



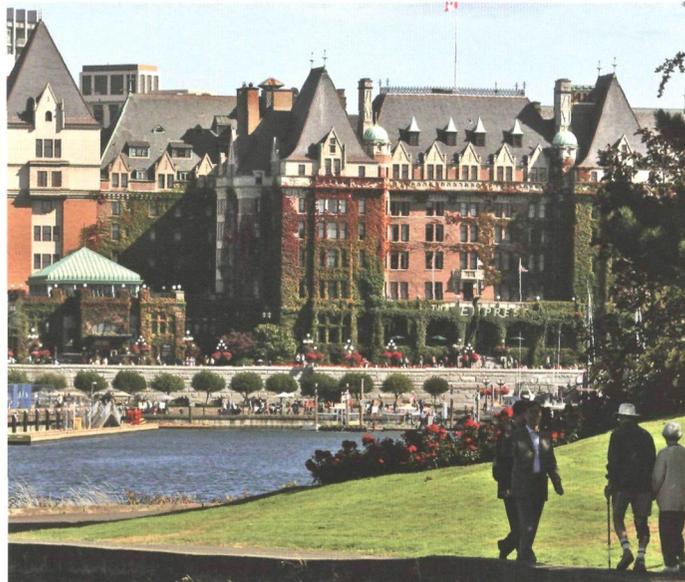
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LE JOURNAL CANADIEN DES

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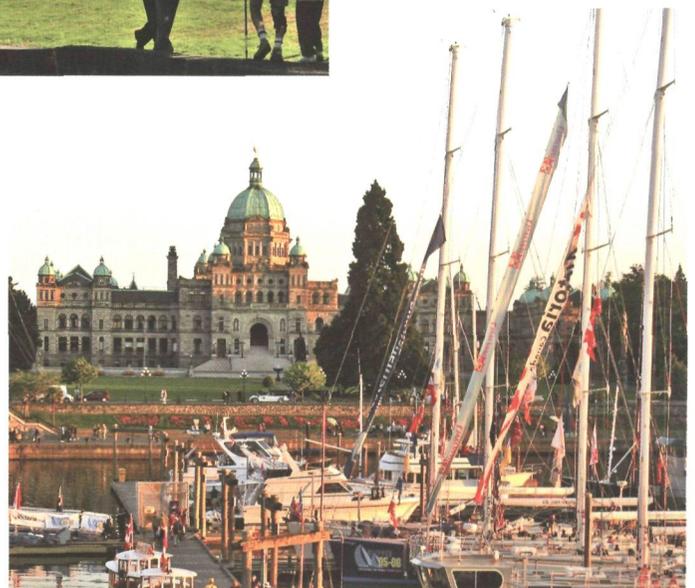
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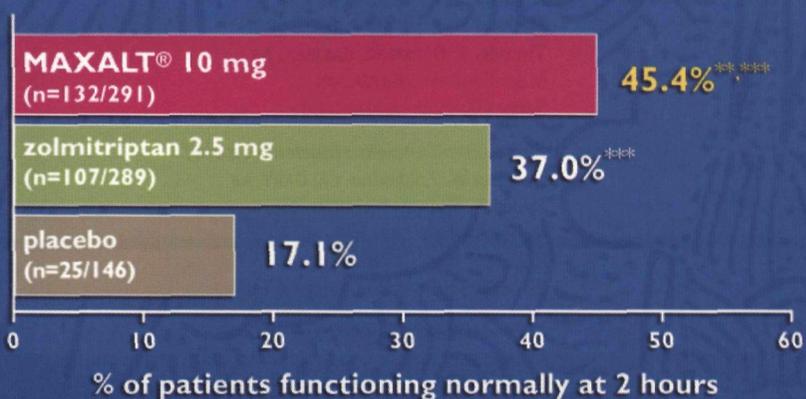
We are investigating different options for the cover of the Journal and thought it might be appropriate to include pictures of major Canadian Cities and/or Universities as taken by our readers.

