INFORMATION FOR AUTHORS SUBMISSION PROCESS

Before submitting a manuscript, please gather the following information:

- All Authors First Names, Middle Names/Initials, Last Names
- Author affiliations/Institutions
- Departments
- Phone and Fax Numbers
- Street Addresses
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- Title and Running Title (you may copy and paste these from your manuscript) YOUR TITLE MUST BE UNDER 80 CHARACTERS (including spaces)

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A cover letter is required and must state that the manuscript has not been published elsewhere, except in abstract form, and is not under simultaneous consideration by another journal.

Once a decision is made by the Editor on your manuscript, the Journal office will send you an Author Release form and a Conflict of Interest form only if your manuscript has been accepted for revision.

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For articles that require abstracts either Structured (250 words) or Unstructured (150 words), see website for Manuscript Category specifications.

Articles with structured abstracts should be submitted under conventional headings of introduction, methods and materials, results, discussion, but other headings will be considered if more suitable.

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- Figures/Images in TIF, EPS, PDF, or JPG formats (must follow high resolution formats below)
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- Tables accepted in DOC format only.
- Type tables double-spaced on pages separate from the text.
- Provide a table number and title for each.
- Particular care should be taken in the preparation of tables to ensure that the data are presented clearly and concisely.
- Each column should have a short or abbreviated heading.
- Place explanatory matter in footnotes, not in the heading.
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Acknowledgements, including recognition of financial support, should be typed on a separate page at the end of the text.

The SI system (système international d'unités) should be used in reporting all laboratory data, even if originally reported in another system.

References

- References should be numbered in the order of their citation in the text. Those cited only in tables and legends for illustrations are numbered according to the sequence established by the first identification in the text of a particular table or illustration.
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Examples of correct forms of reference:

Journals

1. Rose ME, Huerbin MB, Melick J, et al. Regulation of interstitial excitatory amino acid concentrations after cortical contusion injury. Brain Res. 2002;935(1-2):40-6.

Chapter in a book

1. Meltzer PS, Kallioniemi A, Trent JM. Chromosome alterations in human solid tumors. In: Vogelstein B, Kinzler KW, editors. The genetic basis of human cancer. New York: McGraw-Hill; 2002. p. 93-113.

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INFORMATION FOR AUTHORS SUBMISSION PROCESS *(continued)*

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PrLYRICA® PREGABALIN

PRESCRIBING SUMMARY

PATIENT SELECTION CRITERIA

THERAPEUTIC CLASSIFICATION
Analgesic Agent

INDICATIONS AND CLINICAL USE
LYRICA (pregabalin) is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia and spinal cord injury. LYRICA is indicated for the management of pain associated with fibromyalgia. 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.

Use in Special Populations
Geriatrics (>65 years of age): Pregabalin oral clearance tended to decrease with increasing age. This decrease in pregabalin oral clearance is consistent with age-related decreases in creatinine clearance. Reduction of pregabalin dose may be required in patients who have age-related compromised renal function (see Product Monograph, *WARNINGS AND PRECAUTIONS, Geriatrics* [*>65 years of age*]).

Pediatrics (<18 years of age): The safety and efficacy of pregabalin in pediatric patients (<18 years of age) have not been established.

Renal: There have been reports of patients, with or without previous history, experiencing renal failure while receiving pregabalin alone or in combination with other medications. Discontinuation of pregabalin showed reversibility of this event in some cases (see Product Monograph, *WARNINGS AND PRECAUTIONS; ADVERSE REACTIONS, Post-Marketing Adverse Drug Reactions;* and *DOSAGE AND ADMINISTRATION*). Because pregabalin is eliminated primarily by renal excretion, the dose of pregabalin should be adjusted as noted for elderly patients or those with renal impairment (see Product Monograph, *ACTION AND CLINICAL PHARMACOLOGY* and *DOSAGE AND ADMINISTRATION*).

Pregnant Women: There are no adequate and well-controlled studies in pregnant women. Pregabalin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Labour and Delivery: The effects of pregabalin on labour and delivery in pregnant women are unknown.

