

# SHAPING THE FUTURE OF ARTHRITIS CARE

*OBRI ANNUAL REPORT 2018*



OBRI

ONTARIO  
BEST PRACTICES  
RESEARCH INITIATIVE

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## MESSAGE FROM OUR PRINCIPAL INVESTIGATOR



The initial pilot and efforts for the Ontario Best Practices Research Initiative (OBRI) began in 2005. Since then, and through the collaboration between physicians, payers, researchers and patients, the Ontario cohort now includes more than 3800 patients, 71 rheumatologists (both community and academic) and focuses on safety and effectiveness of treatments for people living with Rheumatoid Arthritis (RA).

OBRI's unique platform integrates clinical data from rheumatologists, patient-reported data from participants, and administrative data from the Institute for Clinical Evaluative Sciences (ICES) to monitor comparative drug safety and effectiveness and patient quality of care. This platform has prepared OBRI for the Real World Data (RWD) and "big data" trends in Canada today. These approaches to data, which combine information collected across multiple registries, are being adopted by government, payers and researchers. With our years of experience, the OBRI team is well prepared to collaborate with these RWD stakeholders.

Highlights of 2018 include the expansion to include qualitative research to explore patient and physician opinions on the newer treatment options available such as biosimilars and medical cannabis; the development of new collaborations across Canada for the collection of "big data"; and the presentation of our latest findings at international and national scientific meetings. Working closely with our Patient Advisory Committee and Clinical Advisory Committee, OBRI hosted events for patients, rheumatologists, researchers, and stakeholders.

We are pleased to share this overview of our activities in 2018 and we look forward to 2019!

A handwritten signature in black ink, appearing to read 'C Bombardier'.

Dr. Claire Bombardier, OBRI Principal Investigator

# ABOUT OBRI

## Who We Are

The Ontario Best Practices Research Initiative (OBRI) is a clinical cohort linked to administrative data that follows patients in routine care along their clinical path. It is a collaborative data platform involving rheumatologists, researchers, and patients. Originally created as the Ontario Biologics Research Initiative, it was officially renamed in 2013 to reflect the expansion of the organization's goals beyond the scope of biologic treatments.

## Our Mission & Mandate

To improve the care and health outcomes for Rheumatoid Arthritis (RA) patients by gathering and analyzing long-term information on therapies, clinical practice patterns, and health care utilization in the real world. Our goals are to:

- Define safety, effectiveness, and sustainability of available RA therapies in the real world
- Identify clinical practice patterns that improve patient health outcomes
- Use real world clinical data to inform health care decisions

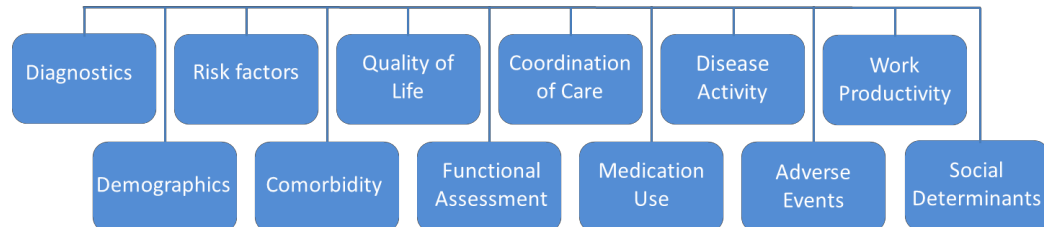
The OBRI generates outcome data specifically related to pharmacotherapy, clinical outcomes, practice patterns and population health. The OBRI team also provides leadership in best practices for ethics and obtaining consent, data management, real world data analysis, and administrative database validations.

## Our Value Proposition

The OBRI has evolved into a powerful decision making tool that is used to shape and inform the future of arthritis care. This rich source of comparative data combines real- world outcomes with administrative data. It is vetted through scientific rigor and the active involvement of a clinical advisory committee so that it may be used by policy makers to influence health care and clinical treatments decisions.

