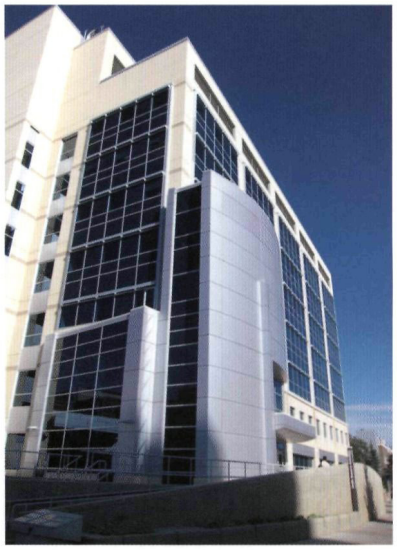
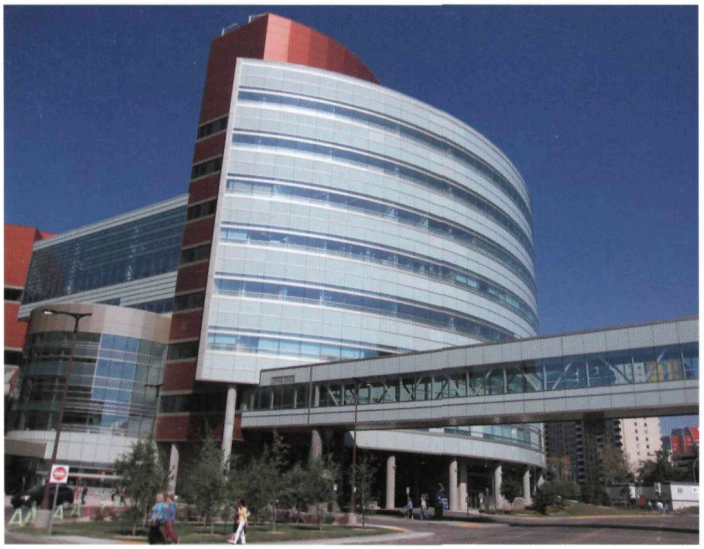
CANADIAN NEUROLOGICAL SCIENCES FEDERATION
FÉDÉRATION DES SCIENCES NEUROLOGIQUES DU CANADA

The journal
Canadian Journal of Neurological Sciences

VOLUME 36 NUMBER 6 NOVEMBER 2009


University of Alberta, Edmonton, Alberta. Photos courtesy of Dirk Everaert

AN INTERNATIONAL JOURNAL PUBLISHED BY THE CANADIAN NEUROLOGICAL SCIENCES FEDERATION

The official Journal of: The Canadian Neurological Society, The Canadian Neurosurgical Society, The Canadian Society of Clinical Neurophysiologists, The Canadian Association of Child Neurology

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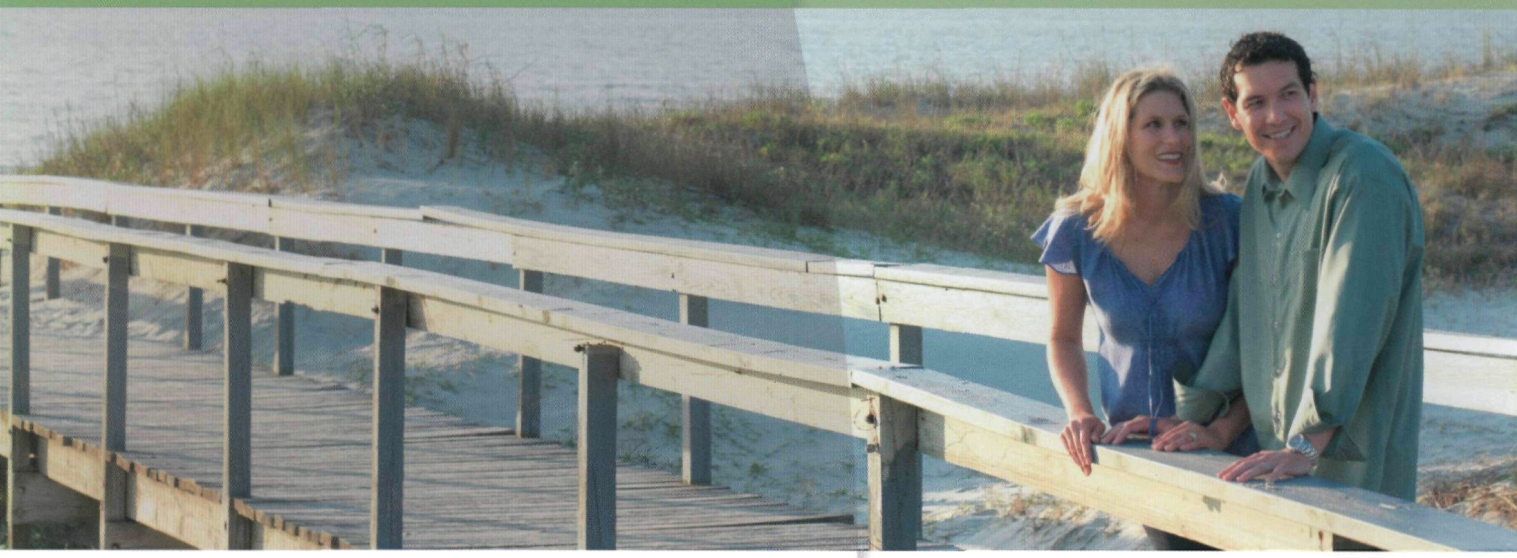