Nursing Women: It is not known if pregabalin is excreted in human breast milk; however, it is present in the milk of rats. Because of the potential for adverse reactions in nursing infants from pregabalin, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

CONTRAINDICATIONS
Patients who are hypersensitive to pregabalin or to any ingredient in the formulation or component of the container.

SAFETY INFORMATION

WARNINGS AND PRECAUTIONS
Angioedema: There have been post-marketing reports of angioedema in patients, some without reported previous history/episode(s), during initial/acute and chronic treatment with LYRICA. Specific symptoms included swelling of the face, mouth (tongue, lips, and gums), neck, throat, and larynx/upper airway. There have been reports of life-threatening angioedema with respiratory compromise requiring emergency treatment. Some of these patients did not have reported previous history/episode(s) of angioedema. LYRICA should be immediately discontinued in patients with these symptoms. During the pre-marketing assessment of pregabalin in clinical trials, angioedema was reported as a rare reaction (see Product Monograph, *ADVERSE REACTIONS, Less Common Clinical Trial Adverse Reactions* and *Post-Marketing Adverse Drug Reactions*).

Caution should be exercised when prescribing LYRICA to patients with previous history/episode(s) of angioedema and related events. In addition, patients who are taking other drugs associated with angioedema (eg, ACE-inhibitors) may be at increased risk of developing this condition.

Hypersensitivity: There have been post-marketing reports of hypersensitivity reactions (e.g. skin redness, blisters, hives, rash, dyspnea, and wheezing). Pregabalin should be discontinued immediately if such symptoms occur (see Product Monograph, *Post-Marketing Adverse Drug Reactions*).

Renal Failure: In both clinical trials of various indications and post-marketing database, there are reports of patients, with or without previous history, experiencing renal failure while receiving pregabalin alone or in combination with other medications. Discontinuation of pregabalin should be considered as it has shown reversibility of this event in some cases. Caution is advised when prescribing pregabalin to the elderly or those with any degree of renal impairment (see Product Monograph, *Special Populations, Renal; Abrupt or Rapid Discontinuation; ADVERSE REACTIONS, Post-Marketing Adverse Drug Reactions;* and *DOSAGE AND ADMINISTRATION*).

Tumorigenic Potential: In standard preclinical in vivo lifetime carcinogenicity studies of pregabalin, a high incidence of hemangiosarcoma was identified in two different strains of mice. The clinical significance of this finding is uncertain. Clinical experience during pregabalin's premarketing development provides no direct means to assess its potential for inducing tumors in humans.

Ophthalmological Effects: In controlled studies, pregabalin treatment was associated with vision-related adverse events such as blurred vision (amblyopia) (6% pregabalin and 2% placebo) and diplopia (2% pregabalin and 0.5% placebo). Approximately 1% of pregabalin-treated patients discontinued treatment due to vision-related adverse events (primarily blurred vision). Of the patients who did not withdraw, the blurred vision resolved with continued dosing in approximately half of the cases (see Product Monograph, *Post-Marketing Adverse Drug Reactions*).

Patients should be informed that if changes in vision occur, they should notify their physician.

Peripheral Edema: LYRICA may cause peripheral edema. In controlled peripheral neuropathic pain and fibromyalgia clinical trials, pregabalin treatment caused peripheral edema in 9% of patients compared with 3% of patients in the placebo group. In these studies, 0.7% of pregabalin patients and 0.3% of placebo patients withdrew due to peripheral edema (see Product Monograph, *ADVERSE REACTIONS, Peripheral Edema*).

In controlled clinical trials of up to 13 weeks in duration of patients without clinically significant heart or peripheral vascular disease, there was no apparent association between peripheral edema and cardiovascular complications such as hypertension or congestive heart failure. In the same trials, peripheral edema was not associated with laboratory changes suggestive of deterioration in renal or hepatic function.

Higher frequencies of weight gain and peripheral edema were observed in patients taking both LYRICA and a thiazolidinedione antidiabetic agent compared to patients taking either drug alone. As the thiazolidinedione class of antidiabetic drugs can cause weight gain and/or fluid retention, possibly exacerbating or leading to heart failure, care should be taken when co-administering LYRICA and these agents.