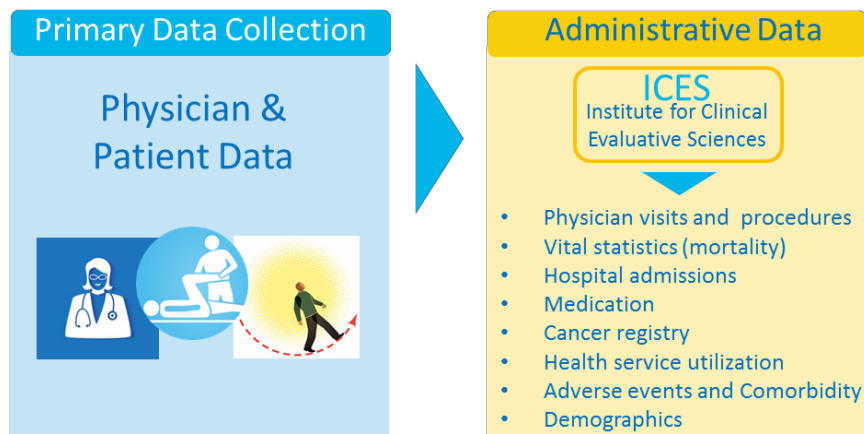


## What's in our Data?

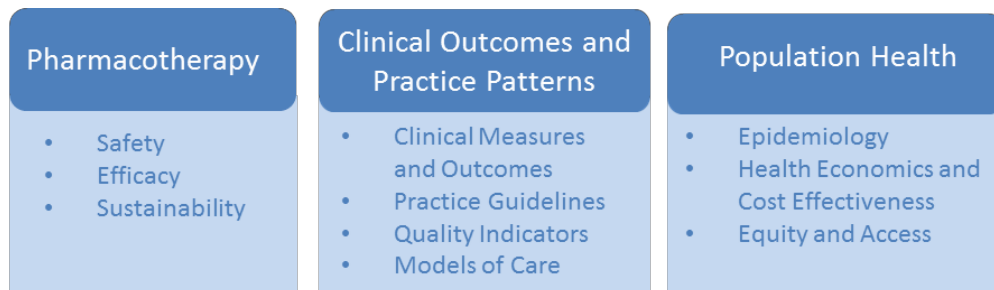


## Our Data Linkages

The OBRI clinical data is linked to provincial administrative databases held by the Institute for Clinical Evaluative Sciences (ICES). The administrative databases include: physician visits and procedures, vital statistics, hospital admissions, medication, cancer registry, health service utilization, adverse events, comorbidities, and demographics.



Technology and evidence informed guidelines are being used to examine clinical outcomes, quality of care, and practice patterns leading to health system innovations through initiatives addressing models of care, epidemiology, and health economics.



## Key Findings for 2018

OBRI's research priorities include the examination of **Drug Impact and Outcomes** (effectiveness, safety, adherence persistence/survival); **Clinical Management and Practice Patterns vs. Guidelines** (clinical measures, quality indicators, practice guidelines), and **Population Health** (epidemiology, models of care, economics). We are pleased to highlight our research publications from 2018.

### Is high disease activity in early rheumatoid arthritis related to depression?

Depression in early rheumatoid arthritis (RA) is a common health concern in patients participating in the Ontario Best Practices Research Initiative. High disease activity was found to be related to self-reported depression and its persistence over time. The risk of depression seems particularly increased in women with active RA disease. Future studies in early rheumatoid arthritis are needed to determine if there is a “window of opportunity” to control disease activity that would lessen the occurrence and continuation of unfavourable mental health outcomes, such as depression.<sup>1</sup>

### When Methotrexate fails, what comes next?

For patients with active rheumatoid arthritis (RA) experiencing inadequate response to Methotrexate (MTX), guidelines support adding or switching to another conventional synthetic disease-modifying anti-rheumatic drug (csDMARD) and/or a biologic DMARD (bDMARD). This study examined the treatment practices in routine care and the determinants of regimen selection after MTX discontinuation. Results indicate that there are different treatment pathways when MTX is discontinued. Patients on MTX monotherapy are more apt to have sequential monotherapy; patients on multiple csDMARDs continue using different multiple csDMARDs or change to a bDMARD.<sup>2</sup>

### Do ACPA and RF predict sustained clinical response in RA patients?

As per the 2010 ACR/EULAR classification criteria, positive serology for anti-citrullinated protein antibody (ACPA) and rheumatoid factor (RF) are included among the criteria for definitive

rheumatoid arthritis (RA) diagnosis but do they play a role in clinical response? We evaluated the impact of both ACPA and RF in predicting clinical response in OBRI patients and examined if the presence of double positive antibodies has a different effect on response to treatment compared to other combinations. Combined ACPA and RF positivity were associated with improved and faster response to anti-rheumatic medications in RA patients.<sup>3</sup>

## Does the concomitant use of DMARDs (and route of administration) make a difference to the durability of biologic treatment?