If you are interested in submitting pictures, please send them to maggie-mccallion@cnsfederation.org in high resolution format, (i.e. tif or jpeg). Please also indicate your willingness to provide these pictures free of charge. Picture 'acknowledgement' will be provided.

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A randomized, double-blind, placebo-controlled outpatient study comparing the clinical profiles of rizatriptan 10 mg tablets and zolmitriptan 2.5 mg tablets for the acute treatment of a single migraine attack. A total of 882 men and women who met the IHS criteria for migraine with or without aura were enrolled. Patients had to have had a six-month history of migraine and usually experienced one to eight attacks per month.²

**p<0.05 vs zolmitriptan

***p<0.001 vs placebo

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Reference: 1. Brogan Inc. Geographic Prescription Monitor (GPM®) December 2006 to November 2007. 2. Pascual J et al. Comparison of rizatriptan 10 mg vs zolmitriptan 2.5 mg in the acute treatment of migraine. Cephalalgia 2000;20:455-61.

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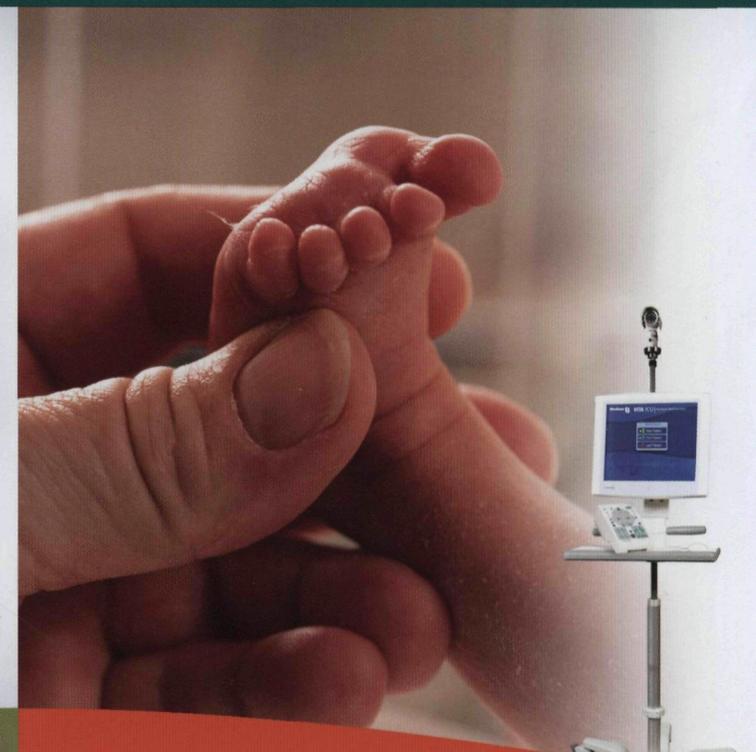
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2008 CNSF Congress Program Information

The Scientific Program Committee wishes to highlight a few of the features of the upcoming 43rd Annual Congress of the Canadian Neurological Sciences Federation.

We are pleased to announce that Dennis Choi, former Executive Vice-President for Neuroscience at Merck Research Labs and current Executive Director of Emory University's Neuroscience Initiative will be presenting as our Distinguished Guest Lecturer.

Based on Congress feedback and the CNSF Member Survey conducted in 2007, we have a number of new educational offerings in the Congress this year.

