARE FOR
FLU SEASON

Novel Drug Candidate
May Block
Lupus' Attack

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Systemic Lupus Erythematosus (SLE) is an autoimmune disease that affects thousands of Canadians, mostly women during their child-bearing years. Symptoms vary greatly from patient to patient, and treatment is highly individualized. Lupus patients are urged to contact their physician or health professionals with any questions or concerns about their illness.

Lupus Courier is mailed quarterly to current members of the Lupus Society of Alberta. Inquirers receive one complimentary copy and are invited to join the Society. The purpose of this newsletter is to publish current, well-balanced reports on lupus and its treatment, health management and research, to serve as a supportive resource and to inform readers of the organization's actions. Articles are presented for the readers' information and do not necessarily reflect the opinions or views of the Lupus Society of Alberta.



Message from the Editor

George Eliot wrote: "Delicious autumn! My very soul is wedded to it, and if I were a bird I would fly about the earth seeking the successive autumns." I hear so many people speak in nearly as eloquent terms about this season and I wholeheartedly agree. We have very fortunate this fall to have an extended period of sunshine and warmth along with the breathtaking beauty of the multicoloured foliage. I hope that all of you have had an opportunity to take it all in before the cold and snow of winter are upon us.

Of course this season also brings the on-set of flu and colds. Please review the information I have included on this serious health concern for people living with lupus.

Throughout this edition of the *Courier* you will also read several articles featuring a wide array of findings in lupus research. This subject is always of interest to our readers and indicates the progress now being made and the new promise for earlier diagnosis, better treatments and long-term positive prognosis for lupus patients.

I am very pleased to announce, on behalf of the Board of Directors, that Mike Sewell of Calgary has joined the Board as a Director at Large. He has volunteered with the LSA for several years and brings considerable knowledge and skills that will be of great value to the society.

In the coming months we will have more to share with you regarding the Strategic Plan, new opportunities for volunteer involvement, and our plans for celebrating 40 successful years as an organization. We all reap the benefits of the hard work, initiative and selflessness of those who founded the LSA and those who took up the torch and have contributed time, effort and financial support to ensure that we can continue to meet our Mission.

Very soon we hope to announce details about the Education Symposium planned for the spring of 2012. An impressive roster of speakers is being organized and we are investigating options to deliver the program province-wide.

As always, I encourage you to share your ideas about our events and programs and I look forward to hearing from you in the near future.



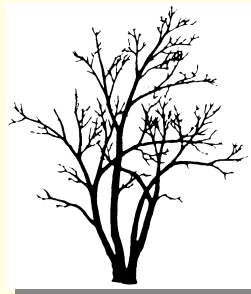
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OUR MISSION

To provide education and support on lupus and lupus related issues and enable research to find effective treatments and cures.



NEWS IN LUPUS RESEARCH

Lupus Research Institute

Advances in Understanding Pregnancy and Lupus

Not very long ago, doctors would often advise their female patients with lupus *not* to become pregnant because of the risks to both mother and unborn child — heartbreaking news for anyone who wanted to have children.

But that was 20 years ago, and thankfully much progress has since been made in the scientific understanding of the disease. In the last decade, the Alliance for Lupus Research (ALR) has been able to add its contributions to this growing body of knowledge. Intensive studies of pregnancy and lupus have yielded impressive results — which, in turn, increase the potential for future advances.



Findings Reveal SPECIFIC Risks ... and NEW Hope

Because lupus primarily strikes women of reproductive age, identifying ways to predict which women and infants will have increased risks of complications has become a research priority.

A thorough analysis made by the American College of Rheumatology (ACR) has enabled researchers to identify a number of predictive markers for pregnancy and delivery complications. In observing the medical conditions of 177 women with lupus who have had 406 pregnancies, the ACR found that they face specific additional pregnancy-related risks. (*A listing of these risks follows this article.*)

The findings offer a solid basis for avoiding some of the complications and providing research paths for potential therapies. The ACR recommends to women with lupus that they should make sure all their doctors are aware that they have lupus and that they plan their pregnancies at least six months after their last flare.

The ALR Builds on Past Successes to Open New Pathways

By funding some of the world's most pioneering scientific investigations, the ALR plays an enormous role in advancing lupus research, including an increased understanding of lupus during pregnancy. Building on past successes, we aim to defeat lupus — in all its manifestations — for good!

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Novel Drug Candidate — May Block Lupus' Attack on the Brain

New Discovery Results from Lupus Research Institute Funded Research Studies

Wednesday, July 27, 2011



Some ten years ago, scientist Dr. Betty Diamond came to the Lupus Research Institute with a critical clinical question that could only be answered with molecular research – why do four out of five people with lupus suffer with some type of neuropsychiatric difficulty? With funding granted on the merit of her hypothesis, Dr.

Diamond found her answer. Based on that research, she is now developing a novel drug-like molecule that could lead to a treatment for lupus.

Dr. Diamond's original LRI-supported research discovery found that a particular type of lupus antibody found in the brains of lupus patients can attach to and kill nerve cells in the brain, causing neurological and cognitive difficulties. Damage can range from trouble thinking clearly, to lapses in memory to not being able to distinguish reality from delusion. Currently, there are no targeted therapies for neuropsychiatric lupus.