Prior studies have suggested that concurrent conventional synthetic disease-modifying antirheumatic drug (csDMARD) therapy enhances the efficacy of biologic DMARDs (bDMARDs). In this study, we assessed the impact of i) concomitant csDMARD use and ii) methotrexate route of administration on time to bDMARD discontinuation in the OBRI cohort. Of the patients using bDMARDs, those patients taking concomitant csDMARDs were more likely to remain on their bDMARD therapy. Neither the dose nor the route of administration of MTX were significant predictors of bDMARD durability.<sup>4</sup>

### References

1. Kuriya B, Joshi R, Movahedi M, Rampakakis E, Sampalis JS, Bombardier C. (2018). High Disease Activity is Associated with Symptomatic Depression and Predicts Persistent Symptomatic Depression in Early Rheumatoid Arthritis: Results from The Ontario Best Practices Research Initiative (OBRI). *Journal of Rheumatology*, 45(8):1101-1108. doi: 10.3899/jrheum.171195. Epub 2018 May 15.
2. Pope J, Movahedi M, Cesta A, Couto S, Rampakakis E, Sampalis J, Bombardier C, and OBRI investigators (2018). Treatment Patterns in Rheumatoid Arthritis after Methotrexate: Data from an Ontario Rheumatoid Arthritis Cohort. *Clinical and Experimental Rheumatology*, 36(2): 215-222.
3. Pope J, Movahedi M, Rampakakis E, Cesta A, Sampalis JS, Bombardier C and OBRI investigators (2018). ACPA and RF as Predictors of Sustained Clinical Remission in Rheumatoid Arthritis Patients: Results from the Ontario Best Practices Research Initiative (OBRI). *Rheumatic and Musculoskeletal Diseases Open* 5;4(2):e000738. doi: 10.1136/rmdopen-2018-000738.
4. Lau A, Thorne C, Movahedi M, Rampakakis E, Cesta A, Li X, Couto S, Sampalis JS, Bombardier C. Impact of Concomitant Use of Disease Modifying Anti-Rheumatic Drugs and Methotrexate Administration Route on Durability of Biologic Treatment in Rheumatoid Arthritis: Results from The Ontario Best Practices Research Initiative (OBRI). *Journal of Rheumatology* (accepted).

## New Initiatives

### Data Sharing and Collaborations

The momentum towards data sharing and big data has led to several new OBRI collaborations and initiatives. It is not surprising that our vast experience with the intricacies pertaining to issues of privacy, ethics, data collection, data management and analysis has made OBRI a valuable resource and partner to industry, payers, researchers and government. We are pleased to share with you our new data sharing initiatives.

#### Collaboration between Canadian Clinical RA Registries

The momentum to create a structure for the collaboration between clinical rheumatoid arthritis registries across Canada resulted in a meeting of interested parties this past November. Under the guidance of Dr. Claire Barber, this group will continue to move forward in 2019. Collaborations with other RA registries will be particularly relevant when studying rare events such as pregnancy.

#### Rhumadata

OBRI's first RA registry collaboration is with Rhumadata. As an initial step in this collaboration, OBRI has replicated a recent Rhumadata Tofacitinab analysis<sup>5</sup> presented at the 2018 American College of Rheumatology meeting. Moving forward, collaborations such as this will enhance the power of studies with new drugs and treatments available thereby increasing the strength of the reported findings.

#### Drug Safety and Effectiveness Network (DSEN)

Under the umbrella of The Canadian Institutes of Health Research, DSEN working groups are tasked with increasing the evidence on drug safety and effectiveness available to regulators, policy-makers, health care providers and patients. Leading a DSEN working group, Dr. Sasha Bernatsky is collecting existing data from Canadian clinical registries, including OBRI, in rheumatoid arthritis, sero-negative arthritis, gastroenterology and dermatology. She will be examining the use of biosimilars (Inflectra and Brenzys) and their originator biologics (Remicade and Enbrel) in these populations.