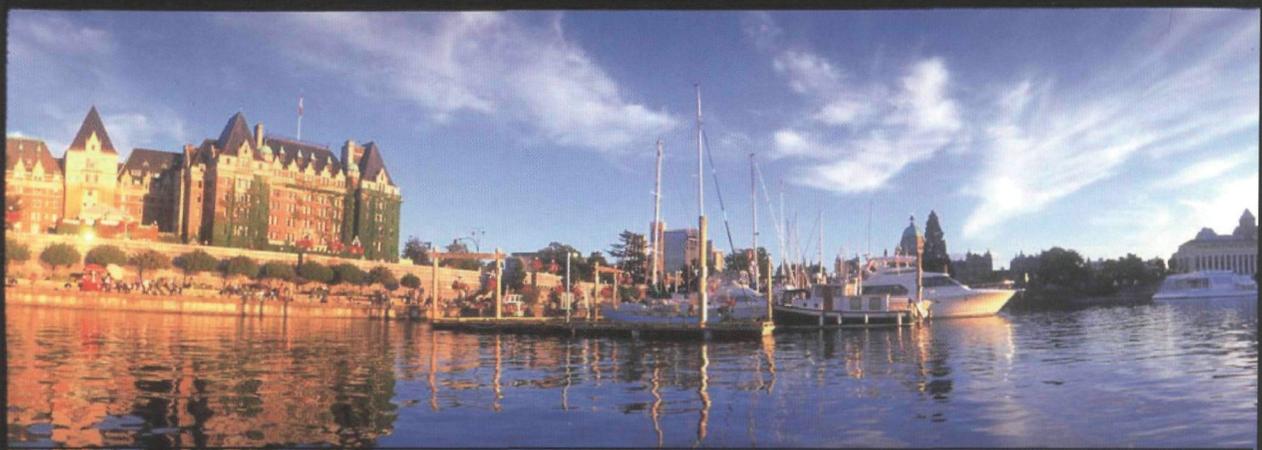
1. New Courses on Neuroradiology and Cerebrovascular Surgery.
2. The Grand Rounds session will this year incorporate the use of a touchpad response system.
3. Abstract submissions were the highest we've seen in years, so the Digital Poster stations will be quite busy. As well, the author standby tours have been re-conceptualized as "mini-platform sessions" so expect to see lively discussion in those sessions.
4. We have more Digital Poster stations, more Congress Course Notes printing stations and the same exciting Plenary Lectures that you've come to expect.

Check out our web site, www.cnsfederation.org to review our program and to reserve your hotel room at the Empress.

Please support the CNSF Congress by booking your accommodations at the official Congress hotel, the Fairmont Empress. Staying at the Empress means the CNSF receives benefits, such as complimentary meeting space for the Congress, for committee meetings and social activities. If we don't fill our block, the CNSF pays substantial penalty fees and ultimately these penalties result in a more expensive Congress next year.

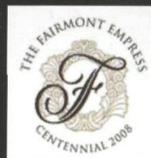
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Rent vs. Buy – Time to Face Your Space

Health Care Professionals Examine Both Options

Rent or buy? That's an age old question, whether you're talking about a home, a car, or equipment.

"Where you want to set up shop is always the first consideration, and after that it comes down to personal choice", says Michael Stoltz, Senior Account Manager, Healthcare Professionals, for RBC Royal Bank®.

One RBC Royal Bank client, Paul Arnold, who has a family practice in Edmonton has rented a series of spaces for 30 years: "For me," says Dr. Arnold, "leasing offers flexibility, and less headaches than if I owned."

This professional came to an easy conclusion about the rent vs. buy question – but what is right for your practice? The professionals at RBC Royal Bank weigh in.

Weigh All the Costs

Leasing a location may be viewed as taking a lower risk, says Stoltz, as you need to borrow less.

Some doctors may only be comfortable with having a certain level of debt, and first want to meet certain performance measures before taking on more debt.

Others, comments Stoltz, are confident about their potential for success due to the demographics of the area and might wish to invest more in their practice by buying.

When you lease, the rent you pay is gone, and you're subject to your landlord's increases when its time to renew. "There is some insecurity there," admits Dr. Arnold.

Purchasing, while involving a higher initial cost, lets you build up equity. Plus, a fixed-rate mortgage will give you some measure of cost certainty.

"Clients only have a certain amount of capital to invest," says Dave Majeski, Vice-President, RBC Royal Bank.

"Should you invest it in a property as equity? Or in equipment? What kind of cash flow do you generate to service your leasing costs and/or debt? You need to look at the return on your core business – your practice."

Location Comes First

"Where you set up shop and establish your patient base is so important," says Stoltz.

Your preference may be to own, but what if you find the ideal spot for your practice, and your only option is leasing? Dr. Arnold, for instance, prefers to be in a shopping centre, so he has no choice but to lease.