Dr. Diamond, together with Dr. Yousef Al-Abed and other colleagues at the Feinstein Institute of Medical Research in New York, recently published a paper in the *Proceedings of the National Academy of Sciences* describing how their new molecule neutralizes (counteracts) the specific type of nerve-damaging lupus autoantibody she had identified years before. In this recent study, the new molecule protected brain cells in mice from damage by lupus autoantibodies.

"The LRI was the first organization to fund studies of this model of neuropsychiatric lupus," said Dr. Diamond. "With the Institute's grant as well as subsequent funding from the NIH, we provided the first molecular explanation of how the central nervous system is attacked in lupus. We are even more excited to

have now developed a molecule that can block that attack."

Potential for Patients

Like any breakthrough, this discovery did not happen in a vacuum. Other research teams have been able to neutralize the autoantibodies Dr. Diamond originally identified by using a peptide (a short chain of amino acids) that mimics the receptor the autoantibodies bind to. But its potential as a treatment is limited because the peptide cannot be taken orally and can inadvertently activate the immune system. Dr. Diamond's group designed their new molecule with a similar shape as the earlier peptide, but to overcome its limitations, used distinct chemical building blocks so that the molecule can be absorbed orally and avoid triggering the immune system.

The Feinstein researchers stress that the molecule is still at an early stage of drug development. They will share a \$571,610 NIH grant with Biomedical Research Models Inc. to test the molecule to see if it is safe for clinical trials with patients.



"There is a very real need to address neuropsychiatric lupus," commented Margaret Dowd, President, Lupus Research Institute. "We are very proud to have recognized the importance of Dr. Diamond's research and to have given her the initial support for the work that led to this groundbreaking discovery."

Reprinted from LRI (Lupus Research Institute) www.lupusresearchinstitute.org

HEADACHE

In Connective Tissue Disease and Vasculitis

Sarah O'Rourke - Medical student 4th year, Bart's & London attached to Queens Hospital, BHRT University NHS Trust
K.Chakravarty – Consultant Rheumatologist, BHRT University Hospital NHS Trust, Romford, Essex

Introduction: There are several causes for headache in an individual from simple headache to more complex types related to an underlying condition, such as connective tissue diseases including lupus and vasculitis. Headache is one of the most common presenting complaints to general practitioners and often they have to make a distinction between simple headache and more complex types including those associated with complex connective tissue diseases.

Vasculitis is essentially a heterogeneous group of uncommon diseases characterised by inflammatory cell infiltration and necrosis of blood vessel walls. Cerebral vasculitis is part of a condition associated with vessel inflammation and vessel wall damage within the brain. Vasculitis are classified according to the size of vessel they affect and the clinical presentation they are associated with. One of the commonest vasculitides is that of giant cell arteritis (GCA) which affects large vessels supplying the brain and its associated structures.

Cerebral vasculitis is notoriously difficult to diagnose as it has no typical characteristics or presentation. The presentation can encompass a wide range of neurological symptoms including headache, stroke, encephalopathy and seizures. Patterns of presentation have been suggested to aid clinical recognition and these include: acute or subacute encephalopathy with headache confusion and reduced consciousness leading to coma; intracranial tumours with its related features such as headache, drowsiness and raised intracranial pressure along with focal signs and a relapsing – remitting clinical course with features such as optic neuropathies and seizures, stroke like and encephalopathic episodes can mimic vasculitis in the brain.

Diagnosis

There is no specific diagnostic criterion; as a result the condition is usually diagnosed by a process of exclusion. Laboratory findings show non-specific inflammation with raised inflammatory parameters such as erythrocyte sedimentation rate (ESR) and c-reactive protein (CRP) and abnormal blood results showing anaemia, thrombocytopenia and at times deranged liver function tests. The use of non-invasive techniques such as imaging can include CT, MRI and angiography are sensitive but not very specific (*Figure 1*). CT angiography may show vessel beading, aneurysms or lumen narrowing. MRI changes may include haemorrhage or areas of infarction in the grey and white matter. Electroencephalography is also abnormal in 80% of patients, showing slow-wave activity.

Damage to vessels causes the body to produce an immune response through antibody or cell mediated mechanisms. Antibody mediated damage can be direct, through the effects of immune complexes or antineutrophil cytoplasmic antibody-related (ANCA). ANCA assays are commonly sought to help in the diagnosis of a condition.

A lumbar puncture may show raised intracranial pressure and cerebrospinal fluid studies may be indicative of inflammation with lymphomonocytic pleocytosis or an increase in protein which is seen in over 90% of cases. Brain biopsy is the gold standard for diagnosis of cerebral vasculitis and is done under CT guidance.

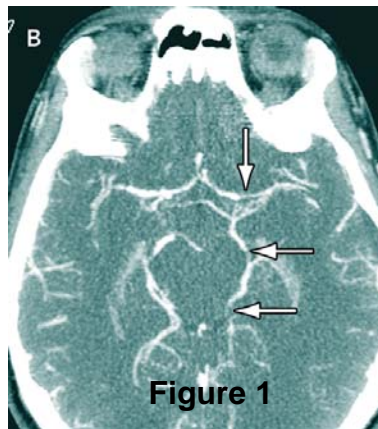


Figure 1

Headache in Connective Tissue Disease

Connective tissue diseases are inflammatory conditions which affect the joints, muscles vessels and skin. Cerebral vasculitis can occur as a result of such connective tissue diseases. There have been reports of cerebral vasculitis occurring on a background of non-vasculitic systemic disorders, such as systemic lupus erythematosus (SLE), Rheumatoid arthritis, Sjögren's syndrome, progressive systemic sclerosis, dermatomyositis and polymyositis.