## Pan-Canadian Pharmaceutical Alliance

The pan-Canadian Pharmaceutical Alliance is interested in learning more about the attitudes and perceptions of patients and rheumatologists regarding biologics and biosimilars. OBRI has submitted a proposal for a multi-province qualitative study exploring these attitudes and beliefs.

## Medical Cannabis

As a result of the recent changes to the federal regulations of cannabis use and the surge of interest on the part of both physicians and patients, OBRI is conducting a survey of OBRI investigators and their patients. The rheumatologist survey will explore attitudes, knowledge and prescribing patterns. The patient survey will focus on the prevalence of use and the symptoms being treated. OBRI is excited to be involved in this timely project.

### References:

5. Choquette D, Bessette L, Brown J, Haraoui B, Massicotte F, Pelletier JP, Raynauld JP, Rémillard MA, Sauvageau D, Turcotte A, Villeneuve É, Coupal L. Tofacitinib Show Similar Retention When Used with and without Methotrexate. Analysis from the Rhumadata® Clinical Database and Registry [abstract]. *Arthritis Rheumatol.* 2018; 70 (suppl 10).

## Ongoing Initiatives

### Disseminating findings

In 2018, the OBRI participated and presented at national and international scientific meetings and developed 4 peer-reviewed manuscripts. The OBRI hosted its fourth Annual Scientific Meeting, which was attended by 25 OBRI Investigators and their coordinators, ICES researchers, consumer and advocacy groups, and patients. The keynote speaker, Dr. Andreas Laupacis, *Executive Director, Li Ka Shing Knowledge Institute*, presented on Real World Data. Imran Ali and Sang Me Lee, from the *pan-Canadian Pharmaceutical Alliance*, discussed how regulatory agencies and decision makers access, integrate and leverage key findings from existing drug registries. This educational day also included an informative and lively debate on how participating in OBRI-like activities and collecting real world data allows rheumatologists to benchmark their practices and identify gaps to deliver better care.

The aggregated clinical reports created by OBRI provide unique information that benefits payers, government and pharmaceutical companies.

### Patient engagement and connectivity

The OBRI Patient Advisory Committee, represented by patients and patient advocates, is the active voice for patients participating in the OBRI. The committee's mandate includes the dissemination of key findings, the development of lay summaries, the creation of annual patient newsletter "In the Loop" (<http://www.obri.ca/for-patients/patient-newsletters/>) and the organization of local and regional information sessions for participants. The volunteer led committee plays an active role in research activities and is called upon to identify key clinical questions alongside the scientific advisory committee.

### Leading edge research - collaboration with JSS Medical

To support the work of our Clinical Advisory Committee (CAC), the OBRI continues to partner with JSS Medical Research to advance investigator-led research questions. Researchers from the OBRI, JSS, and the CAC have been working closely to advance research questions using OBRI data. For a list of completed research questions, please visit: [www.obri.ca](http://www.obri.ca).

## Real world data

The availability of an increasing number of medications for the treatment of rheumatoid arthritis, although beneficial to patients and providers, has put tremendous financial strain on payers thereby increasing the need for comparative effectiveness studies. Through the OBRI, we can compare real world (and long-term) effectiveness of different treatment groups with similar indications rather than relying on historical data for comparisons. The large number of patients in the OBRI also allows for comparisons of “matched” controls or similar patients using different treatments. Payers, providers, and decision-makers are turning to the OBRI to provide comparisons of treatments that previously could only be studied in single arm cohorts.

## Focused evaluation of biosimilars and targeted small molecules

New biosimilars continue to be approved in Canada. They will continue to emerge at a rapid rate as they offer a potential and real cost savings in the treatment of many chronic diseases – particularly in Rheumatology, Gastroenterology and Dermatology. With many new products entering the Canadian market, the growing need to understand the long-term safety, effectiveness, and economic benefit of biosimilars remains an important priority. OBRI continues to identify and monitor the long-term safety and effectiveness of all biologics, including biosimilars, so that it can document and provide comparative real world insights and evidence for physicians, patients, researchers, and policy makers when evaluating these new molecules.

## Expansion to inflammatory arthritis

Dr. Vinod Chandran, MB, BS, MD, Assistant Professor of Medicine, Division of Rheumatology, University of Toronto and Staff Physician, Division of Rheumatology Toronto Western Hospital, continues to lead the evaluation of the real-world disease impact, spectrum, and management of Spondyloarthropathies. We have enrolled 365 patients into the OBRI-SpA cohort. Of those enrolled, 187 (53%) have Ankylosing Spondyloarthritis (AS), 145 (41%) have Psoriatic Arthritis (PsA), 4% have other types of SpA, and 2% have mechanical back pain.

