

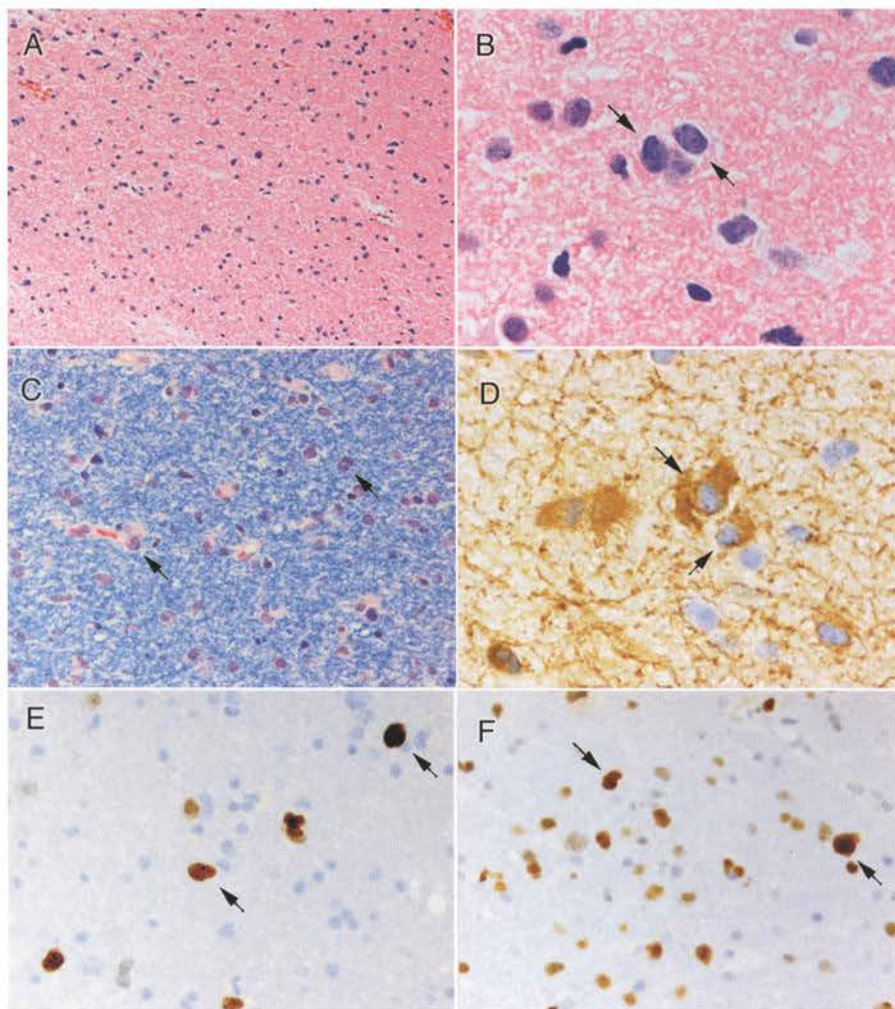


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# The journal

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See Page A-2 for figure legend

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Beyond whole brain

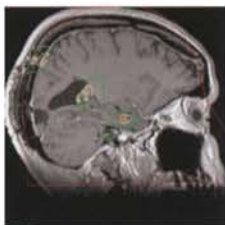
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**COVER LEGEND**

*From the Neuroimaging Highlight article "Concurrence of High-Grade Brainstem Glioma and Multiple Sclerosis" pages 512-514*

*Middle cerebellar peduncle biopsy reveals hypercellularity*

*(A), no demyelination (C) and frequent atypical nuclei (B-F, arrows) of glial origin*

*(D) having increased proliferation (E) and expressing p53*

*(F), establishing the diagnosis of WHO grade III anaplastic astrocytoma. A,B – hematoxylin and eosin stain;*