Systemic lupus erythematosus (SLE) is a multisystem autoimmune disease, which commonly affects young women. In SLE circulating antinuclear antibodies cause damage to a number of organs; through direct autoantibody effects or immune complex deposition. Central nervous system involvement is thought to occur in 14-75% of SLE patients. When a vasculitis is suspected, it is important first to exclude other causes of neurological signs in patients with SLE, such as antiphospholipid antibody related thrombosis, cardiac emboli and thrombotic thrombocytopenic purpura. Vasculitic changes seen on autopsy in SLE commonly involve small vessels. There is usually thickening, hyalinization, platelet deposition and development of microinfarcts and microhaemorrhages.

Another connective tissue disease which is known to precipitate cerebral vasculitis is that of seropositive rheumatoid disease. Rheumatoid arthritis (RA) is an autoimmune disease which leads to a symmetrical inflammatory joint damage, characterised by pain, swelling and tenderness associated with pannus formation in the synovium. Cerebral vasculitis in rheumatoid arthritis is a

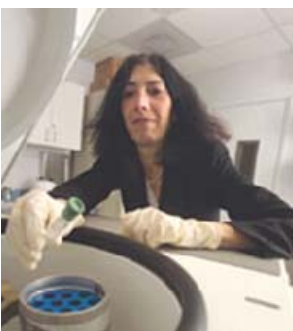
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With funding from the ALR, Jane E. Salmon, MD, of Weill Cornell Medical College, is investigating pregnancy loss among women with lupus. Dr. Salmon proposed and evaluated a novel hypothesis: *“We theorized that such pregnancy loss was critically dependent on the activation of the inflammatory process in the placenta,”* she said.



Dr. Salmon's team demonstrated that inhibiting the inflammation dramatically reduced fetal loss and growth restriction. This is encouraging news — not only because one of the lupus mechanisms has been identified for this syndrome, but also because there are several currently approved drugs that block this inflammation process.

Today Dr. Salmon is studying more genes in this pathway and measuring circulating proteins in blood early in pregnancy. This may take more years of research but Dr. Salmon has a goal of developing a risk profile to guide patients and physicians.



Working toward the same aim is internationally recognized Jill P. Buyon, MD, of New York University School of Medicine. With a long-term association with the ALR, Dr. Buyon has been opening pathways to a better understanding of neonatal lupus and pregnancy in lupus for more than 25 years.

Dr. Buyon's vast work in lupus and pregnancy includes investigations on neonatal heart blockage, premature delivery, and preeclampsia, a condition that causes high blood pressure and large losses of protein.

With her vast experience, Dr. Buyon remains optimistic: *“Most women with lupus do well during pregnancy, although premature birth and pre eclampsia still remain a threat for some. Pre-pregnancy counseling should be emphasized. Careful monitoring is key and in terms of lupus medicines, women should continue to take what they've been prescribed unless the doctor instructs them on specific changes which may include several of the immunosuppressives and anti-hypertensives.”*

Striving for Better Treatments Today... and a Cure for Tomorrow

The ALR pursues multiple approaches to a fuller understanding of lupus — including how it increases risks of complications for pregnant women. While searching for a cure, our investigations also aim to reduce risk and improve therapies for women with lupus who want to have children.

Dr. Jane Salmon and Dr. Jill P. Buyon are world renowned for their critical work achievements in the study of neonatal lupus and pregnancy in lupus. The National Institute of Health (NIH) is currently funding Dr. Salmon's work.

American College of Rheumatology (ACR) has identified a number of predictive markers for pregnancy and delivery complications:

- 3! Proliferative lupus nephritis - increases risk for preeclampsia.
- 3! Hemolytic anemia - increases risk for preterm delivery and preeclampsia.
- 3! Raynaud's phenomenon - increases risks for preterm delivery.
- 3! Antiphospholipid syndrome (a blood disorder) - increases risks for miscarriages, slow fetal growth, and preeclampsia.
- 3! Pregnancy less than six months after a flare - increases risk for preeclampsia.

Lowering the Risk of Pregnancy Loss

Vikki M. Abrahams, Ph.D., Associate Professor of Obstetrics, Gynecology, and Reproductive Sciences at the Yale School of Medicine, is one of the scientists who have received ALR funding to advance our understanding of lupus and pregnancy.

Dr. Abrahams has been investigating a specific condition in women with lupus, the antiphospholipid syndrome that is known to cause miscarriage and stillbirth. This syndrome is a coagulation disorder of the blood that also leads to excessive blot clotting.

During pregnancy antiphospholipid antibodies appear to target cells of the developing placenta, disrupting the normal cell functions.

(continued on next page)

These disruptions kill cells and inflame the area where the placenta would normally attach to the uterus, and these destructive changes greatly increase the risk of pregnancy loss.



A key goal of Dr. Abrahams's research is to find the precise mechanisms that put women with lupus at risk for antiphospholid syndrome. What does this mean for women with lupus? This study may lead to better methods of diagnosing the likelihood of pregnancy complications and developing new treatments to improve the long-term health of mother and fetus.

Grasping an Understanding of Lupus in Children

While adults who are diagnosed with lupus often experience a range of emotions, they generally have the ability to process their feelings. But, when a youngster or teenager is diagnosed with the disease, it's all the more confusing for the child and worrisome for the parents.

