

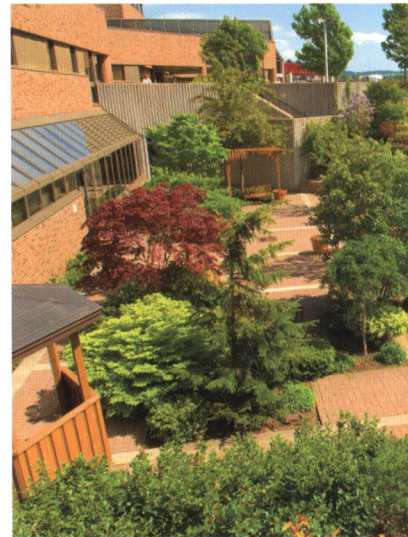
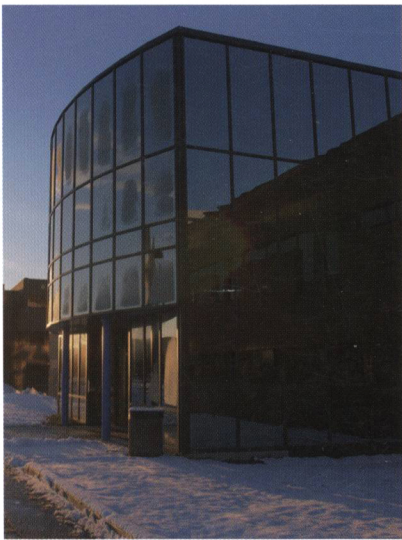


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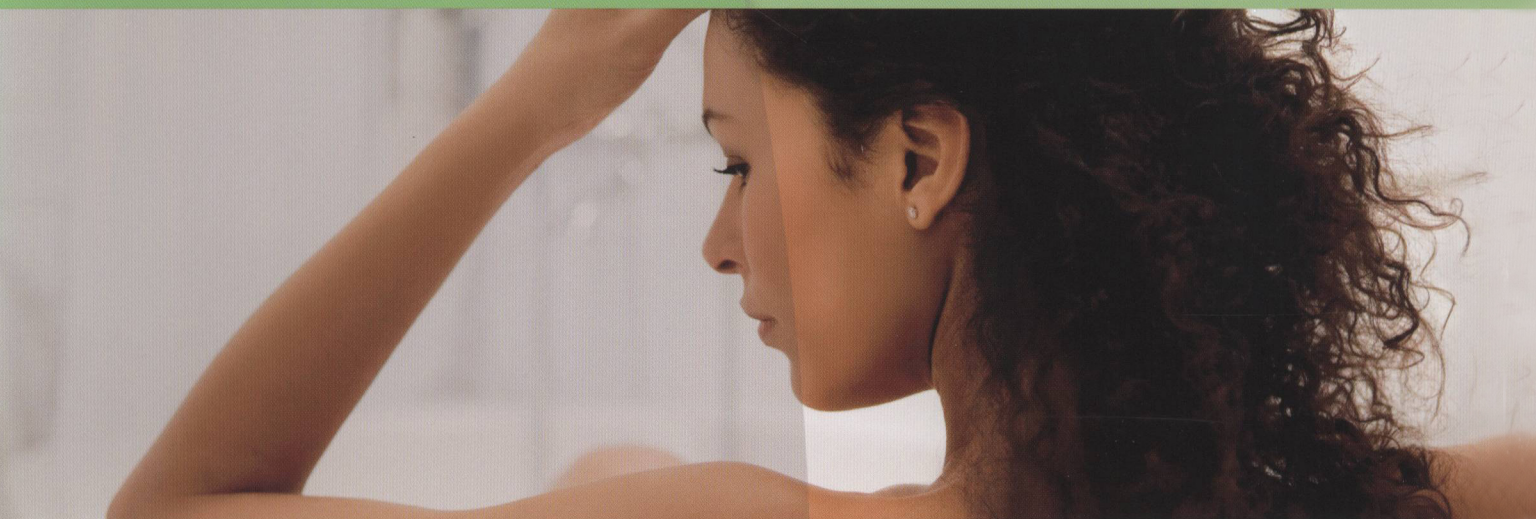
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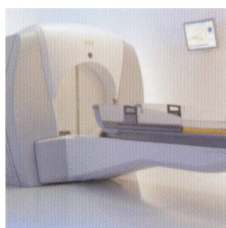
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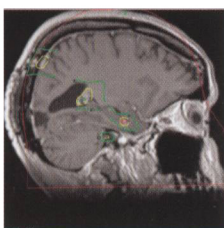
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REVIEWERS

The Editor-in-Chief, Associate Editors, and Journal Staff would like to acknowledge the generous contributions of the many reviewers for the 2009 Journal. Refer to page 296.

