Patented Medicine Prices Review Board

PMPRB NEWSletter

Volume 11, Issue No. 3
July 2007

Inside...

Board Members

The PMPRB is an independent quasi-judicial body with a dual mandate.

Regulatory - To ensure that prices charged by patentees for patented medicines sold in Canada are not excessive, thereby protecting consumers and contributing to Canadian health care.

Reporting - To report on pharmaceutical trends and on R&D spending by pharmaceutical patentees, thereby contributing to informed decisions and policy making.

National Public Service Week 2007

A nation-wide celebration for all federal public service employees, the National Public Service Week is dedicated to highlighting their achievements and contributions toward Canadian society. Held the week of June 10, the theme of this year's celebrations was "*Keeping the circle strong: Connecting our generations.*"

With a focus on Canada's ethnic diversity, a number of small lunch-time events were held, culminating in a pot-luck on June 13, all designed to acknowledge the work and dedication of the PMPRB employees. ■

Since our last issue...

Here are some of the key events that occurred since the end of April 2007.

May 6-8:	Sylvie Dupont attended to the Canadian Council of Administrative Tribunals (CCAT) Annual Conference in Vancouver.
May 8-9:	The Executive Staff attended the APEX Symposium in Ottawa.
May 11:	Ron Corvari and Christine McKennirey participated in the NPDUIS Steering Committee Meeting in Ottawa.
May 16-17	The Board met to discuss the next steps in the review of its Excessive Price Guidelines and released its preliminary response to the issues and the views expressed in its May 31 *Communiqué* (available on our Web site under Consultations).
May 18	The Board held its second quarterly meeting. A summary of the Minutes is available on page 9. Minutes of Board meetings are also available on our Web site under About the PMPRB; Summary of Board Meetings.
May 19-23:	The Guidelines for Conducting Pharmaceutical Budget Impact Analyses (BIA) for Submission to Public Drug Plans in Canada were released. Innovus, authors of the BIA Guidelines, presented a poster on the Guidelines at the International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 12th Annual International Meeting, held in Virginia, USA. Innovus made a second presentation of the poster at the Canadian Therapeutics Congress in Halifax, held May 27 to 30. The Guidelines are available on our Web site under Reporting; National Prescription Drug Utilization Information System (NPDUIS); Analytical Study Series.
May 24:	The Board approved a Voluntary Compliance Undertaking (VCU) in the matter of 3M Canada Company and the medicine Airomir and concluded its hearing initiated in 2006.
May 31:	The PMPRB presented its Annual Report for the year 2006 to the Minister of Health.
	The Board issued its *Stakeholders' Communiqué* on the review of its Excessive Price Guidelines.

If you wish to know more about the PMPRB, please contact us at our toll-free number or consult our Web site.

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June 2-5:	Maria Gutschi gave a presentation – "*Why do Vitamins need to B-Complex*" – at the Annual General Meeting of the Canadian Pharmacists Association, in Ottawa.
June 4:	The Human Drug Advisory Panel (HDAP) held its meeting in Ottawa.
June 5:	Barbara Ouellet gave a speech at the Canadian Institute's conference on *Drug Pricing and Reimbursement in Canada*, in Toronto. Her speech, *Highlighting the Mandate of the PMPRB and Recent Developments in Price Regulation*, is available on our Web site under Publications; Speech Series; 2007.
June 6:	The Board held a pre-hearing conference in the matter of sanofi-aventis Canada Inc. and its medicine Penlac Nail Lacquer. The hearing date will be announced shortly. Updates on the PMPRB Hearing Schedule are posted on our Web site under Regulatory; Hearings.
June 7:	The Board approved a VCU in the matter of Janssen-Ortho Inc. and the medicine Risperdal Consta and concluded its hearing initiated in 2006.
June 11-12:	The Board resumed its public hearing in the matter of Janssen-Ortho Inc. and its medicine Concerta. The Hearing Panel will hear closing arguments in this matter on August 29, 2007.
June 12:	Marie-Sophie Jobin attended the Health Council of Canada Pharmaceuticals Symposium – *Safe and Sound – Optimizing Prescribing Behaviours*, in Montréal.
June 13:	Marie-Sophie Jobin attended the "*Réseau québécois de recherche sur l'usage des médicaments – Le médicament en prévention primaire : Écarts entre l'efficacité clinique et l'efficience*", in Montréal.
June 18:	The Board heard the parties' closing arguments in the matter of Shire BioChem Inc. and its medicine Adderall XR.
June 27:	The Board heard Board Staff's closing arguments in the matter of Teva Neuroscience G.P.-S.E.N.C. and its medicine Copaxone. Closing arguments will resume on August 13, 2007.
June 28:	The Board issued a Communiqué further to an article in its April 2007 NEWSletter following the release of the Federal Court decision in *LEO Pharma*.
June 29:	The PMPRB released its third quarterly report on Non-Patented Prescription Drug Prices (NPPDP) – *Market for New Off-Patent Drugs.*
July 4:	The PMPRB released its *New Drug Pipeline Monitor* under the provisions of the NPDUIS.
July 17:	The Board met with representatives of BIOTECanada.
July 18:	The PMPRB 2006 Annual Report was released.
July 24:	The Board issued a Notice of Hearing in the matter of Abbott Laboratories Limited and its medicine Zemplar. The hearing is scheduled to commence on December 10, 2007. A pre-hearing conference has also been scheduled for November 13. ■