*C – Luxol fast blue stain; D – glial fibrillary acidic protein immunostain;*

*E – Ki67 immunostain; F – immunostain for p53 expression.*



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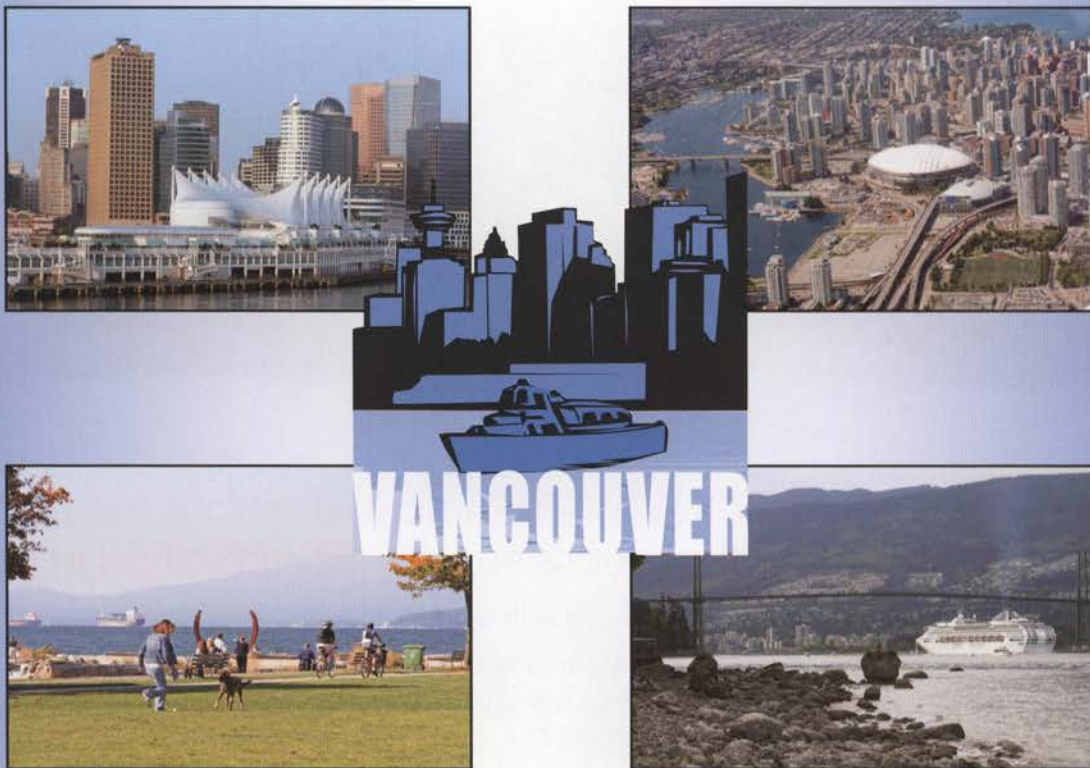
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# Fibromyalgia pain is real. And so is treatment with LYRICA.



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- LYRICA is proven to manage the pain associated with fibromyalgia<sup>1</sup>
- LYRICA has been demonstrated to significantly improve pain-related sleep difficulties<sup>2</sup>
  - 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]<sup>2\*</sup>

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., October 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  $\geq 4$  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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**i** See prescribing summary on page A-11, A-12



# Choose NE migraine therapy that has demonstrated rapid, reliable relief.

1-4†§

- Demonstrated headache response as quickly as 30 minutes postdose vs. placebo (RELPAX 40 mg: 9%; placebo: 4%,  $p < 0.05$ )<sup>1,2†</sup>
- Provided greater relief of associated symptoms vs. sumatriptan 100 mg at 2 hours (absence of nausea: 74% vs. 67%,  $p < 0.01$ ; absence of photophobia: 71% vs. 63%,  $p < 0.01$ ; absence of phonophobia: 74% vs. 67%,  $p < 0.01$ )<sup>3†</sup>
- Demonstrated superior functional response at 2 hours vs. sumatriptan 100 mg (68% vs. 61%,  $p < 0.01$ ; 63% vs. 46%,  $p < 0.005$ )<sup>3,4†§</sup>



RELPAX is indicated for the acute treatment of migraine with or without aura in adults. RELPAX tablets are not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic, ophthalmoplegic or basilar migraine. Safety and effectiveness of RELPAX tablets have not been established for cluster headache, which is present in an older, predominantly male population. Among 5984 patients who treated a single migraine headache with RELPAX 20 mg, 40 mg or 80 mg tablets in short-term, placebo-controlled trials, the most common and dose-related adverse events reported with treatment with RELPAX were asthenia (7.2%), nausea (7.8%), dizziness (5.7%) and somnolence (5.2%). RELPAX 80 mg is not an available dose. The maximum daily dose is 40 mg.