## Expansion to cardiology

We are pleased to recognize OBRI investigator Dr. Bindee Kuriya, MD, SM, FRCPC, Assistant Professor of Department of Medicine, University of Toronto and Director, Rapid Access Rheumatology Clinic, Mount Sinai Hospital. Dr. Kuriya leads the new CARDIA - Cardiovascular Assessment in Rheumatic Diseases and Inflammatory Arthritis - project. Research indicates that patients with rheumatoid arthritis may be at increased risk of cardiovascular disease (CVD) compared to the general population. It is known that CVD is documented as one of the most prevalent co-morbidity associated with inflammatory arthritis. Through this multi-disciplinary, collaborative and innovative project, CARDIA will provide patients with evidence-based management of their RA with a focus on primary and secondary prevention of CVD.

## Students and trainees

The OBRI is an exciting place for students to expand their research experience. Elliot Hepworth, a third year internal medicine resident at MacMaster University, worked with the OBRI data to examine the Longitudinal Changes in Relative Market Share Proportions of Biologic and Targeted Synthetic Disease-Modifying Anti-Rheumatic Drugs for Treatment of Rheumatoid Arthritis. Mark Tatangelo, PhD candidate at the University of Toronto, is measuring the costs and clinical consequences of rheumatoid arthritis by applying new statistical methods. The outputs of his research will assist clinicians, policymakers, payers, and patients to deliver better care for patients with rheumatoid arthritis. In the summer of 2018, the OBRI welcomed Ying Xing, a student enrolled in the prestigious Traditional Chinese Medicine Program at the Nanjing University of Chinese Medicine, China. Ying's goal was to learn more about Western approaches to the treatment of rheumatoid arthritis. In keeping with her patient-centric philosophy, Ying studied the predictors of patient global assessment over time based on patient-reported outcomes in rheumatoid arthritis as reported in the OBRI cohort.



## 2018 Recruitment Activity (as of January 11, 2019)

	RA Cohort <sup>1</sup> N (%)
<b>Patients referred to OBRI</b>	4463 (100.0)
<b>Patients refused<sup>2</sup></b>	651 (14.6)
<b>Patients with consent pending</b>	10 (0.2)
<b>Patients consented</b>	3802 (85.2)
ICES linkage	3795 (99.8)
Interviewer data	3619 (95.2)
Physician data	3770 (99.2)
<b>Withdrawals</b>	
0-2 years	172 (4.5)
>2 years	135 (3.6)
<b>Patient lost to follow-up<sup>3</sup></b>	179 (4.7)
<b>Patients deceased</b>	170 (4.5)
<b>Patients who have reached &amp; completed:</b>	
Baseline	3802 (100)
1 year follow-up	3384 (89.0)
2 year follow-up	2976 (78.3)
3 year follow-up	2272 (59.7)
4 year follow-up	1921 (55.7)
5 year follow-up	1304 (50.5)
6 year follow-up	1019 (26.8)
7 year follow-up	863 (22.7)
8 year follow-up	444 (11.7)
9 year follow-up	238 (6.3)
10 year follow-up	88 (2.3)