Comings and Goings

- Rebecca Szilagyi has joined the NPDUIS group in the Policy and Economic Analysis Branch.
- Gary McDonald has joined the Policy and Economic Analysis Branch in the area of Non-Patented Prescription Drug Price (NPPDP) reporting.
- Carmen Osborne returned to the Compliance and Enforcement Branch from a one-year maternity leave. Welcome back!
- Larissa Lefebvre joined the Compliance and Enforcement Branch as a Statistical Research Assistant.
- Joanne Butler and Amanda Moir both returned to Health Canada after working for nearly a year on the review of the Board's Excessive Price Guidelines with the Policy and Economic Analysis Branch.
- Hans Lefebvre returned to Defence Research and Development Canada after a one-year assignment with the Information Systems Group. ■

News from the Chairperson

PMPRB Annual Report for the year 2006

The PMPRB Annual Report is posted on our Web site and accessible from our Home Page.

Our 2006 Annual Report was just released. Sales of patented drugs in Canada increased by 3.7% in 2006, to $12 billion, representing 68.1% of total sales of drugs in 2006.

Ninety nine (99) new patented drug products (DINs) for human use were reported to the PMPRB in 2006, of which 29 medicines, representing 43 DINs, were new active substances. A total of 1181 patented drug products for human use were under the PMPRB's jurisdiction last year.

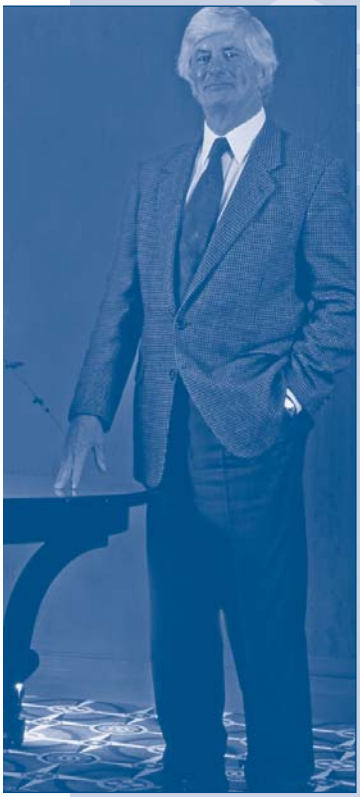
Patentees reported total R&D expenditures of $1.2 billion in 2006, while members of Rx&D reported R&D expenditures of $949 million over the same period. For all patentees, the R&D-to-sales ratio continues its downward trend to 8.1% from 8.7% in 2005, as did the R&D-to-sales ratio for members of Rx&D – 8.5% compared to 8.8% in the previous year.

We continue to enhance our reporting by providing more in-depth analysis of the key pharmaceutical indices. A number of studies and reports were published under the National Prescription Drug Utilization Information System (NPDUIS) and under the Non-Patented Prescription Drug Prices (NPPDP) initiatives.

Our consultations with stakeholders on the review of the Board's Excessive Price Guidelines were pursued. Working groups are being established and bilateral meetings with representatives of governments, consumers and the industry will be held in September. More detailed information on the review of our Guidelines is available on our Web site.

The PMPRB is increasingly being challenged to respond to new demands. Transparency and accessibility remain the central elements of the PMPRB to continue to protect consumer interests and to contribute to heath care. ■

Brien G. Benoit, MD



Brien G. Benoit, MD
Chairperson of the PMPRB

Update on the Review of the Board's Excessive Price Guidelines

For more information on the review of the Board's Guidelines, please consult our Web site under Consultations.