RELPAX is contraindicated in patients with history, symptoms, or signs of ischemic cardiac, cerebrovascular or peripheral vascular syndromes, valvular heart disease or cardiac arrhythmias (especially tachycardias). In addition, patients with other significant underlying cardiovascular diseases (e.g., atherosclerotic disease, congenital heart disease) or uncontrolled or severe hypertension should not receive RELPAX. Ischemic cardiac syndromes include, but are not restricted to, angina pectoris of any type (e.g., stable angina of effort and vasospastic forms of angina such as Prinzmetal's variant), all forms of myocardial infarction, and silent myocardial ischemia. Cerebrovascular syndromes include, but are not limited to, strokes of any type as well as transient ischemic attacks (TIAs). Peripheral vascular disease includes, but is not limited to, ischemic bowel disease, or Raynaud's syndrome. Because RELPAX may increase blood pressure it is contraindicated in patients with uncontrolled or severe hypertension. RELPAX is contraindicated within 72 hours of treatment with potent CYP3A4 inhibitors (i.e., ketoconazole, itraconazole, nefazodone, troleandomycin, clarithromycin, ritonavir, and nelfinavir). RELPAX is contraindicated within 72 hours with drugs that have demonstrated potent CYP3A4 inhibition and have this potent effect described in the CONTRAINDICATIONS, or WARNINGS AND PRECAUTIONS sections of their labelling. RELPAX is contraindicated within 24 hours of treatment with another 5-HT<sub>1</sub> agonist, an ergotamine-containing or ergot-type medication such as dihydroergotamine (DHE) or methysergide. RELPAX is contraindicated in patients with hemiplegic, ophthalmoplegic or basilar migraine, patients with severe hepatic impairment, and those with known hypersensitivity to eletriptan or to any of its inactive ingredients.

† In a multicentre, double-blind, placebo-controlled, parallel-group clinical trial, 1334 outpatients with a diagnosis of migraine were randomized to receive RELPAX 20 mg, 40 mg, or 80 mg, or placebo for the treatment of up to 3 migraine attacks. The efficacy, consistency, tolerability and safety of RELPAX were evaluated.

‡ In a randomized, double-blind, double-dummy, parallel-group study conducted in 2113 patients with a diagnosis of migraine. Subjects were randomized to receive RELPAX 40 mg, sumatriptan 100 mg or placebo for the treatment of a single migraine attack.

§ In a randomized, double-blind, double-dummy, placebo-controlled study conducted in 1008 patients with a history of migraine. Subjects were randomized to receive RELPAX 40 mg or 80 mg, sumatriptan 50 mg or 100 mg, or placebo to treat up to 3 migraine attacks.

For complete prescribing information, please refer to the Product Monograph. The Product Monograph is available upon request.



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eletriptan HBr 40 mg



# Integrating Strong HR Management Practices Into Your Professional Practice

No matter what the economic environment, finding and keeping the right staff is an important issue for professional practitioners and small business owners. Whatever the size of your enterprise, developing sound human resources management practices and policies is not only good practice, it will also help you develop a reputation as “an employer of choice”, a real advantage in attracting the best and the brightest.

Whether your practice is a start-up, or is well established, taking the time to think about the kind of culture you want to create, and then taking deliberate steps to create a positive working environment will pay big dividends. For example, will you prefer a top-down, management-driven approach to running the business, or will you cultivate a more open consultative approach? Will flexible hours be part of your workplace, or do your operations require a more regulated schedule? Each option has both strengths and weaknesses which you will want to assess.

Human resources management practices cover many areas, from creating detailed job descriptions, recruitment and retention strategies, workplace safety measures, to programs which ensure a culture of respect and fairness for all your staff. You'll need to consider record keeping, confidentiality, dismissal, and compliance policies, to name but a few.

Many professionals may not have the time or expertise to create documented policies and detailed employee handbooks. Your professional association may be a useful source of information, or alternately an on-line search may help you identify relevant resources.

Some key tips to building a strong foundation for an excellent work environment and workplace team include:

- Build an HR team that may include your accountant, lawyer, an HR consultant.
- Make sure your compensation package is competitive and attractive.
- Reward your employees with financial or non-financial incentives based on sales, performance, or customer feedback.
- Profit sharing plans can be a great way to reward employees and give them a stake in the longer-term success of the business.
- Make your employees ambassadors and consider finder's fees as part of your recruitment policy.
- Be flexible – with work hours, telecommuting, unpaid leaves, etc.
- Help your employees upgrade with training and staff development programs.

- Focus on creating a positive environment which gains a reputation as a great place to work.
- Have a clear vision statement that outlines what you want your business to be in the future. It will give you shape and direction for your long-term business goals.

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