<sup>1</sup>Enrollment closed March 31, 2017

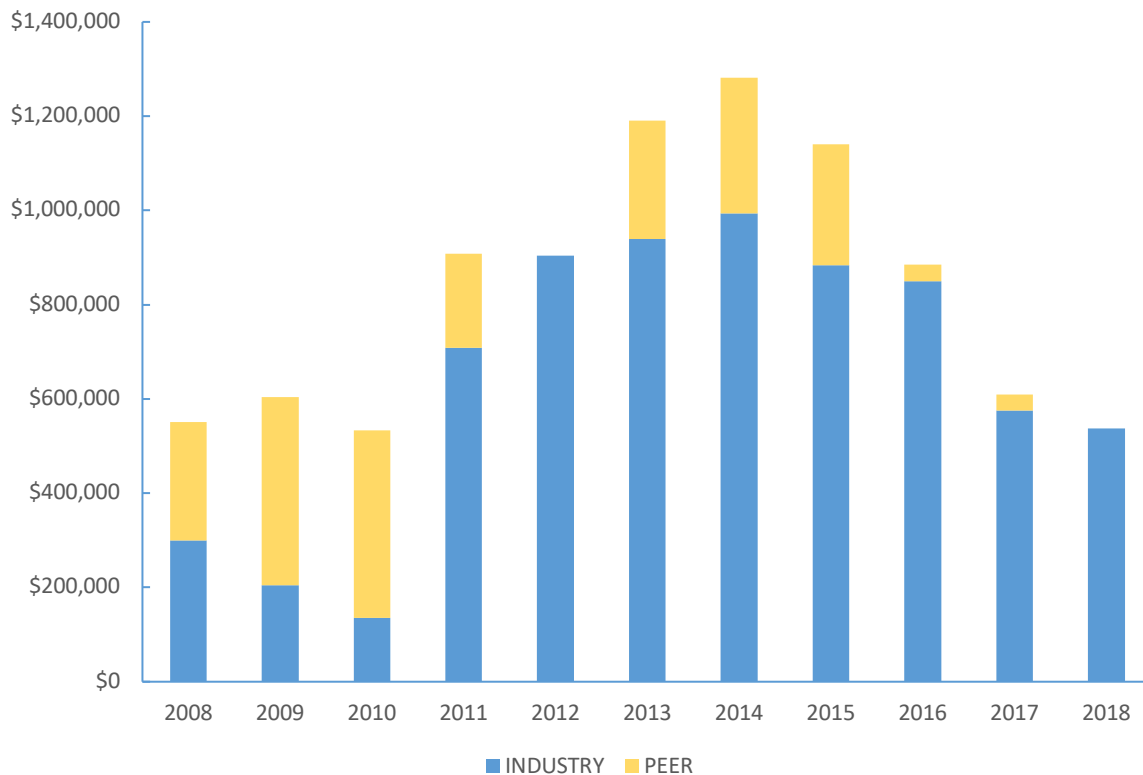
<sup>2</sup>Patient refused to participate in any aspect of OBRI.

<sup>3</sup>Interviewer not able to contact patient. No data from patient for ≥ 18 months AND no physician reported data has been received for ≥ 18 months

## Financial Report

At OBRI, our main source of revenue comes from sponsorship; however, peer-reviewed funding has been awarded to OBRI for specific research activities. In 2018, OBRI received sponsorship from 9 industry partners. Sources of funding revenue from 2009-2018 are presented below.

### OBRI Funding Revenue

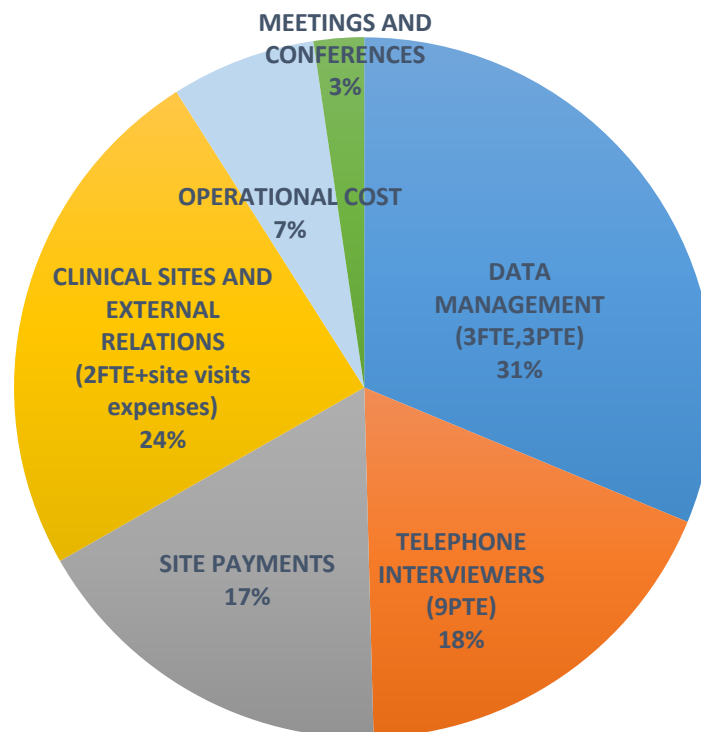


## OBRI Expenditures

OBRI's expenditures for the 2017/2018 fiscal year totaled \$1,021,074. Costs for data management were highest (31%), followed by support for clinical sites and external relations (24%), telephone interviews (18%), site payments (17%), operational costs (7%), and costs for meetings and conferences (3%).