On May 31, 2007, the Board issued its *Stakeholders' Communiqué*, outlining the next steps in the review of its Excessive Price Guidelines.

Further meetings have been scheduled for September, providing stakeholders an opportunity to raise any comments directly with Board Members in relation to the issues discussed in the *Communiqué*, along with any other concerns they may, or not, have raised in previous consultations. These meetings will build upon what the Board has heard to date about its Guidelines, through the comments it received on its May 2006 Discussion Guide, and the discussions in November.

In order to ensure transparency in regard to this and other bilateral meetings, and to enable the Board to have a record of the views of each set of stakeholders, the participants are expected, following the meeting, either individually or as a group, to make a written submission to the Board outlining the key concerns and messages raised at the meeting. These submissions, along with the names of participants for each meeting, will be posted on the PMPRB's Web site for the information of all interested stakeholders.

Also announced in the *Communiqué* was the creation of three Working Groups. The Terms of Reference for each Working Group are posted on our Web site under Consultations.

The Excessive Price Guidelines are of fundamental importance to the work of the PMPRB. The continuing contribution of all stakeholders to this review process will be important in ensuring that any possible changes to the Guidelines are in the best interest of all Canadians. The Board wishes to thank all stakeholders that have provided comments to date. ■

The PMPRB's regulatory mandate is to ensure that patentees' prices of patented medicines are not excessive, thereby protecting consumer interests and contributing to Canadian health care. In the event that the price of a patented medicine appears to be excessive, the Board can hold a public hearing and, if it finds that the price is excessive, it may issue an Order to reduce the price and to offset revenues received as a result of excessive prices.

Hearings – Update

PMPRB Hearing Schedule

Medicine	Patentee	Pre-hearing Conference Date	Hearing Dates
CONCERTA	**Janssen-Ortho Inc.**		June 11-12 August 29 *(Closing Arguments)*
COPAXONE	**Teva Neuroscience G.P.-S.E.N.C.**		June 27 *(Closing Arguments)* August 13 *(Closing Arguments – Session 2)*
PENLAC NAIL LACQUER	**sanofi-aventis Canada Inc.**	June 6	*Dates to be determined*
QUADRACEL AND PENTACEL	**sanofi pasteur Limited**	October 31	November 28-30
STRATTERA	**Eli Lilly Canada Inc.**	*Hearing on Motion for Adjournment* February 22	*Dates to be determined*
ZEMPLAR	**Abbott Laboratories Limited**	November 13	December 10

Further information on hearings is available on our Web site under Regulatory; Hearings.
All requests for information on hearings can also be addressed to the Secretary of the Board:

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We invite readers to peruse our 2006 Annual Report and send us their comments and/or questions at pmprb@pmprb-cepmb.gc.ca

Human Drug Advisory Panel (HDAP) 2008 Schedule

HDAP Meeting / Conference Call	Information	Deadline
February 11, 2008	• 1 copy of product monograph or information similar to that included in a product monograph (if the product has not yet been approved for sale in Canada) • 7 copies of company submission	• **November 12, 2007** • **December 11, 2007**
May 15, 2008	• 1 copy of product monograph or information similar to that included in a product monograph (if the product has not yet been approved for sale in Canada) • 7 copies of company submission	• **February 15, 2008** • **March 17, 2008**
September 15, 2008	• 1 copy of product monograph or information similar to that included in a product monograph (if the product has not yet been approved for sale in Canada) • 7 copies of company submission	• **June 16, 2008** • **July 15, 2008**
November 24, 2008	• 1 copy of product monograph or information similar to that included in a product monograph (if the product has not yet been approved for sale in Canada) • 7 copies of company submission	• **August 25, 2008** • **September 24, 2008**

Voluntary Compliance Undertakings

Under the Compliance and Enforcement Policy, patentees are given an opportunity to submit a VCU when Board Staff concludes, following an investigation, that the price set forth by the patentee for a patented medicine sold in Canada appears to have exceeded the Board's Excessive Price Guidelines (Guidelines).

A VCU is a written undertaking by a patentee to the Board to adjust the price of a patented drug to conform to the Excessive Price Guidelines.

Airomir

On May 14, 2007, the Board approved a VCU agreed to by 3M Canada Company (3M Canada) and Board Staff, for the payment in full of revenues alleged by Board Staff to have been excessive, totalling $485,498.58, derived from January 1, 2004 to December 29, 2006. By order of the Board, the proceeding that had been commenced by the issuance of a Notice of Hearing on February 20, 2006, was concluded. 3M Canada has met the terms of the VCU.