In addition to the difficulty in determining an actual diagnosis, lupus in children is a serious challenge to treat. Clearly, it has a direct impact on the child's life — but a diagnosis of lupus can affect nearly every aspect of family life.

As in adults with lupus, current treatment options can have many physical and emotional side effects. Children must also cope with often-grueling pressure to "fit in" and peer rejection is apt to lower their self-esteem.

Today, the **Alliance for Lupus Research** (ALR) is looking for answers to benefit both children and adults by funding the world's most promising scientific investigations to advance the understanding of lupus, develop new treatments, and ultimately cure this debilitating disease.

And building on our revolutionary breakthrough discovery linking specific genes to lupus, we've created the Functional Genomics and Molecular Genetic Pathway



Dr. Earl Silverman

Dr. Earl Silverman believes children have more genes predisposing them towards Lupus... they get sicker than adults... and that their symptoms can be even more severe.

grants and award them to brilliant scientists like Dr. Earl Silverman at the Hospital for Sick Children in Canada.

With his grant, Dr. Silverman is examining whether the number of lupus-associated genes present in children differs from the number of these genes present in adults with the disease. Scientists already know that there is a common set of genes in both children and adults with lupus. Dr. Silverman's investigation is looking to determine whether different genes are at play in patients with different ages of onset.

Dr. Silverman is hopeful he'll discover new insights into childhood lupus: "We will, for the first time, study whether children are at a higher genetic risk for lupus and determine if there is an interaction of organ-specific genes with lupus-related genes. This will tell us if there is a higher frequency of these genes in lupus patients with organ-specific manifestations — and if it holds true in both children and adults."



Dr. Silverman believes children have more genes predisposing them towards lupus, that they get sicker than adults, and that their symptoms can be even more severe. In speaking with him, it is apparent that Dr. Silverman is a man of compassion who understands the angst that children with lupus feel. "They can get puffy cheeks and stretch marks. Weight gain can be on the thighs, the stomach. And treatment can cause pimples and increases facial hair — just what a teenager needs."

This study is just one of many promising investigations that the ALR is funding. Lupus is one of the most complex diseases and ALR-funded scientists, like Dr. Silverman, are devoted to fitting together many puzzling pieces to get a clear understanding of the disease and how to treat and cure it.

(continued on page 8)

New Technology Offers New Hope

Scientific breakthroughs in the understanding of DNA and gene function are enabling researchers to pinpoint their investigations and to speed up the process of scientific inquiry. Simultaneously, exciting new possibilities for genetics are emerging from the burgeoning field of biomedical technology.

Today, **ImmunoChip** — using the most up-to-date information about DNA — is the latest tool that geneticists can use to study autoimmune diseases like lupus (SLE), identifying the actual causal genetic differences, and how they affect immune function.

ImmunoChip is an array of specified biological compounds in micro-sized spots. Because of its miniature size and automated manufacture, ImmunoChip can be used to easily study the DNA of very large numbers of people.

ImmunoChip will allow scientists in the field of lupus research to test 250,000 genetic markers in SLE cases. Its comprehensive design will give the scientific community the opportunity to examine multiple ethnicities and to determine the increased likelihood of individuals developing SLE when someone in their family has the disease.

“ALR-funded research led to the first known genetic markers for lupus, so we know research is key to finding a cure,” said Kenneth M. Farber, ALR President. “At this critical juncture, we are encouraged by innovations like ImmunoChip and look forward to the ways this technology will help advance the important work that is being executed by ALR-funded scientists across the globe.”

A Major Advance in Use of Steroids

Steroids are widely used for a diverse array of medical purposes... including autoimmune diseases. Yet for all of its benefits, this therapy is no cure-all. In fact, it can cause serious internal damage — especially for people with lupus. Today, new findings from an ALR-funded investigation are changing our concept of steroids.

The collaborative effort is led by Dr. Virginia Pascual, principal investigator at Baylor Research Institute (BRI) in Dallas, and Dr. Franck Barratt, director of drug discovery at Dynavax in Berkeley. These scientists have discovered that two immune system proteins undo much of the therapeutic action of steroids, thereby requiring



larger doses of steroids and increasing the risk of further side effects.

Steroids essentially kill certain malfunctioning immune system cells, including plasmacytoid dendritic cells (PDCs), which generate too much type 1 interferons — a contributing cause of lupus and other autoimmune diseases. But two immune system proteins toll-receptors named TLR7 and TLR9 make conditions worse by activating additional PDCs. They increase the supply of the very cells that steroids are killing. So more and more steroids have to be used to keep down the PDCs.

STEROIDS AND LUPUS: Steroids work by stopping a hyperactive immune system from attacking healthy tissues. But for some reason, steroids have been less effective in people with lupus — and an investigation funded by ALR has discovered the cause.

“We have long known that these receptors play a critical role in lupus, but until now, we didn’t know that they were directly interfering with the effects of steroid treatments,” said Virginia Pascual, M.D. “By blocking TLR7 and TLR9 function, we may have found a safer way to treat this debilitating disease.”

Dr. Pascual’s work is welcome news to lupus sufferers because the large dosage of steroids now required for treatment can cause serious damage to the organs as well as weight gain, cataracts, hypertension, and brittle bones. And in children steroids can also stunt growth. “Lupus is definitely a very challenging and serious disease in children,” said Dr. Pascual. “The treatments used to quell flares and maintain remission have many physical and emotional effects that can lead to negative self-esteem issues.”