Congestive Heart Failure: In controlled clinical studies, events of congestive heart failure were reported at an infrequent rate (between 0.1% and 1%; see Product Monograph, *ADVERSE REACTIONS, Less Common Clinical Trial Adverse Reactions*).

There have been post-marketing reports of congestive heart failure in some patients receiving pregabalin (see Product Monograph, *ADVERSE REACTIONS, Post-marketing Adverse Drug Reactions*). Although this adverse reaction has mostly been observed in elderly cardiovascular-compromised patients during pregabalin treatment for a neuropathic pain indication, some cases have occurred in patients without reported edema or previous history of cardiovascular disease. Pregabalin should be used with caution in these patients. Discontinuation of pregabalin may resolve the reaction.

Serious Skin Reactions: There have been very rare post-marketing reports of serious cutaneous reactions, including Stevens-Johnson Syndrome (SJS), Toxic Epidermal Necrolysis (TEN), dermatitis exfoliative, bullous skin reactions, and erythema multiforme in patients treated with LYRICA (see Post-Market Adverse Drug Reactions). Post-market reporting rate is generally accepted to be an underestimate due to under-reporting. Most of the reports were in patients taking concomitant medications also associated with the potential development of these serious skin reactions. Therefore, in most cases, causality in relation to LYRICA could not be clearly established. Patients should be advised that if they experience a skin rash, they should discontinue LYRICA treatment and contact their physician for assessment and advice.

Gastrointestinal: There have been post-marketing reports of events related to reduced lower gastrointestinal tract function (eg. intestinal obstruction, paralytic ileus, and constipation) in patients, some without reported previous history/episode(s), during initial/acute and chronic treatment with LYRICA, primarily in combination with other medications that have the potential to produce constipation. Some of these events were considered serious and required hospitalization. In a number of instances, patients were taking opioid analgesics including tramadol.

Caution should be exercised when LYRICA and opioid analgesics are used in combination, and measures to prevent constipation may be considered, especially in female patients and elderly as they may be at increased risk of experiencing lower gastrointestinal-related events (see Product Monograph, *ADVERSE REACTIONS, Post-Marketing Adverse Drug Reactions*).

Weight Gain: LYRICA may cause weight gain. In pregabalin-controlled peripheral neuropathic pain and fibromyalgia clinical trials with durations of up to 14 weeks, a gain of 7% or more over baseline weight was observed in 8% of pregabalin-treated patients and 3% of placebo-treated patients. Few patients treated with pregabalin (0.6%) withdrew from controlled trials due to weight gain (see Product Monograph, *ADVERSE REACTIONS, Weight Gain*).

Pregabalin-associated weight gain was related to dose and duration of exposure. Pregabalin-associated weight gain did not appear to be associated with baseline BMI, gender, or age. Weight gain was not limited to patients with edema and was not necessarily due to edema-related events (see Product Monograph, *WARNINGS AND PRECAUTIONS, Peripheral Edema*).

Although weight gain was not associated with clinically important changes in blood pressure in short-term controlled studies, the long-term cardiovascular effects of pregabalin-associated weight gain are unknown.

While the effects of pregabalin-associated weight gain on glycemic control have not been systematically assessed, in controlled and longer-term open-label clinical trials with diabetic patients, pregabalin treatment did not appear to be associated with loss of glycemic control (as measured by HbA_{1c}).

Dizziness and Somnolence: LYRICA may cause dizziness and somnolence. In controlled studies, pregabalin caused dizziness in 32% of patients compared to 8% in placebo. Somnolence was experienced by 17% and 4% of the patients treated with pregabalin and placebo, respectively. These events begin shortly after the initiation of therapy and generally occur more frequently at higher doses. In these studies, dizziness and somnolence led to withdrawal of 5% (placebo: 0.5%) and 3% (placebo: 0.1%) of the pregabalin-treated patients, respectively. For the remaining patients who experienced these events, dizziness and somnolence persisted until the last dose of pregabalin in 35% and 49% of the patients, respectively (see Product Monograph, *ADVERSE REACTIONS, Tables 2, 4,* and *11,* and *Post-Marketing Adverse Drug Reactions*).