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Congress/ congrès
 Fédération des sciences neurologiques du Canada

Québec, Québec
 June/juin 8-11, 2010

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2010 CONGRESS-AT-A-GLANCE

**tuesday
 june 8**

- 07:50 - 17:30 Epilepsy Review Course for Neuroscience Residents - **Jose Martin del Campo**
- 08:00 - 17:00 Neurosurgery Resident Review Course: Neurovascular Disease
 - **J. Max Findlay, Shobhan Vachhrajani**
- 08:30 - 17:00 ALS - **David Cameron**
- 07:45 - 17:00 Advances in the Neurobiology of Disease - **Peter Smith, Zelma Kiss**
- 08:30 - 17:00 Child Neurology Day - **Cecil Hahn, Michelle Demos**
- 12:00 - 13:30 Co-developed Industry Symposium (Stroke)
- 18:00 - 20:00 Epilepsy Video Session - **Richard McLachlan**
- 18:00 - 20:00 SIGS (Movement Disorders) - **David Grimes, Alex Rajput, Headache - Werner Becker, Neuromuscular Diseases - Kristine Chapman**

**wednesday
 june 9**

- 06:30 - 08:00 Co-developed Symposium (Headache)
- 08:00 - 10:00 Grand Opening Plenary - Scientific & Technical Advances in the Clinical Neurosciences:
Jim Rutka (Penfield Lecture), Anthony Lang (Richardson Lecture), Josep Dalmau (Tibbles Lecture)
- Break
- 10:00 - 10:15 Chairs' Select Plenary Presentations
- 10:15 - 11:45 Chairs' Select Plenary Presentations
- 12:00 - 13:30 Co-developed Symposium (Epilepsy)
- 12:00 - 13:30 Co-developed Symposium (Neuropathic Pain)
- 13:30 - 17:00 Headache - **Jonathan Gladstone**
- 13:30 - 17:00 Stroke - **Ariane Mackey**
- 13:30 - 17:00 Neurovascular Surgery - **R. Loch MacDonald**
- 13:30 - 17:00 Epilepsy - **S. Nizam Ahmed**
- 13:30 - 17:00 Neuro-oncology - **David Eisenstat, Claude Shields**
- 13:30 - 17:00 Multiple Sclerosis - **Francois Emond**
- 17:00 - 19:30 Exhibitors Reception

**thursday
 june 10**

- 08:30 - 10:00 Plenary-CNS, CSCN, & CACN Neurology - **Cam Tesky (Gloor Lecture), & John Stewart**
- 08:30 - 10:00 Plenary-CNSS Neurosurgery - **Stephan Mayer, Ziya Gokaslan**
- Break
- 10:15 - 12:30 Platforms (7 simultaneous)
- 12:30 - 14:00 Lunch/Exhibit Viewing/Digital Mini-platforms
- 14:00 - 16:30 Platforms (7 simultaneous)
- 16:30 - 18:30 Digital Poster and Exhibit Viewing

**friday
 june 11**

- 08:00 - 08:15 Journal Editor's Report
- 08:15 - 08:30 CBANHC Report
- 08:30 - 09:30 Distinguished guest lecture - **James Orbinski**
- 09:30 - 09:45 Currently Active Canadian Clinical Trials
- 09:45 - 10:15 Break/Exhibit viewing
- 10:15 - 12:00 Grand Rounds
- 12:00 - 13:30 Lunch / Exhibit viewing / Digital Mini-platforms
- 13:30 - 17:00 Neuro-ophthalmology - **William Fletcher**
- 13:30 - 17:00 Interventional Neuroradiology - **Alain Weill**
- 13:30 - 17:00 What's New in Neurosurgery - **Pascale Lavoie**
- 13:30 - 17:00 Neurocritical Care - **Draga Jichici, Jeanne Teitelbaum**
- 13:30 - 17:00 Neuromuscular Diseases - **Annie Dionne, Chris White**
- 13:30 - 17:00 Spine - **Eric Massicotte**
- 13:30 - 17:00 What's New in Neurology - **Nicolas Dupre**
- 13:30 - 17:00 EEG - **Seyed Mirsattari**



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References:

1. Brogan Inc. Geographic Prescription Monitor (GPM[®]) September 2008 to August 2009.
2. Data on file, Merck Frosst Canada Ltd.: Product Monograph, MAXALT[®], 2009.

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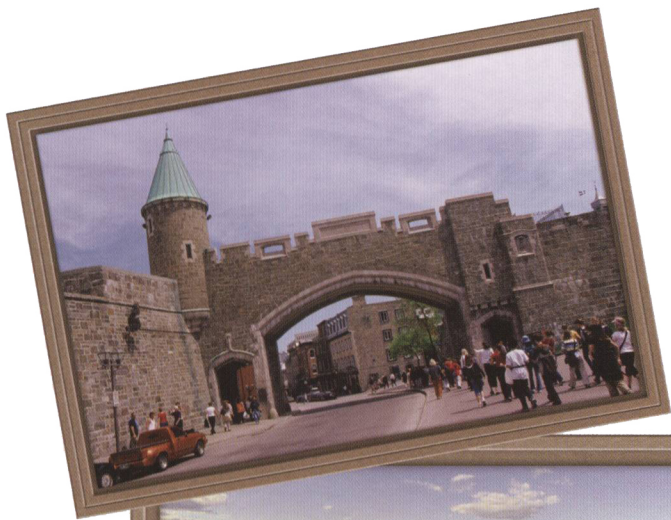


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A-5

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See prescribing summary on page A-14 to A-17



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A-7

Fibromyalgia pain is real. And so is treatment with LYRICA.



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- LYRICA has been demonstrated to significantly improve pain-related sleep difficulties²
 - 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 ($\geq 5\%$ 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.



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