Much of Dr. Pascual’s investigation is focused on children, which is a departure from most research in lupus. The findings are expected to apply equally well to adults with the disease. Both ALR grantees, Dr. Pascual received two grants totaling \$1.5 million in 2003 and 2005, and Dr. Barratt received one grant for \$483,000 in 2004. In total, the ALR has granted \$8 million to TLR research.

Progress is moving fast. Blocking agents for TLR7 and TLR9 are already in development and are expected to be ready for clinical trials soon. The ALR is proud to have been part of this pioneering and hope-filled study.

Reprinted from Alliance for Lupus Research
www.lupusresearch.org

11th Annual National Report Card on Health Care

August 2011

Executive Summary

The Future of Health Care: Empowering Canadians toward Improved Care

- When asked whether or not health services available to them and their families have improved, stayed the same, or worsened over the last eight years since the 2004 federal-provincial Health Accord was signed, most say that health services have either stayed the same (47%) or gotten worse (36%); fifteen percent say they have improved. Moreover, the 2011 Report Card results, which are described later in this summary, indicate a decline in positive views toward health care.
- A wide majority of Canadians feel that federal-provincial collaboration around a renewed health care agreement needs to improve, yet there is optimism that a new agreement will be signed in time...
 - 93% agree that the federal and provincial levels of government should get together every year to discuss the state of the health care system in Canada.
 - 97% agree that the federal and provincial governments need to start working better together so that a renewed health agreement can be signed before the 2014 Accord expires.
 - That said, there is optimism that they will be able to sign a renewed agreement in time; 83% agree (42% strongly and 41% somewhat) that this will happen.
- A majority of Canadians prefer a health care system that is national (as opposed to provincial) in scope and that the next Health Care Accord follow a national model...
 - A majority of Canadians think that the health care system should follow a national model that first and foremost takes into account the collective needs of all Canadians (55%) rather than a system that focuses primarily on the individual needs of each province or territory (43%).
 - Furthermore, over half of Canadians (52%) prefer a federal-provincial agreement that is national in scope with all provinces coming to a single agreement, while just under half (47%) prefer an agreement that is focused on each jurisdiction.
- Half of Canadians believe that the current model for health care needs to be re-thought to incorporate performance-based funding..
 - When presented with two options, half of Canadians (49%) opt for a model that would allow provinces and territories to spend their allocated funding as they see fit, while 46 percent choose a model whereby a portion of the funding would be held back until performance targets are met. Respondents were told that under this scenario, if performance targets were not met, some of the money would get allocated to the provinces and territories that had met their targets, and some of the money would be used to fund service for out-of-province patients unable to receive care in their own jurisdiction.
- Canadians feel that a patient health charter would improve the quality and efficiency of the health system...
 - 86% agree that a patient health charter outlining patient rights and responsibilities would improve the quality of health services

Vaccine FAQs (Influenza 2011-2012)

Why is immunization important?

Immunization is the single most effective means of preventing influenza infection and illness. It's important for all Albertans (six months of age and older) to get immunized against influenza, every year, to reduce transmission of illness.

Who is eligible for influenza immunization in Alberta?

All Albertans over 6 months of age are eligible to receive the influenza vaccine, free of charge. (All individuals who live, work, or go to school in Alberta).

Is influenza immunization free?

Yes. Alberta offers the influenza vaccine to all Albertans (6 months of age and older), free of charge.

I was immunized last year. Do I need to be immunized again this year?

Yes. Influenza viruses change from year to year, and when influenza viruses change, so do influenza vaccines. Each year, the World Health Organization identifies the strains of influenza expected to circulate that year, and the influenza vaccine is then developed to protect against these strains. To protect yourself against influenza, you need to be immunized against influenza each year.

Why should I get an influenza immunization if I am healthy?

Seasonal influenza immunization is one of the best ways to prevent influenza disease and the illness it can cause. Even healthy people not at risk of severe complications from influenza should get the vaccine as influenza can be severe and make you very sick. In addition to the usual five to ten days of serious illness, it can take weeks to fully recover, interrupting work, recreation and family activities. Protecting yourself also benefits those around you who may be at risk of severe complications from influenza. As more people are protected through immunization, the influenza virus has less chance to multiply and circulate.

I don't normally get influenza so do I really need to be immunized?

Yes. Everyone can benefit from getting a seasonal influenza immunization each year. Getting the vaccine improves your chances of having an influenza free season and also avoids transmitting to virus to those at high risk.

Is the vaccine safe?

Yes. In Canada, all vaccines must go through a rigorous testing process, and meet stringent safety standards, before receiving approval from Health Canada.

Can I get influenza from the influenza vaccine?

You cannot contract influenza from the influenza vaccine. The influenza vaccine does not contain live viruses. Because the vaccine does not contain live viruses, it cannot cause influenza.

Is it safe for pregnant women to be immunized against influenza?

Yes.

Is it safe for me to get immunized against influenza if I am breastfeeding?

Yes.

Who should NOT have the influenza vaccine?

The following persons should not receive influenza vaccine:

- ! Persons with a history of severe allergic reaction (anaphylaxis) to eggs
- ! Persons who have had an unusually severe reaction to the influenza vaccine in the past
- ! Children younger than six months of age. The seasonal influenza vaccine is not licensed for this age group.

What if I'm allergic to latex?

There is no latex in the seasonal influenza vaccine packaging or in the syringe.

Can the influenza vaccine be given if I am on medication(s)?