For purposes of the application of the Board's Excessive Price Guidelines, Graceway is the Canadian patentee of Airomir as of December 29, 2006. Under the *Patented Medicines Regulations, 1994*, Graceway is required to file pricing and sales information with the PMPRB twice a year, at regular intervals, as well as file its R&D expenditures annually.

Airomir is used for the treatment of asthma, chronic bronchitis, and other breathing disorders.

Risperdal Consta

On June 7, 2007, the Board approved a VCU agreed to by Janssen-Ortho Inc. and Board Staff to, among others, reduce the price of Risperdal Consta to a non-excessive level and to offset excess revenues in the amount of $4,386,172.99. By Order of the Board, the proceeding that was commenced with the issuance of a Notice of Hearing on January 30, 2006, was hereby concluded.

Janssen-Ortho Inc. has reduced the price of Risperdal Consta and offset excess revenues in the amount of $4.38M as per the VCU.

Risperdal Consta is a new formulation of an existing compound (risperidone) indicated for the management of the manifestations of schizophrenia and related psychotic disorders.

Forteo, Eli Lilly Canada Inc.

On June 28, 2007, the Chairperson accepted the VCU for Forteo submitted by Eli Lilly Canada Inc. (Lilly).

The VCU includes a reduction of the price of Forteo below the maximum non-excessive price for 2007 in order to offset excess revenues. In the event that all excess revenues have not been offset by December 31, 2007, Lilly shall make a payment to the federal government in the amount of the remainder of the excess revenues that have not been offset within 30 days of the filling of the July to December 2007 price and sales data.

The price of Forteo is to remain within the Board's Guidelines in all future periods in which it remains under its jurisdiction.

Forteo is indicated for the treatment of postmenopausal women with severe osteoporosis who are at high risk of fracture or who have failed or are intolerant to previous osteoporosis therapy; and to increase bone mass in men with primary or hypogonadal severe osteoporosis who have failed or are intolerant to previous osteoporosis therapy.

Visit our Web site under Regulatory; VCU

For more information on NPDUIS, please consult our Web site under Reporting; National Prescription Drug Utilization Information System.

NPDUIS - Update

A meeting of the National Prescription Drug Utilization Information System (NPDUIS) Steering Committee was held on May 10-11, 2007 in Ottawa. The PMPRB provided an update on recent and completed projects and sought input from the Steering Committee on new projects to be undertaken.

The *Guidelines for Conducting Pharmaceutical Budget Impact Analyses for Submission to Public Drug Plans in Canada* were released in May 2007 and are available on the PMPRB Web site. The BIA Guidelines have been developed to provide guidance regarding the methodology and reporting methods to be used when submitting BIAs to the Common Drug Review (CDR), administered by the Canadian Agency for Drugs and Technology in Health (CADTH), or to federal, provincial or territorial drug plans that participate in CDR.

Released in June 2007, the first edition of the *New Drug Pipeline Monitor* (NDPM) is also available on the PMPRB Web site. Ten drugs are highlighted in this issue and information on their therapeutic potential is provided. Future editions of the NDPM will continue to track the clinical development of these drugs and will highlight potential new drugs. As well, preliminary market analyses will be provided to inform decision makers of potential cost impacts of the new drugs.

The Steering Committee endorsed several new NPDUIS projects:

- A pharmaceutical expenditure forecasting methodology and guidelines will be developed to provide guidance for short-term forecasting of drug plan expenditures.
- Defined Daily Dose (DDD) analyses will be expanded to better understand utilization trends and cost drivers for leading therapeutic groups.
- A previous costing analysis of Catastrophic Drug Coverage will be updated for the National Pharmaceuticals Strategy Task Group. ■

Monitoring and Reporting of Non-Patented Prescription Drug Prices

In October 2005, the federal, provincial and territorial (FPT) Ministers of Health announced the endorsement of the PMPRB to monitor and report on the prices of non-patented prescription drugs. In November 2005, the PMPRB received direction from the federal Minister of Health, on behalf of himself and his PT colleagues, to undertake this monitoring and reporting.

The PMPRB's third quarterly report on Non-Patented Prescription Drug Prices (NPPDP) was published in June - *Market for New Off-Patent Drugs*.