Think also of your plans for your practice. With buying, you call the shots, so you can modify the office as needed. Also, it allows you to treat the space as an investment property and instead of selling, you could rent it to someone else if you eventually decide to move. However, if you outgrow your space, moving is easier to do with a lease.

"It just comes down to what you're comfortable with," says Stephanie Fitzgerald, Senior Account Manager, Healthcare Professionals, Calgary, RBC Royal Bank.

Lean on the Experts

Whichever way you're leaning, it's vital to make an informed decision.

Fitzgerald notes that RBC® has account managers across Canada who are specifically devoted to doctors and have insight into their unique needs.

Many health care professionals aren't comfortable deciphering the intricacies of leasing agreements, the tax impacts of their mortgage or lease payments, an analysis of their cash flow, or a forecast of property appreciation and interest rates.

Health professionals, like any business professionals, need to rely on sound financial expertise, says RBC's Fitzgerald. The bank is a key partner in working with resources such as lawyers, accountants, or leasing or mortgage brokers – people who deal with questions of buying or leasing office space every day.

"All together," Fitzgerald says, "we'll provide the advice that helps you come to the right decision for you."

For more information about how RBC can help you and your practice, speak with an RBC health care professional specialist today by calling 1-800-ROYAL® 2-0. Or visit www.rbcroyalbank.com/health-care to learn more.

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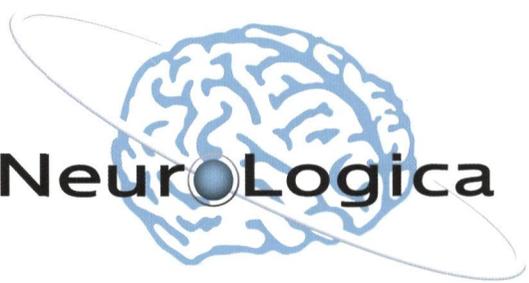
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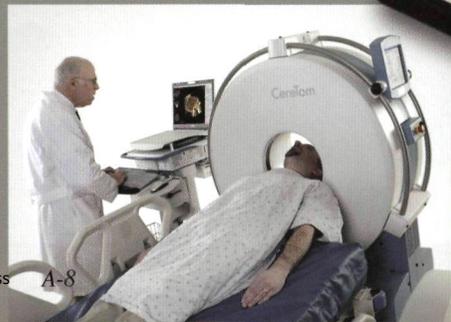
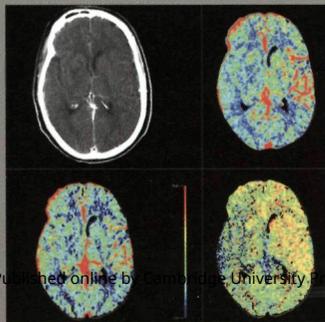
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†A two-year, multicenter, randomized, double-blind, placebo-controlled, phase III clinical trial evaluated the effect of 8 MIU subcutaneous BETASERON® every other day on time to onset of MS in patients with a single clinical demyelinating event suggestive of MS (Patients were 18 to 45 years of age with an EDSS of ≤ 5.0 , BETASERON® group $n=292$ and placebo group $n=176$).

‡CDMS occurred in 45% of the placebo group compared to 28% of the BETASERON® group (Kaplan-Meier estimates)

BETASERON® (interferon beta-1b) is indicated for the treatment of patients with a single demyelinating event accompanied by at least two clinically silent lesions typical of multiple sclerosis (MS) on magnetic resonance imaging, to delay progression to definite MS. Before initiating treatment with BETASERON®, alternate diagnoses should first be excluded. BETASERON® is also indicated for the reduction of the frequency of clinical exacerbations in ambulatory patients with relapsing-remitting (RR) MS, characterized by recurrent attacks of neurologic dysfunction followed by complete or incomplete recovery. In addition, BETASERON® is indicated for the slowing of the progression in disability and the reduction of the frequency of clinical exacerbations in patients with secondary-progressive (SP) MS.