Yes. The vaccine can safely be given when you are taking most medications. Consult your healthcare provider if you are unsure if you are able to receive the seasonal influenza vaccine while on medication.

Can the influenza vaccine and other vaccines be given at the same time?

Yes. Influenza vaccine can be given at the same time as other vaccines. Pneumococcal vaccine or routine childhood vaccines are often given at the same time as seasonal influenza vaccine.

If I am currently taking an antiviral medication, is it safe to have the seasonal influenza vaccine?

Yes. It is safe to have the vaccine while taking an antiviral medication.

If I receive the seasonal influenza vaccine can I still donate blood?

The Canadian Blood Services policy is to wait 48 hours (2 days) following influenza immunization before donating blood. If you have donated blood, there is no waiting period required before receiving the influenza immunization.



If I am scheduled for surgery, can I still get the influenza vaccine?

Although it is safe to receive influenza vaccine prior to surgery, please check with your surgeon before being immunized for influenza to avoid the risk of cancellation of the surgery. Should you experience a side effect (fever) from the influenza vaccine your surgery has the potential for being cancelled.

How soon after I receive my influenza vaccine will I be immune?

It takes about two weeks after immunization to develop protection against influenza. Protection may last up to one year. The vaccine will not protect against colds and other respiratory illnesses that may be mistaken for influenza but are not caused by the influenza virus.

How effective is the influenza vaccine?

When there is a good match between the influenza strains in the vaccine and the strains circulating in the community, the vaccine has been shown to prevent influenza illness in about 70% to 90% of healthy adults and children. Research has shown that influenza vaccine reduced the incidence of severe illnesses and complications such as pneumonia and hospital admission by up to 60% and deaths by 80%. Physician visits, hospitalization and death in persons at high-risk of influenza complications are also reduced.

What are the possible side effects of the seasonal influenza vaccine?

Most people have no reaction to the seasonal influenza vaccine. Reactions that do occur are typically mild. They usually occur within 6 to 12 hours after the immunization and commonly disappear within 24 to 48 hours. Possible reactions include:

- ! Redness, mild pain and/or swelling where the needle was given;
- ! Irritability and/or tiredness
- ! Headache, muscle aches and pains
- ! Fever and chills

What should you do if you have a reaction to the vaccine?

If your arm is sore where the needle was given: Apply an ice pack or a cool moist cloth to the area. Take a medication such as acetaminophen as directed on the container. Adults can also use other pain medication of their choice. Aspirin (ASA) is not recommended for children.

If you develop a fever or chills:

- ! Drink extra fluids (water, fruit juice)
- ! Take a medication such as acetaminophen as directed on the container.

If you have a headache and/or muscle pain:

- ! Take a medication such as acetaminophen as directed on the container. Adults can also use other pain killers of their choice.
- Note: Acetylsalicylic acid (ASA) or Aspirin® is not recommended for persons under 18 years of age because of the increased risk of Reye's syndrome.

If you have a severe allergic reaction (anaphylaxis) including hives, swelling of the face, lips or throat, wheezing and/or shock (fall in blood pressure):

- ! Tell someone immediately and seek immediate health care.

If you have any questions about the immunization you received, or have any unusual symptoms after the immunization, call HEALTHLink Alberta at:

403-943-5465 (Calgary)
780-408-5465 (Edmonton)
Toll Free 1-866-408-5465
(elsewhere in Alberta)



Step Out For Lupus 2011

**Suzanna
Yee**



STUDENT

Honorable Mention: Rojean Almerol

CALGARY Pledge Package WINNERS

**Kate
Rybchynski**

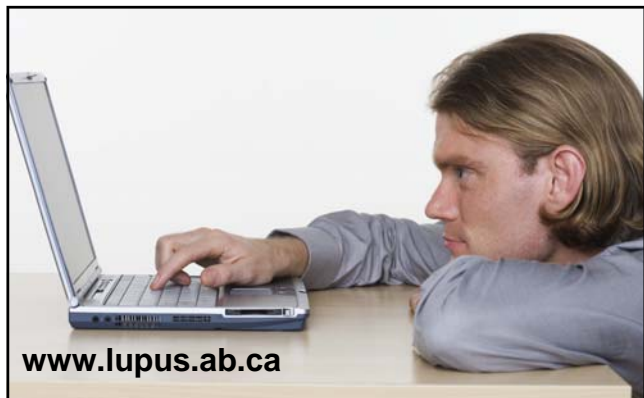


ADULT

Kate With Her Fiance

Honorable Mention: Melissa Lundy,
Nha Wong, Cara Fortier,
Diane Carruthers & Elizabeth Egan

**Have you checked out
the new LSA website?**



www.lupus.ab.ca

40th Anniversary

**LUPUS SOCIETY
OF ALBERTA**

It has been 40 years since the Lupus Society of Alberta was organized. In the coming months we plan to recognize this achievement, honor our founders and contributors and welcome our future. If you can help or have archival material to share, please contact Rosemary at the LSA.

2011 EDMONTON

Check the next issue of the Courier
for all the photos and results.

Would you like to
receive your Lupus Courier by
E-mail? If so, let us know at
lupuslsa@shaw.ca



Coming: LUPUS EDUCATION EVENT

When: Spring 2012

Learn what is
new in research
and treatment



October is Lupus Awareness Month

YOU Can Help Us Spread The Word

LSA Needs You Too!