Abrupt or Rapid Discontinuation: Following abrupt or rapid discontinuation of pregabalin, some patients reported symptoms including insomnia, nausea, headache, anxiety,

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hyperhidrosis and diarrhea. Pregabalin should be tapered gradually over a minimum of one week rather than discontinued abruptly (see Product Monograph, *ADVERSE REACTIONS*, *Adverse Events Following Abrupt* or *Rapid Discontinuation*).

Convulsions, including status epilepticus and grand mal convulsions, have occurred in non-epileptic patients during treatment with LYRICA or after abrupt discontinuation (see *ADVERSE REACTIONS*, Post-Marketing Adverse Drug Reactions).

Encephalopathy: There have been serious post-marketing reports of encephalopathy, mostly in patients with underlying conditions that may precipitate encephalopathy. Some cases were reported in patients with a history of kidney or liver disease. Since there have been rare reports of renal failure with LYRICA, specific caution should be exercised when prescribing LYRICA to the elderly with age-related compromised renal function and patients with kidney disease or risk factors for renal failure (see *WARNINGS AND PRECAUTIONS*, Renal Failure and *ADVERSE REACTIONS*, Post-Marketing Adverse Drug Reactions).

Suicidal Behaviour and Ideation: There have been post-marketing reports of suicide-related events, including completed suicide, suicide attempt, and suicidal ideation in patients treated with LYRICA for a variety of indications such as neuropathic pain, fibromyalgia, etc. In some of these reports, underlying psychiatric disorders may have contributed to the event. The mechanism of this risk is not known. Patients should be monitored for signs of suicidal ideation and behaviours and appropriate treatment should be considered. Patients should be encouraged to report any distressing thoughts or feelings at anytime to their healthcare professional (see *ADVERSE REACTIONS*, Post-Marketing Adverse Drug Reactions).

ADVERSE REACTIONS

Because clinical trials are conducted under very specific conditions, the adverse reaction rates observed in clinical trials may not reflect the rates observed in practice and should not be compared to the rates in clinical trials of another drug. Adverse drug reaction information from clinical trials is useful for identifying drug-related adverse events and for approximating rates.

Clinical Trial Adverse Drug Reactions

Most Common Adverse Events in All Pre-marketing Controlled Clinical Studies of Neuropathic Pain: The most commonly observed adverse events (≥5% and twice the rate of that seen in placebo) in pregabalin-treated patients were: dizziness, somnolence, peripheral edema, and dry mouth. Adverse events were usually mild to moderate in intensity.

Adverse Events from a Controlled Clinical Study in Neuropathic Pain Associated with Spinal Cord Injury: The most commonly observed treatment-related adverse events (≥5% and twice the rate of that seen in placebo) in pregabalin-treated patients were: somnolence, dizziness, asthenia, dry mouth, edema, myasthenia, constipation, thinking abnormal, amblyopia, and amnesia. Adverse events were usually mild to moderate in intensity.

Most Common Adverse Events in Controlled Clinical Studies in Fibromyalgia: The most commonly observed treatment-related adverse events (≥5% and twice the rate of that seen in placebo) in pregabalin-treated patients were: dizziness (37.5%), somnolence (18.6%), weight gain (10.6%), dry mouth (7.9%), blurred vision (6.7%), peripheral edema (6.1%), constipation (5.8%), and disturbance in attention (5.3%). Adverse events were usually mild to moderate in intensity.

To monitor drug safety, Health Canada collects information on serious and unexpected effects of drugs. If you suspect a patient has had a serious or unexpected reaction to this drug, you may notify Health Canada by telephone: 1-866-234-2345.

ADMINISTRATION

DOSING CONSIDERATIONS

Patients with Impaired Renal Function

Pregabalin is primarily eliminated from the systemic circulation by renal excretion as unchanged drug. In some elderly patients and those with a medical history of significant renal insufficiency, daily dosages should be reduced accordingly (see Table in *Supplemental Product Information*).