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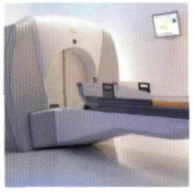

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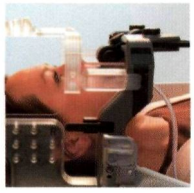

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THE CANADIAN JOURNAL OF
Neurological Sciences

LE JOURNAL CANADIEN DES
Sciences Neurologiques

VOLUME 36 NUMBER 6 NOVEMBER 2009

EDITORIALS

REVIEW ARTICLES

ORIGINAL ARTICLES

THE CANADIAN JOURNAL OF
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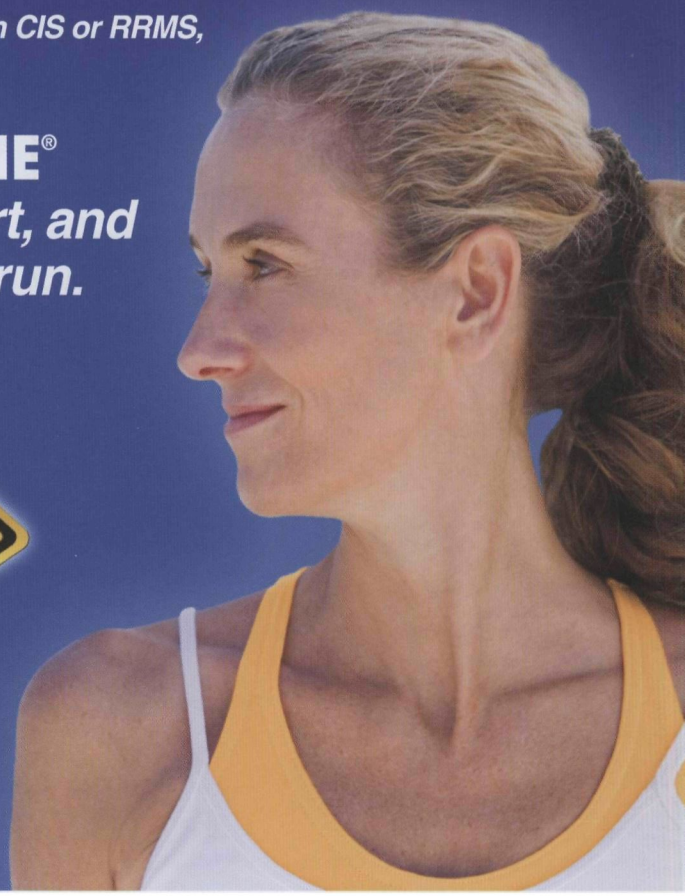
VOLUME 36 NUMBER 6 NOVEMBER 2009