This report examines brand name drug products that have gone off-patent between the years 2001 and 2003 and the degree and timing of entry of generic products. It was found that little generic entry occurred in Canada in the years immediately following patent expiration. Generic entry occurred for eight of the thirty-nine drugs whose patents expired in these years.

The 70/90 pricing rule allows the first generic to be priced at 70% of the brand as the entry-level price and the second generic, to be priced at 90% of that first generic price.

Where generic entry did occur, usually one or two manufacturers entered the market. While most markets for drugs coming off-patent were fairly small, surprisingly in no year did generics enter the largest of available markets. In fact, sales for five of the ten products coming off-patent in 2001, 2002, or 2003 where generic entry occurred had less than $100,000 in sales in the year prior to patent expiry. Three drugs had sales of less than $10,000. Sales exceeded $1 million for three drugs and ranged from $2.2 million to $2.5 million in the year before their patents expired, but none of these markets saw generic entry.

Whether or not generic entry took place, prices of branded drug usually increased after patent expiry. In only one case did the price of the branded product fall considerably and effectively compete with the generics for a share of the market. In contrast, where generic entry did occur, generics were introduced at considerably lower prices than those at which the brand products were last sold under patent protection and tended to be in a range consistent with the 70/90 generic pricing rules of public drug plans.

Overall, the branded price was almost always considerably higher than the average generic price in each year following generic entry, regardless of the year of patent expiry. However, generic entry did tend to moderate branded drug prices as the prices generally increased less for branded drugs that experienced generic competition than for those that did not.

While it is clear that considerable savings to drug plans occurred as a result of patent expiry and the entrance of generics to a number of markets, the impact was limited by the fact that no generics entered the largest off-patent markets. In addition, generic prices tended to be 50 to 65% of the brand price even over time, and the more expensive brands continued to enjoy sizeable market shares.

The fourth report, to be released this summer, will examine trends in prices of non-patented single-source prescription drugs sold in Canada and abroad.

Two reports were released in July and October 2006 respectively: *Canadian and Foreign Price Trends* examines domestic and international price and sales trends of non-patented prescription drugs. *Trends in Canadian Sales and Market Structure* analyzes annual growth rates in sales, sources of growth, market shares, sales concentration, and international price comparisons by level of concentration. ■

For more information on NPPDP, visit our Web site — Reporting; Non-Patented Prescription Drug Prices.

PMPRB

Report on New Patented Drug – Gardasil, Merck Frosst Canada Ltd.

Brand Name:	Gardasil
Generic Name:	*(quadrivalent human papillomavirus recombinant vaccine)*
DIN:	02283190 (0.5 mL dose)
Patentee:	Merck Frosst Canada Ltd.
Indication – as per product monograph:	Vaccine indicated in girls and women 9-26 years of age for the prevention of infection caused by Human Papillomavirus (HPV) types 6, 11, 16 and 18 and for the prevention of the following diseases associated with these HPV types: Cervical cancer, vulvar and vaginal cancer, genital warts (condyloma acuminata), cervical adenocarcinoma in situ (AIS), cervical intraepithelial neoplasia (CIN) grade 2 and grade 3, vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3, vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3, and cervical intraepithelial neoplasia (CIN) grade 1.
Date of Issuance of First Patent(s) Pertaining to the Medicine:	September 20, 2005
Notice of Compliance:	July 10, 2006
Date of First Sale:	August 16, 2006
ATC Class:	J07BM01 *Antiinfectives for Systemic Use; Vaccines; Viral Vaccines; Papillomavirus Vaccines*

The results of the PMPRB's reviews of new patented drugs for all new active substances introduced after January 1, 2002 are published on our Web site under Regulatory; Patented Medicines; Reports on New Patented Drugs for Human Use.

PMPRB

Application of the Guidelines

Summary

The introductory price of Gardasil was found to be within the Guidelines because the price in Canada did not exceed the median of the prices of the same drug in those countries listed in the *Patented Medicines Regulations, 1994* (Regulations) in which Gardasil was sold.

Scientific Review

Gardasil is a new active substance and the PMPRB's Human Drug Advisory Panel (HDAP) recommended that Gardasil be classified as a category 2 new medicine. It is a breakthrough medicine as it is the first drug product sold in Canada that addresses effectively both the prevention of infections with HPV types 6, 11, 16 and 18 and the associated precancerous cervical and external genital lesions.

The HDAP did not identify any comparators for Gardasil. There is no drug therapy or vaccine indicated or used for the prevention of HPV and its associated precancerous lesions.