Adults

Neuropathic pain associated with diabetic peripheral neuropathy and postherpetic neuralgia: The recommended starting dose for LYRICA is 150 mg/day, given in two or three divided doses (75 mg BID or 50 mg TID), with or without food in patients with a creatinine clearance rate of at least 60 mL/min. Efficacy of LYRICA has been demonstrated within the first week. Based on individual patient response and tolerability, the dose may be increased to 150 mg BID (300 mg/day) after one week.

For patients who experience significant and ongoing pain and can tolerate pregabalin 300 mg/day well, maximum daily dose of 600 mg (300 mg twice a day, BID) can be used. However, in clinical trials, LYRICA 600 mg/day did not provide additional significant efficacy and patients treated with this dose experienced markedly higher rates of adverse events and discontinued the trial more frequently (see Product Monograph, *ADVERSE REACTIONS*, *Tables 1* and *5*). Doses above 600 mg/day have not been studied and are not recommended.

Neuropathic pain associated with spinal cord injury: The recommended starting dose for LYRICA is 150 mg/day, given in two divided doses (75 mg BID), with or without food in patients with a creatinine clearance rate of at least 60 mL/min. Efficacy of LYRICA has been demonstrated within the first week. Based on individual patient response and tolerability, the dose may be increased to 150 mg BID (300 mg/day) after one week.

For patients who experience significant and ongoing pain and can tolerate pregabalin 300 mg/day well, a maximum daily dose of 600 mg (300 mg twice a day, BID) may be considered. Doses above 600 mg/day have not been studied and are not recommended.

Pain associated with fibromyalgia: The recommended dosage is 300 to 450 mg/day, given in two divided doses. The recommended starting dose for LYRICA is 150 mg/day, given in two divided doses (75 mg BID), with or without food in patients with a creatinine clearance rate of at least 60 mL/min. Based on individual response and tolerability, the dose may be increased to 150 mg BID (300 mg/day) after one week. Patients who do not experience sufficient benefit with 300 mg/day may be further increased to 225 mg BID (450 mg/day). In some patients, efficacy of LYRICA has been demonstrated within the first week.

For patients who experience significant and ongoing pain and can tolerate pregabalin 300 mg/day well, maximum daily dose of 600 mg (300 mg twice a day, BID) can be used. However, in clinical trials of fibromyalgia, LYRICA 600 mg/day did not provide additional significant efficacy and patients treated with this dose experienced significantly higher rates of adverse events and discontinued the trial more frequently (see Product Monograph, *ADVERSE REACTIONS*, *Tables 7* and *10*). In view of the dose-related adverse events, the decision to treat patients with doses above 450 mg/day should be based on clinical judgment of the treating physician. Doses above 600 mg/day have not been studied and are not recommended.

ADMINISTRATION

LYRICA is given orally with or without food.

SUPPLEMENTAL PRODUCT INFORMATION

Warnings and Precaution

See the Product Monograph for further information on the following: tumorigenic potential, ophthalmological effects, peripheral edema, congestive heart failure, weight gain, dizziness and somnolence, sexual function/reproduction, and special populations.

Drug Interactions

Overview: Since pregabalin is predominately excreted unchanged in the urine, undergoes negligible metabolism in humans (≤2% of a dose recovered in urine as metabolites), does not inhibit drug metabolism in vitro, and is not bound to plasma proteins, LYRICA (pregabalin) is unlikely to produce, or be subject to, pharmacokinetic interactions.

Drug Abuse and Dependence/Liability: Pregabalin is not known to be active at receptor sites associated with drugs of abuse. As with any CNS active drug, physicians should carefully evaluate patients for history of drug abuse and observe them for signs of LYRICA misuse or abuse (e.g., development of tolerance, dose escalation, drug-seeking behaviour).

ADMINISTRATION

Dosage Adjustment Based on Renal Function: Dosing adjustment should be based on creatinine clearance (Cl_{cr}), as indicated in Table 1.