NOW FOR USE IN CIS*

For your patients with CIS or RRMS,

Consider Pr COPAXONE® *from the start, and for the long run.*



In RRMS, demonstrated impact on disability and reduction in relapse rates

- Greater reduction in mean change in EDSS scores vs. placebo over 2 years (**COPAXONE®** -0.05, placebo +0.21; n=251, p=0.023)[1†]
- 29% mean reduction in relapse rates at 24 months (**COPAXONE®** 1.19, placebo 1.68; n=251, p=0.007)[1†]

In CIS, delayed time to CDMS[‡§]

- **COPAXONE®** prolonged the time to CDMS by 386 days[§¶] (Placebo 336 days vs. **COPAXONE®** 722 days; n=481; p=0.0005)[1]

Established safety profile

- Over 13 years of safety data in open-label extension trials[1]
- No recommended monitoring of liver and thyroid function or complete blood count[1]

COPAXONE® is indicated for the treatment of ambulatory patients with Relapsing Remitting Multiple Sclerosis (RRMS) to decrease the frequency of clinical exacerbations; to reduce the number and volume of active brain lesions identified on Magnetic Resonance Imaging (MRI) scans. COPAXONE® is indicated for the treatment of patients who have experienced a single demyelinating event, accompanied by abnormal MRI scans and are considered to be at risk of developing Clinically Definite MS (CDMS), after alternative diagnoses are excluded: to delay the onset of definite MS; to decrease the number and volume of active brain lesions and overall disease burden (as identified by MRI scans). The safety and efficacy of COPAXONE® in chronic progressive MS have not been established.

In placebo-controlled clinical trials, the most commonly observed adverse events associated with the use of COPAXONE® occurring at an incidence of at least 10% and at least 1.5 times higher than in placebo treated patients were: injection site reactions, vasodilatation, rash, dyspnea and chest pain.

* CIS: Clinically Isolated Syndrome. † Multicenter, double-blind, randomized, placebo-controlled trial in 251 patients with RRMS who were randomized to receive 20 mg/day glatiramer acetate (n=125) or placebo (n=126) subcutaneously. Patients were diagnosed with RRMS by standard criteria, and had at least 2 exacerbations during the 2 years immediately preceding enrollment. Primary outcome measure was the mean number of relapses during treatment. ‡ CDMS: Clinically Definite Multiple Sclerosis. § Delay to CDMS is based on the 25th percentile; Kaplan-Meier estimates. ¶ Multicenter, randomized, double-blind, placebo-controlled, parallel group study in 481 patients for up to three years (glatiramer acetate 20 mg/day: n=243; placebo: n=238) was performed in patients with a well-defined, single, unifocal neurological presentation and MRI features suggestive of MS (at least two cerebral lesions on T2-weighted MRI). A total of 25% of glatiramer acetate patients, and 43% of placebo patients converted to CDMS in an average duration of treatment of 2.4 years.

TEVA NEUROSCIENCE

Reference: 1. COPAXONE® (glatiramer acetate injection) Product Monograph. TEVA Neuroscience. April 2009.

PAAB

Pr COPAXONE®
(glatiramer acetate injection)
Treat from the start. Treat for the long run.

See prescribing summary on page A-15,16

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La Société Canadienne de Neurologie

The Canadian Neurosurgical Society
La Société Canadienne de Neurochirurgie

The Canadian Society of Clinical Neurophysiologists
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Le secrétariat des quatre associations et du Fédération des sciences neurologiques du Canada est situe en permanence à:
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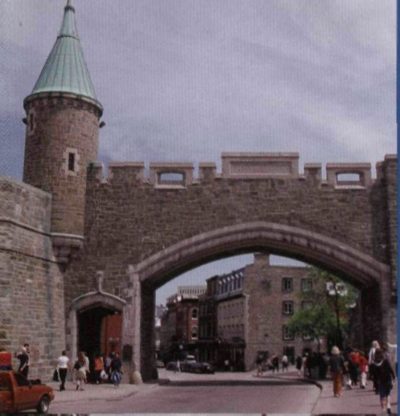