## Expenditures

Fiscal Year: April 2017 – March 2018



## Meetings & Conferences

- American College of Physicians Ontario Chapter Annual Scientific Meeting, Mississauga, ON. November 2-3, 2018
- American College of Rheumatology (ACR) Annual Scientific Meeting, Chicago, IL. October 19-24, 2018
- Canadian Association for Population Therapeutics (CAPT), Toronto, ON. October 22-23, 2018
- Canadian Rheumatology Association (CRA) Annual Scientific Meeting. Vancouver, BC. February 21-24, 2018
- Canadian Society of Internal Medicine (CSIM) Annual Meeting, Banff, AB. October 10-13, 2018
- European League Against Rheumatism (EULAR) Congress 2018, Amsterdam, NL. June 13-16, 2018
- Ontario Rheumatology Association (ORA) Annual Meeting. Minnett, ON. May 24-26, 2018

## Awards Received

- On September 13, 2018, Dr. Janet Pope was inducted as a Fellow of the Canadian Academy of Health (CAHS), one of the highest honours within Canada's academic community. CAHS Fellows, who serve as unpaid volunteers, are nominated by their institutions and peers and selected in a competitive process based on their internationally recognized leadership, academic performance, scientific creativity and willingness to serve. Congratulations to Dr. Pope!

## Patient Advisory Committee (PAC)

The OBRI Patient Advisory Committee (PAC) is a volunteer-led group comprised of patient representatives with rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis. The PAC works to improve patient wellbeing through the promotion of rights detailed in the *Canadian Arthritis Patients Charter*.

The OBRI PAC provides guidance to the OBRI research team through:

- the communication of patient perspectives to research staff, students, investigators and other stakeholders
- priority setting, project planning, and decision making
- patient engagement, communication, and retention activities
- the dissemination of research/knowledge to patients and caregivers

The OBRI PAC oversees the production of an annual patient newsletter “In the Loop” (<http://www.obri.ca/for-patients/patient-newsletters/>) to keep patients informed about OBRI research, news, and events. The committee also co-facilitates the Patient Information Sessions to communicate OBRI research activities to participants.

### Patient Advisory Committee:

- Catherine Hofstetter
- David Barker
- Jennifer Boyle
- Maureen Forbes
- Lynda Linderman
- Gerald Major
- Erinn McQueen
- Denis Morrice



## Clinical Advisory Committee (CAC)

The Clinical Advisory Committee (CAC) was developed in 2015 to serve as an oversight committee to:

- provide expert advice on matters relating to OBRI internal operations
- provide strategic leadership for communications and interactions with external stakeholders (i.e., Patients, Payers, Providers, Professional Associations) and industry relations
- engage and mentor junior investigators
- prioritize research questions to ensure alignment with OBRI overall goals and diversification of funding.
- provide the OBRI with leadership for the development and investigation of clinically-relevant research questions.

Members of the CAC work closely with OBRI staff and JSS Medical Research to explore new research questions relevant to rheumatology care. This collaboration resulted in 4 publications in 2018 (see publication summaries highlighted in Key Findings for 2018).

### Clinical Advisory Committee:

- Dr. Vandana Ahluwalia
- Dr. Claire Bombardier
- Dr. Vinod Chandran
- Cathie Hoffstetter (PAC)
- Dr. Edward Keystone
- Dr. Arthur Lau
- Dr. Janet Pope
- Dr. Carter Thorne