Pregabalin is effectively removed from plasma by hemodialysis. Over a 4-hour hemodialysis treatment, plasma pregabalin concentrations are reduced by approximately 50%. For patients receiving hemodialysis, pregabalin daily dose should be adjusted based on renal function. In addition to the daily dose adjustment, a supplemental dose should be given immediately following every 4-hour hemodialysis treatment (see Table below).

Table 1. Pregabalin Dosage Adjustment Based on Renal Function

Creatinine Clearance (CL_{cr}) (mL/min)	Total Pregabalin Daily Dose (mg/day)[a] Recommended Dose Escalation*				Dose Regimen
	Starting dose	up to		Maximum daily dose	
≥60	150	300	450	600	BID or TID
30-60	75	150	225	300	BID or TID
15-30	25-50	75	100-150	150	QD or BID
<15	25	25-50	50-75	75	QD
Supplementary dosage following hem odialysis (mg)[b]					
Patients on the 25 mg QD regimen: take one supplemental dose of 25 mg or 50 mg					
Patients on the 25-50 mg QD regimen: take one supplemental dose of 50 mg or 75 mg					
Patients on the 50-75 mg QD regimen: take one supplemental dose of 75 mg or 100 mg					
Patients on the 75 mg QD regimen: take one supplemental dose of 100 mg or 150 mg					

TID = Three divided doses; BID = Two divided doses; QD = Single daily dose.

* Based on individual patient response and tolerability.

[a] Total daily dose (mg/day) should be divided as indicated by dose regimen to provide mg/dose.

[b] Supplementary dose is a single additional dose.

Overdosage

For management of a suspected drug overdose, contact your regional Poison Control Centre.

Signs, Symptoms and Laboratory Findings of Acute Overdosage in Humans: The highest known dose of pregabalin received in the clinical development program in which there was no fatal outcome was 15,000 mg in 1 patient. The types of adverse events experienced by patients who received an overdose were not clinically different from other patients receiving recommended doses of pregabalin. In post-marketing experience, fatal outcomes in cases in which pregabalin has been taken in combination with other medications have been reported with a pregabalin overdose as low as 800 mg in a day. In none of these cases has pregabalin been established as the cause of death or in pregabalin monotherapy. The lowest fatal dose with pregabalin alone has not yet been identified.

The most commonly reported adverse events observed when pregabalin was taken in overdose (dose range from 800 mg/day up to 11,500 mg as a single dose) included affective disorder, somnolence, confusional state, depression, agitation, and restlessness.

Treatment or Management of Overdose: There is no specific antidote for overdose with pregabalin. If indicated, elimination of unabsorbed drug may be attempted by emesis or gastric lavage; usual precautions should be observed to maintain the airway. General supportive care of the patient is indicated including monitoring of vital signs and observation of the clinical status of the patient. A Certified Poison Control Center should be contacted for up-to-date information on the management of overdose with pregabalin.

Hemodialysis: Standard hemodialysis procedures result in significant clearance of pregabalin (approximately 50% in 4 hours) and should be considered in cases of overdose. Although hemodialysis has not been performed in the few known cases of overdose, it may be indicated by the patient's clinical state or in patients with significant renal impairment.

Availability of Dosage Forms

LYRICA is available in dosage strengths of 25 mg, 50 mg, 75 mg, 150 mg, 225 mg, and 300 mg capsules.

For a copy of the Product Monograph or full Prescribing Information, please contact: Pfizer Canada Medical Information at 1-800-463-6001 or visit www.pfizer.ca.

See our AD on page A-6

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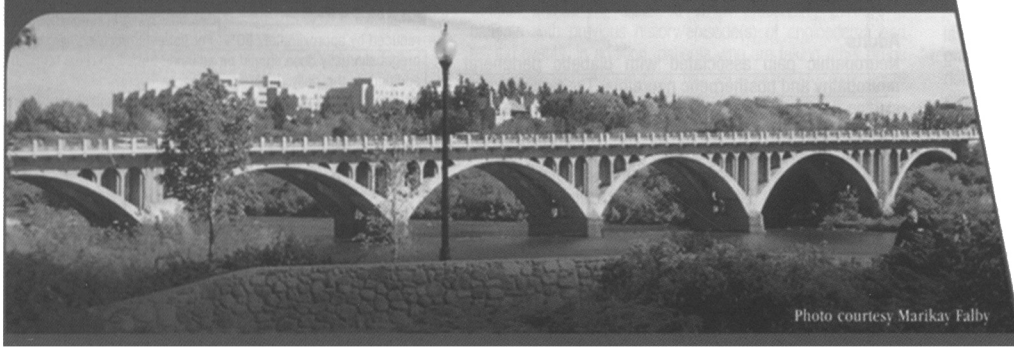
Neuro-Ophthalmologist