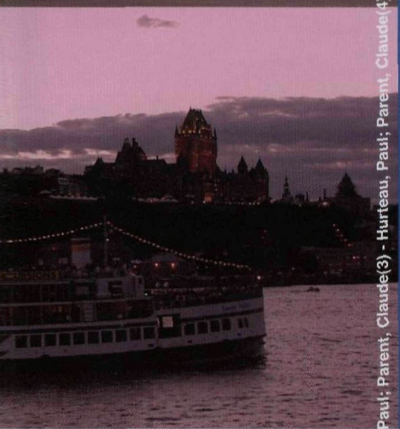

Photos Courtesy of Ministère du Tourisme du Québec/Mondou, Louise(1) - Brousseau, Jacques(2) - Hurteau, Paul; Parent, Claude(3) - Hurteau, Paul; Parent, Claude(4) - Lambert, Pierre; Parent, Claude(5) bottom to top

CANADIAN NEUROLOGICAL SCIENCES FEDERATION
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Quebec City
Ville de Québec

Thank you for joining us at this years Congress and we look forward to seeing you at our next Congress in Quebec City!

SPECTACULAR QUEBEC CITY
A WHOLE NEW EXPERIENCE

Some travel destinations just seize the imagination. Their beauty is breathtaking. They evoke wonder and excitement. They are vibrant and alive. They are warm and welcoming. But few do it all as effortlessly as naturally as Quebec, the unique walled city on the St. Lawrence River. No other destination in the world offers Quebec's compelling mix of features and attractions.

Canadian Neurological Sciences Federation

45th Annual Congress

Quebec City, Quebec June 8-11, 2010

GOURMET
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Quebecers love fine food - and it shows. Every meal in Quebec City is truly a taste sensation. Although Quebec City and its surrounding region are often referred to as North America's fine dining capital, they would also be called its casual dining capital, its sidewalk cafe capital, its bistro capital, its wine and cheese capital...In fact, food in Quebec City is one of the great pleasures of life - and one of the best reasons for travelling to the city and area time and again!

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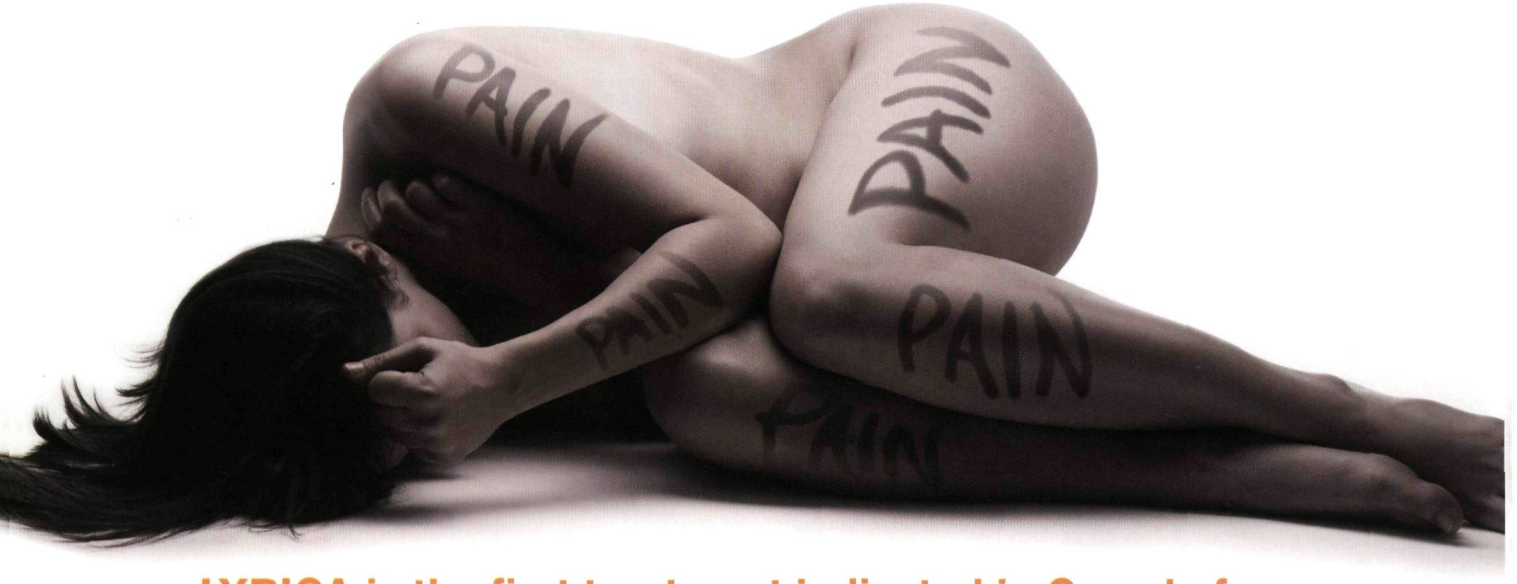
NEW INDICATION

Fibromyalgia pain is real.