## OBRI Investigators

Dr. Vandana Ahluwalia <sup>1</sup>	Dr. Rafat Faraawi	Dr. Shikha Mittoo
Dr. Zareen Ahmad	Dr. Derek Haaland <sup>1</sup>	Dr. Ami Mody
Dr. Pooneh Akhavan	Dr. Brian Hanna <sup>3</sup>	Dr. Angela Montgomery
Dr. Lori Albert	Dr. Nigil Haroon	Dr. Manisha Mulgund <sup>1</sup>
Dr. Catherine Alderdice	Dr. Jackie Hochman <sup>3</sup>	Dr. Edward Ng
Dr. Michael Aubrey	Dr. Anna Jaroszynska	Dr. Tripti Papneja
Dr. Henry Aaverns <sup>2</sup>	Dr. Sindhu Johnson	Dr. Viktoria Pavlova
Dr. Sibel Aydin	Dr. Raman Joshi	Dr. Louise Perlin
Dr. Sangeeta Bajaj	Dr. Allan Kagal	Dr. Janet Pope
Dr. Mary Bell	Dr. Arthur Karasik <sup>1</sup>	Dr. Jane Purvis
Dr. William Bensen <sup>3</sup>	Dr. Jacob Karsh	Dr. Raman Rai
Dr. Sankalp Bhavsar	Dr. Edward Keystone	Dr. Gina Rohekar
Dr. Raja Bobba	Dr. Nader Khalidi	Dr. Sherri Rohekar
Dr. Claire Bombardier	Dr. Imtiaz Khan <sup>2</sup>	Dr. Thanu Ruban
Dr. Arthur Bookman	Dr. Bindee Kuriya	Dr. Nooshin Samadi
Dr. Julie Brophy	Dr. Margaret Larché	Dr. Sharron Sandhu
Dr. Antonio Cabral	Dr. Arthur Lau <sup>1</sup>	Dr. Saeed Shaikh
Dr. Simon Carette	Dr. Nicole Le Riche <sup>3</sup>	Dr. Ali Shickh
Dr. Raj Carmona	Dr. Felix Leung	Dr. Rachel Shupak
Dr. Andrew Chow <sup>1</sup>	Dr. Frances Leung <sup>3</sup>	Dr. Doug Smith <sup>3</sup>
Dr. Shirley Chow	Dr. Dharini Mahendira	Dr. Elaine Soucy
Dr. Gregory Choy	Dr. Mark Matsos <sup>3</sup>	Dr. Jonathan Stein
Dr. Patricia Ciaschini <sup>1</sup>	Dr. Heather McDonald-Blumer	Dr. Andy Thompson <sup>3</sup>
Dr. Alfred Cividino	Dr. Emily McKeown	Dr. Carter Thorne <sup>1</sup>
Dr. Dana Cohen	Dr. Ines Midzic	Dr. Sharon Wilkinson <sup>3</sup>
Dr. Sanjay Dixit <sup>1</sup>	Dr. Nataliya Milman	

<sup>1</sup>RA & SpA

<sup>2</sup>SpA only

<sup>3</sup>Retired/No longer participating in OBRI

## Interviews: Collecting Patient Reported Outcome Measures

Part of what makes the OBRI unique is our ongoing collection of patient reported outcome measures through structured telephone interviews with patients. Patient reported data is collected on a regular basis to document patient experiences with disease activity, quality of life, comorbidity, socioeconomic status, functional ability, and work productivity. These interviews, combined with physician-reported data and administrative data, provide us with a holistic picture of the RA care landscape in Ontario.

We'd like to thank our dedicated team of interviewers for their ongoing role in ensuring patient data is collected in a standardized manner.

### OBRI Interviewers

- Joanne Kennedy
- Lynda Linderman
- Andrea McClintock
- Colleen Perrin
- Linda Rosengarten
- Sharon Zwarych





## OBRI TEAM

The data management centre is staffed by a specialized team with competency in clinical trial management, biostatistics, ethics approvals, privacy, data management, health IT, stakeholder engagement and business development. Since inception, the OBRI has disseminated knowledge insights globally, nationally and provincially through abstracts, presentations, and manuscripts (14) for a variety of vested stakeholders including clinicians, patients, manufactures and payers.



### OBRI Staff

- Claire Bombardier, MD, OBRI Principal Investigator
- Sandra Couto, Director of Partnership and Stakeholder Relations
- Vinod Chandran, MD, Principal Investigator, SpA Initiative
- Angela Cesta, Clinical Research Coordinator
- Mohammad Movahedi, MD, PhD, Research Associate II
- Carol Mously, Study Site Coordinator
- Xiuying Li, Data Manager
- Leanie Culanding, Budget and Finance Manager (part-time)
- Sunita Timilshina, Data Entry Clerk (part-time)
- Cheryl Dawson-Titus, Administrative Assistant (part-time)

### OBRI Student(s)

- Mark Tatangelo, PhD candidate, University of Toronto



## THANK YOU TO OUR 2018 SPONSORS

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