Saskatoon Health Region

The Opportunity

The successful candidate will provide specialist Neuro-Ophthalmologist services in a tertiary care facility serving Saskatoon and northern Saskatchewan residents. The Neuro-Ophthalmologist is responsible for providing all clinical medical services in the area of Neuro-Ophthalmology in the Department of Ophthalmology within the Saskatoon Health Region. There will also be the opportunity and responsibility to teach residents and medical students in the training program at the University of Saskatchewan - College of Medicine. The Saskatoon Health Region is seeking applications for a community faculty position in Neuro-Ophthalmology.

The Candidate

The successful candidate must hold Royal College certification or be eligible for certification in Ophthalmology or Neurology, be subspecialty trained in Neuro-Ophthalmology and be eligible for licensure in the province of Saskatchewan.

The Region

Saskatoon Health Region is one of the most integrated and complex health delivery agencies in Canada. We are the largest health region in Saskatchewan serving more than 375,000 residents in over 100 cities, towns, and rural municipalities. Saskatoon Health Region is the largest single employer in the province with over 12,000 staff and 900 physicians across the Region providing a complete range of health services to residents of central and northern Saskatchewan. The city's three acute care hospitals – St. Paul's, City, and Royal University – comprise the tertiary teaching centre for the province.

The City

Saskatoon Shines – with more hours of sunshine than any other major Canadian city. With a population of 230,000, Saskatoon boasts small town spirit and big city amenities. World class events, festivals and attractions … strong arts and music focus … a short drive to the northern lake country … a variety of indoor and outdoor sporting facilities … and more golf courses per capita than anywhere in North America. The city is noted for its outstanding walking and biking trails along the riverbank, and excellent educational facilities, including the University of Saskatchewan. What's more – everything is within 20 minutes of home.

The Department

The Department of Ophthalmology has twelve members in all subspecialty areas providing patient services to Saskatchewan. All members are involved in the thriving Post-Graduate Residency Training Program in Ophthalmology through the College of Medicine, University of Saskatchewan.

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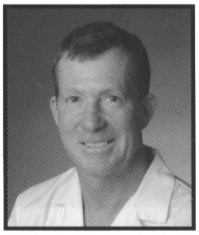

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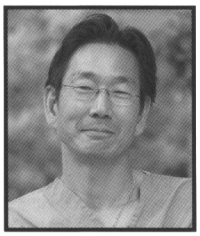

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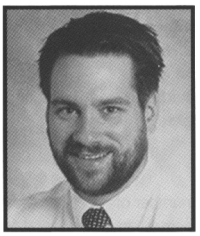

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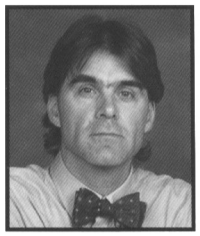

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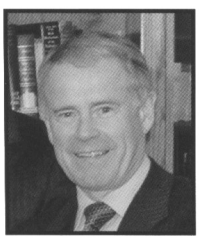

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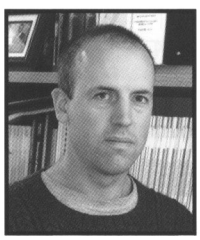

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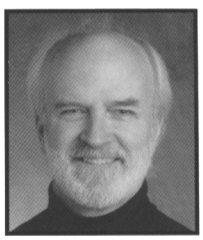

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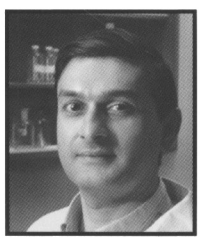

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