And so is treatment with LYRICA.



LYRICA is the first treatment indicated in Canada for the management of pain associated with fibromyalgia in adults

- LYRICA is proven to manage the pain associated with fibromyalgia[1]
- LYRICA has been demonstrated to significantly improve pain-related sleep difficulties[2]
  - LYRICA reduced overall MOS-Sleep Scale scores significantly more from baseline versus placebo

  [LYRICA 300 mg/day −19.1 (p=0.0174), LYRICA 450 mg/day −20.41 (p=0.0026), and LYRICA 600 mg/day −19.49 (p=0.0101) vs −14.29 for placebo][2]*

The efficacy of LYRICA in the management of pain associated with fibromyalgia for up to 6 months was demonstrated in a placebo-controlled trial in patients who had initially responded to LYRICA during a 6-week open-label phase.

There have been post-marketing reports of angioedema in patients, some without reported previous history/episodes, including life-threatening angioedema with respiratory compromise. Caution should be exercised in patients with previous history/episodes of angioedema and in patients who are taking other drugs associated with angioedema.

In clinical trials and in post-marketing experience, there have been reports of patients, with or without previous history, experiencing renal failure alone or in combination with other medications. Caution is advised when prescribing to the elderly or those with any degree of renal impairment.

The most commonly observed dose-related adverse events in LYRICA-treated patients were: dizziness (22.7-46.5%), somnolence (12.9-20.7%), weight gain (7.6-13.7%), peripheral edema (5.3-10.8%). The most commonly reported (≥5% and twice the rate of that seen in placebo) treatment-related adverse events were: dizziness (37.5%), somnolence (18.6%), weight gain (10.6%), dry mouth (7.9%), blurred vision (6.7%), and peripheral edema (6.1%). Adverse events were usually mild to moderate in intensity. Discontinuation rates due to adverse events for LYRICA and placebo, respectively, were 20% and 11%. There was a dose-dependent increase in rate of discontinuation due to adverse events.

LYRICA is contraindicated in patients who are hypersensitive to pregabalin or to any ingredient in the formulation or component of the container.

Dosage reduction is required in patients with renal impairment (creatinine clearance <60 mL/min) and in some elderly patients as LYRICA is primarily eliminated by renal excretion.

See Prescribing Information for complete Warnings and Precautions, Adverse Reactions, Dosage and Administration and patient selection criteria.

References: 1. LYRICA Product Monograph. Pfizer Canada Inc., March 2009. **2.** Mease PJ *et al.* A randomized, double-blind, placebo-controlled, phase III trial of pregabalin in the treatment of patients with fibromyalgia. *J Rheumatol* 2008;35:502-14.

* A multicenter, double-blind, 13-week, randomized trial. 748 patients who met the ACR criteria for fibromyalgia and who had an average mean pain score of ≥4 on an 11-point numeric rating scale (NRS) during the baseline assessment were randomized to LYRICA 300 mg/day (n=185), 450 mg/day (n=183), 600 mg/day (n=190), or placebo (n=190). Patients were allowed to take acetaminophen up to 4 g/day as needed for pain relief. The number of completers was: LYRICA 300 mg/day (n=123), 450 mg/day (n=121), 600 mg/day (n=111), or placebo (n=130). The primary endpoint was the reduction in endpoint mean pain scores (mean of the last 7 daily pain scores while on study medication). Pain-related sleep difficulties were assessed using the Medical Outcomes Study-Sleep Scale (MOS-SS), a scale that runs from 0-100. Mean baseline MOS-SS score for overall sleep problem index was 65.0.

Pfizer *Working together for a healthier world™*

PrLYRICA® PREGABALIN

See prescribing summary on page A-17, A-18

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