Volunteers are invited to join committees for Education & Support, Communications & Public Awareness and Fundraising.

You can also work on projects such as Step Out For Lupus, Education Days, etc.
Call Rosemary at the office at 1-888-242-9182 or 403-228-7956 or E-mail: lupuslsa@shaw.ca



VOLUNTEERS



Volunteers are the only human beings on the face of the earth who reflect this nation's compassion, unselfish caring, patience and just plain loving one another. Erma Brombeck

Why Volunteer?

! Volunteering - A Canadian Way of Life

Volunteering is a big part of Canadian life. Many Canadians are generous when it comes to helping others. Every year, 12.5 million volunteers give their time, energy and skills to make our communities better.

According to Volunteer Canada, much of what Canadians take for granted is delivered to us by volunteers. The work of volunteers is essential to our communities and to our social fabric.

! Canada's Volunteer Crunch

Over twelve million volunteers in Canada is a lot, but a small percentage of Canadians are carrying most of the load, and most of them are already in their seventies. As they step down and become fewer in number, a whole new generation of volunteers needs to fill their places -in new and varied ways.

It is one of the beautiful compensations of this life that no one can sincerely try to help another without helping himself.

Ralph Waldo Emerson

Health Canada News

"Omega Alpha Kidney Flush" Being Recalled from the Canadian Market: May Cause Serious Adverse Reactions in Pregnant Women and Kidney Disease Patients
Advisory 2011-63 May 04, 2011 For immediate release

The issue:

Omega Alpha Pharmaceuticals Inc., in consultation with Health Canada, is voluntarily recalling all lots of "Omega Alpha Kidney Flush" due to the omission of cautionary and warning statements on the product label. This recall involves all lots of "Omega Alpha Kidney Flush" product, under the Omega Alpha brand, sold at retail locations in Ontario, Québec, British Columbia and Alberta. Due to the combination of medicinal ingredients, this product is for occasional use only and should not be taken for extended periods of time. In addition, this product may present risks to the health of certain vulnerable populations, such as individuals with cardiovascular disease, kidney, high blood pressure, liver or gall bladder disorders, allergies to plants of the Poaceae and/or Asteraceae/Compositae family as well as pregnant and/or breast feeding women.



Who is affected: Canadians who have purchased or used "Omega Alpha Kidney Flush", specifically pregnant women and consumers with kidney disease.

What consumers should do:

- Speak to your healthcare practitioner with any questions or concerns regarding further use of these products.
- Report any adverse reaction potentially related to these products to Health Canada (see below).
- Contact Omega Alpha Pharmaceuticals Inc. (Toronto, Ontario) at 1-800-651-3172.
- Return the product to the place of purchase, the retail location or directly to Omega Alpha Pharmaceuticals Inc., for a full refund.

What Health Canada is doing: Health Canada is monitoring the recall of "Omega Alpha Kidney Flush" from the Canadian market. Should any new information be identified, Health Canada will continue to provide an update to Canadians.

Background: Omega Alpha Pharmaceuticals Inc. has stopped the sale of "Omega Alpha Kidney Flush" and is following-up with their retailers. The company is also advising consumers to return the product, either to the place of purchase or directly to them, for a refund. Any new product being sold will contain all the risk information in accordance with the product licence (NPN 80023986) issued by Health Canada. Further information on the product licence for this product is available in the [Licensed Natural Health Products Database](#) by searching under the NPN number.

Products affected: 1. Kidney Flush, UPC code 826913121805.

For more information: Consumers and health professionals wanting more information about this advisory from Health Canada can contact the Public Enquiries Line at 613-957-2991, or toll free at 1-866-225-0709.

HEADACHE in Connective Tissue Disease and Vasculitis

(continued from page 5)

rare complication. In a study of inflammatory CNS disease in RA by *Bathon et al*, it was found that 37% had a vasculitis. CNS rheumatoid nodules and meningitis are more common neurological manifestations.

Sjögren's disease is a chronic inflammatory autoimmune disease which results in a lymphocytic infiltration of the lacrimal and salivary glands, leading to a reduction in secretions and development of keratoconjunctivitis, xerostomia and sicca. Neurological manifestations of this disease are more often seen in the peripheral nervous system; commonly as a peripheral sensory neuropathy or mononeuritis multiplex. However, CNS manifestations have been documented; in particular the role of a mononuclear inflammatory vasculopathy in the small vessels of the cortex and meninges. The findings of cerebral angiography show dilatation, stenosis or occlusion of small cerebral blood vessels, suggesting the presence of small vessel vasculitis in up to 45% of patients with Sjögren's Syndrome with CNS involvement.

Treatment

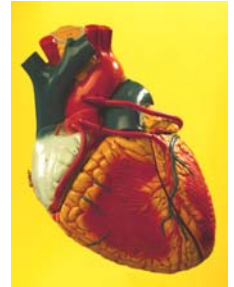
Prompt management of cerebral vasculitis can improve outcome. Treatment is initially given to induce remission of the condition, followed by a longer period of treatment to maintain the remission. The induction treatment, which causes remission, involves the use of high dose steroids in conjunction with Cyclophosphamide daily or in cyclical pulses for duration of 9-12 weeks. The maintenance phase of the treatment lasts for a further 10 months and involves oral steroids on alternate days, with the introduction of Azathioprine to replace the use of Cyclophosphamide. All the therapies are being constantly challenged and new and novel therapies may be available in the next few years which may influence the outcome of cerebral vasculitis in a big way.