Price Review

Under the Guidelines, the introductory price of a new category 2 drug product will be presumed to be excessive if it exceeds the prices of all comparable drug products, based on a Therapeutic Class Comparison (TCC) test, and the median of the international prices identified in an International Price Comparison (IPC) test. See the PMPRB's Compendium of Guidelines, Policies and Procedures for a more complete description of the Guidelines.

It was not possible to conduct a TCC test as the HDAP did not identify any comparator drug products. At introduction, the price of Gardasil was within the Guidelines as it did not exceed the median of the international prices identified in an IPC test.

Introductory Period (August to December 2006)

Country	Price per Dose (CDN)
Canada	$134.8894
France	$170.4902
Germany	$183.5870
Italy	n/a
Sweden	$177.2312
Switzerland	$187.7860
United Kingdom	$181.8804
United States	$152.1041
International Median	$179.5558

Source: Publicly available prices as per the *Patented Medicines Regulations, 1994*

Where comparators and dosage regimens are referred to in the Summary Reports, they have been selected by the PMPRB Staff and the HDAP for the purpose of carrying out the PMPRB's regulatory mandate, which is to review the prices of patented medicines sold in Canada to ensure that such prices are not excessive. The publication of these reports is also part of the PMPRB's commitment to make its price review process more transparent.

The information contained in the PMPRB's Summary Reports should not be relied upon for any purpose other than its stated purpose and is not to be interpreted as an endorsement, recommendation or approval of any drug nor is it intended to be relied upon as a substitute for seeking appropriate advice from a qualified health care practitioner. ■

List of New Drugs Introduced since the publication of the April 2007 NEWSletter

As of June 30, 2007, there were 18 new DINs for human use (representing 12 medicines) reported to the PMPRB for the year 2007. Of these 18 DINs, 12 DINs (representing 6 medicines) are new active substances.

The following table presents the new active substances reported to the PMPRB during the period January to June 2007.

Brand Name	Generic Name	Company
Factive (320 mg/tablet)	gemifloxacin mesylate	Abbott Laboratories Ltd.
Nexavar (200 mg/tablet)	sorafenib tosylate	Bayer Inc.
Emtriva (200 mg/capsule)	emtricitabine	Gilead Sciences Inc.
Tarceva (25 mg/tablet)	erlotinib	Hoffmann-La Roche Ltd.
Zytram XL (150 mg/tablet, 200 mg/tablet, 300 mg/tablet, 400 mg/tablet)	tramadol hydrochloride	Purdue Pharma
Fosrenol (250 mg/tablet, 500 mg/tablet, 750 mg/tablet, 1000 mg/tablet)	lanthanum carbonate hydrate	Shire Biochem Inc.

Patented Medicine Prices Review Board – May 2007 Meeting

At its meeting, the Board:

- Approved:
  - The PMPRB Annual Report for the year 2006 and the Communications Plan
- Was briefed on:
  - The PMPRB's contribution to the National Pharmaceuticals Strategy, and
  - The publications under the NPDUIS and the NPPDP (as reported in this issue of the NEWSletter)

The date of the next Board meeting will be announced shortly.

For additional information, please contact the Secretary of the Board at: 1-877-861-2350, or (613) 954-8299, or at sdupont@pmprb-cepmb.gc.ca.

Summary of Board Meetings are available on our Web site under About the PMPRB.

Questions and Comments

PMPRB E-bulletin

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Upcoming Events

Upcoming Events are available on our Web site under Consultations; Events.

August

22
Board meeting with Rx&D

13
Hearing – Closing arguments in Copaxone

29
Hearing – Closing arguments in Concerta

September

10
HDAP Teleconference

10-11-12
Bilateral Meetings on the review of the Board's Excessive Price Guidelines

October

31
Release of the October NEWSletter
Quadracel-Pentacel pre-hearing conference

November

13
Zemplar pre-hearing conference

28-29-30
Hearing – Quadracel-Pentacel

December

5
HDAP Teleconference

10
Hearing – Zemplar

12-13
Board Meeting

Upcoming Events are available on our Web site under Consultations; Events.

The Board will be announcing new dates in the near future with regard to its third quarterly meeting and hearings. You will want to check our Web site under What's New@PMPRB.

PMPRB E-bulletin

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Comments

We want to hear from you. If you have any comments, ideas or suggestions on topics you wish to see covered in the NEWSletter, please let us know.

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