A model for partnership and research between the CAG and sponsors

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Upper gastrointestinal bleeding is a field in rapid evolution. The management of patients with upper gastrointestinal bleeding has dramatically changed since the early 1990s, which is when the last large, multibodied consensus was put forth (1,2).

Recent advances, including developments in the acute care of patients with nonvariceal causes, and the advent of profound acid suppression with intravenous proton pump inhibitors, as well as newer endoscopic technologies, have further significantly affected the standards of care in this therapeutic area (3-7). This focus of clinical care is important to members of the Canadian Association of Gastroenterology (CAG). Upper gastrointestinal tract bleeding is a very prevalent condition in which the gastrointestinal endoscopist assumes a pivotal role (2,5,8). Thus, this is a clinical management area of keen interest to the membership, and one where it is natural for the CAG to want to take up a leadership role in setting clinical standards tailored to Canadian practice.

In 1999, the CAG, in scientific partnership with Byk Canada Inc, developed and initiated the Registry on Upper Gastrointestinal Bleeding and Endoscopy (RUGBE).

This research partnership is indeed unique. It has forged a novel linkage, which facilitated the genesis of the scientifically rigorous RUGBE. Indeed, RUGBE has set the stage upon which the CAG and its industry partners can advance future research projects that will help provide important and needed Canadian data in the area of gastrointestinal health and diseases.

With the RUGBE initiative, the CAG has been able to gather a snapshot of the practice of selected CAG members across the country. RUGBE has gathered extensive clinical
information on patient demographics, practice patterns and outcomes for such patients. This initiative has set the stage for allowing us to examine what we do, how we do it, and how well we function when comparing our results with those published in the literature from different countries. This will also allow us to establish realistic benchmarks that may vary according to resource availability across the country.

RUGBE was completed recently with the enrolment of 1878 patients into the database. A number of complementary initiatives have thus converged to allow for a CAG-endorsed consensus conference to be held on the acute management of patients with nonvariceal upper gastrointestinal bleeding. Two meetings – the RUGBE Results Meeting and the Consensus Conference on Upper Gastrointestinal Bleeding – will be held in conjunction, from June 7 to 9 in Banff, Alberta. The results of these initiatives will be disseminated to CAG members in late 2002.

REFERENCES