Reprinted with permission from Lupus UK News & Views

Canadian Network for Improved Outcomes in Systemic Lupus Erythematosus

The Role of Fatty Acid Composition in Disease Activity and Cardiovascular Disease in Systemic Lupus Erythematosus

Systemic Lupus Erythematosus (SLE), or lupus, is associated with many metabolic abnormalities causing damage to the blood vessels and thus a greater chance of heart disease compared to healthy people. There is no cure for lupus. Until now, the treatment of lupus has been limited to the use of drugs that control partially the disease and may be associated with unpleasant side effects. However, the role of nutritional factors in SLE has been ignored. Changing the fatty acids, or more simply fats, in the food that we eat can lead to differences in how our cells function and allow the production of better fats – thus opposing the effects of bad fats that can be modified by the disease processes of lupus. For example, omega-3 fatty acids obtained from fish, a good fat, is shown to have heart-protective effects. Also, phosphatidylcholine (PC) and phosphatidylethanolamine (PE) are the two major fats that are in the cell membrane, or envelope of the cell. The PC: PE ratio and their composition play an important role in maintaining cell functions. These factors have not been studied in SLE. The project allows us to investigate in a study whether the nature of blood fats are associated and can predict SLE disease activity or damage and blood vessel abnormalities. SLE patients are particularly at risk of heart disease, bone disease, kidney disease and cancer. If we confirm associations between blood composition of fats and SLE disease outcomes, this may lead to better prevention and treatment through new dietary recommendations adapted to people with lupus.

**! CaNIOS Mission Statement:**

“A group of Canadian investigators coming together to improve the outcome of lupus patients across our country through collaborative research.”

GOALS:

- ! To facilitate the care of Canadian lupus patients.
- ! To improve the outcomes in Canadian lupus patients.
- ! To describe the lupus patient population in Canada.
- ! To facilitate research in lupus and related autoimmune diseases.
- ! To provide a large patient base to address clinically important issues through research.
- ! To take advantage of the unique features in the Canadian lupus population.
- ! To look at sub-groups of the Canadian lupus population: the pediatric lupus patients, minorities, and men.
- ! To contribute to the global and international effort on lupus research through the uniqueness of the Canadian lupus population.
- ! To provide mentorship to young investigators and trainees who are interested in developing a career in lupus research.

EDITOR'S NOTE: The Lupus Society of Alberta has contributed financial support to CaNIOS to further lupus research. Calgary investigators are Dr. Susan Barr (Clinical) Dr. Steven Edworthy (Clinical) at Centre 09 - Calgary Health Sciences Center.

WANTED!**Individuals with lupus or people who are close to those with lupus.**

If you are interested in donating your time for a photo portrait / story project of all who are affected by the disease with 1000 faces, please contact Michelle at (403)796-7708 or email: micheaujaz@shaw.ca to find out more.



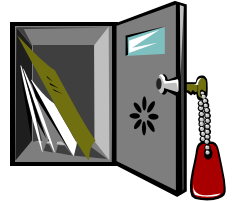
Wise Words

"Rest is not idleness, and to lie sometimes on the grass under the trees on a summer's day, listening to the murmur of water, or watching the clouds float across the sky, is by no means a waste of time" John Lubbock

New Address?

Name: _____
 Address: _____
 Telephone: _____ Fax: _____
 E-mail _____

Effective Date



Or just telephone or e-mail us to pass on your new informa-

Would you like to become a member of the Lupus Society of Alberta? Is it time to renew your membership?

Membership Application Form

A single fee of \$25 annually entitles you and the members of your family to participate in the programs and services of the Lupus Society of Alberta.

- I want to become a member of the Lupus Society of Alberta
- I want to renew my membership in the Lupus Society of Alberta

Your membership renewal date will be one year from the date you become a member.

Name: _____

Address: _____

Telephone: _____ Fax: _____

E-mail _____

Payment method: Cheque Visa MasterCard

Card # _____

Expiry date _____

Name on Card _____

(Please Print)

Signature _____

Donation, Willow Pin, Key Chain, Purple Lupus Wrist Band, Ribbon Lapel Pin, Magnet, T-Shirt Order Form

DONATION LSA Business # 11924 3343 RR0001

\$100.00 \$75.00 \$50.00 \$40.00 \$25.00

Other \$ _____

Tax receipts are issued for donations of more than \$10

Willow Pin/Key Chain/Wrist Band/Pin Order Form

___ Pewter Willow Pin \$10 ea. = _____

___ Limited Edition Willow Pin \$100 ea. = _____

(sterling silver & engraved gold)

___ Willow Key Chain \$10 ea. = _____

___ Purple Wrist Bands \$ 1 ea. = _____

___ Purple Ribbon Pins \$ 5 ea. = _____

___ Purple Car Magnets \$ 5 ea. = _____

___ Lupus T-Shirt \$ 15 ea. = _____

TOTAL PURCHASES \$ _____

Shipping & Handling (\$ 4.00 small pkg. Or \$ 8.00 large) \$ _____

TOTAL PAYMENT ENCLOSED \$ _____

Payment method: Cheque Visa MasterCard

Card # _____ Exp. date _____

Name on Card _____

(Please Print)

Signature _____

RETURN UNDELIVERABLE CANADIAN ADDRESSES TO: LUPUS SOCIETY OF ALBERTA Suite 200, 1301 — 8 St. SW Calgary , AB T2R 1B7