In patients with a single clinical event suggestive of MS, efficacy has been demonstrated over a period of two years. Efficacy of treatment for longer than two years has not been substantially demonstrated in RRMS. For SPMS, safety and efficacy data beyond three years are not available. The safety and efficacy of BETASERON® in primary-progressive (PP) MS have not been evaluated.

BETASERON® is contraindicated in patients with a history of hypersensitivity to natural or recombinant interferon beta, albumin human or to any other ingredient in the formulation and in pregnant women.

The most common side effects (regardless of causality) in patients treated with BETASERON® are: abnormal gait (34% in SPMS); asthenia (21.6% in CIS), (49% in RRMS) and (63% in SPMS); chills (46% in RRMS); fever (59% in RRMS) and (40% in SPMS); flu-like symptom complex (76% in RRMS); flu-like syndrome (44.2% in CIS); flu syndrome (61% in SPMS); headache (26.7% in CIS), (84% in RRMS) and (47% in SPMS); hypertonionia (41% in SPMS); injection site inflammation (48% in SPMS); injection site reactions (48.3% in CIS), (85% in RRMS) and (46% in SPMS); lymphocyte count $< 1500/mm^3$ (79.1% in CIS), (82% in RRMS) and (90.9% in SPMS); myasthenia (39% in SPMS); neuropathy (38% in SPMS); pain (52% in RRMS) and (31% in SPMS); paresthesia (35% in SPMS).

FOR COMPLETE WARNINGS AND PRECAUTIONS, PLEASE REFER TO THE PRODUCT MONOGRAPH AVAILABLE TO HEALTHCARE PROFESSIONALS UPON REQUEST.

Reference: 1. Bayer Inc. BETASERON Product Monograph. Dec 21, 2007.

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BETASERON® (interferon beta-1b) is indicated for the treatment of patients with a single demyelinating event (CIS) accompanied by at least two clinically silent lesions typical of multiple sclerosis (MS) on magnetic resonance imaging, to delay progression to definite MS. Before initiating treatment with BETASERON®, alternate diagnoses should first be excluded. BETASERON® is also indicated for the reduction of the frequency of clinical exacerbations in ambulatory patients with relapsing-remitting (RR) MS, characterized by recurrent attacks of neurologic dysfunction followed by complete or incomplete recovery. In addition, BETASERON® is indicated for the slowing of the progression in disability and the reduction of the frequency of clinical exacerbations in patients with secondary-progressive (SP) MS.

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[†]A two-year, multicenter, randomized, double-blind, placebo-controlled, phase III clinical trial evaluated the effect of 8 MIU subcutaneous BETASERON® every other day on time to onset of MS in patients with a single clinical demyelinating event suggestive of MS (Patients were 18 to 45 years of age with an EDSS of ≤ 5.0 , BETASERON® group $n=292$ and placebo group $n=176$).

[‡]CDMS occurred in 45% of the placebo group compared to 28% of the BETASERON® group (Kaplan-Meier estimates).

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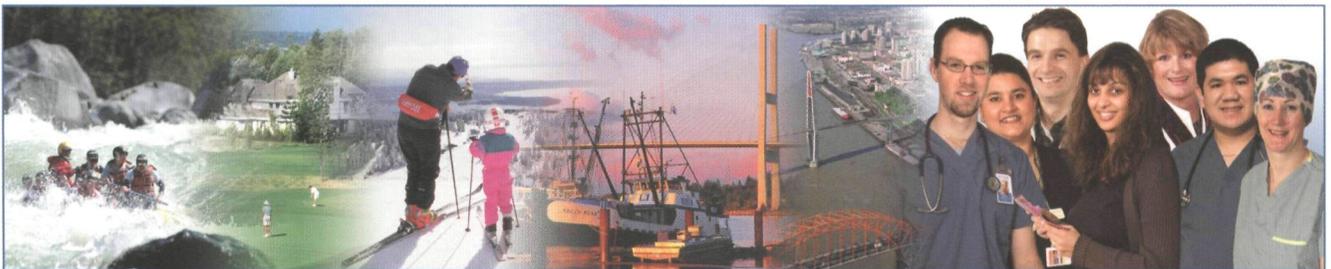
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