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  - Dr. Michel Panniset, University of Toronto (UHN)
  - Dr. Antonio Strafella, Co-Principal Investigator
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- Canadian Open Parkinson Network
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  - ikathol@ucalgary.ca
- Clotilde Degroot, Eastern Manager
  - clotilde.degroot@mcgill.ca

**LEGEND**
- ✯ Coordinating Site
- 📍 Canadian Open Parkinson Network Sites
- 📍 Potential future sites
- 📍 Quebec Parkinson Network

**www.COPN-RPCO.ca**

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**Research that makes a difference**

**FINDING BETTER TREATMENTS** to learn more about the causes, progression, and complications of Parkinson’s.

**IMPROVING QUALITY OF LIFE** for people with Parkinson’s and their families so they can live their lives to the fullest, despite the challenges of this disease. This area of research spans a variety of health disciplines such as nursing, occupational therapy, speech language pathology and social work.

**BUILDING CAPACITY** among the next generation of Canadian researchers. We also fund specialized training for doctors in the diagnosis and management of the disease and other movement disorders so there will be more Parkinson’s specialists to provide high quality care.

**CONTRIBUTING ON AN INTERNATIONAL SCALE** to the collective understanding of this complex disease and to the global search for a cure. Continued investments in research will produce more life-changing discoveries and bring us closer to a world without Parkinson’s disease.

**ACCELERATING THE PATH TO DISCOVERY** as a founding partner of the Canadian Open Parkinson Network.
CAUSES OF PARKINSON’S
Movement is controlled partly by a chemical called dopamine, which carries signals between nerve cells in the brain. Parkinson’s motor symptoms appear when a significant proportion of dopamine-producing cells have died. We fund research into the chemical or genetic triggers that start the cell death process in dopamine neurons. Understanding this sequence of events will enable scientists to develop treatments to stop or prevent the loss of dopamine-producing cells. This could lead to a cure for the disease.

COMPLICATIONS OF PARKINSON’S
The familiar symptoms of Parkinson’s disease are tremors, loss of balance, and slowness of movement. But non-motor complications of Parkinson’s can also impact quality of life. These include depression, anxiety, trouble sleeping, difficulty swallowing, low blood pressure, urinary incontinence, sexual problems or cognitive changes. The nature, severity and impact of symptoms vary with each person. Investigating motor and non-motor complications associated with Parkinson’s could lead to improved treatments and better quality of life.

COGNITIVE IMPAIRMENT AND PARKINSON’S
Many people with Parkinson’s experience cognitive changes as part of the disease progression including difficulty paying attention, problems finding words, slowness in thinking, difficulty retrieving information, and problems with planning, anticipating consequences and making decisions. Exploring and understanding how these cognitive deficits affect the Parkinson brain can lead to specialized treatments for managing and preventing these symptoms.

BIOMARKERS
Identifying biomarkers to detect the early stages of Parkinson’s allows people to start treatments before significant nerve cell loss occurs and motor symptoms begin to appear. Biomarkers could also identify people at risk of developing Parkinson’s, improve diagnosis, measure disease progression and determine which treatment will work best. This is a vital promising area of research.

NEUROPROTECTION
Resting tremors and muscle rigidity appear after many dopamine producing cells in the brain have died. Scientists are searching for neuroprotective compounds that can prevent the brain cells from degenerating. Several substances such as caffeine, nicotine, and turmeric may have neuroprotective qualities. Further research could lead to the development of drug therapies that slow, stop and even prevent Parkinson’s disease. These could be given to people with early clinical signs of Parkinson’s or those known to be at genetic risk.

QUALITY OF LIFE RESEARCH
Researchers from health professions such as nursing, physiotherapy, occupational therapy, speech language pathology and social work are exploring the quality of life for people with Parkinson’s and their care partners. Their findings can lead to better treatments, improved support services, and advocacy strategies that help policy makers better understand the particular challenges of Parkinson’s disease. Quality of life research can empower people with Parkinson’s and their families to live their lives to the fullest, despite the limitations of this disease.

AREAS OF FOCUS

HOw THE FUNDING PROCESS WORKS

1. CALL FOR PROPOSALS
To Canada-based researchers, healthcare professionals and graduate students.

2. PEER REVIEW**
Scientific Advisory Council (SAC) reviews, scores and ranks each application using Canadian Institutes of Health Research standards.

3. FUNDING RECOMMENDATIONS
Research Policy Committee receives SAC rankings and recommends that the Parkinson Canada’s Board of Directors funds those applications with the highest ratings for scientific excellence, innovation and relevance to Parkinson’s.

4. FUNDING APPROVED
Parkinson Canada’s Board of Directors approves funding and applicants receive awards. Research and clinical fellowships begin.

5. KNOWLEDGE SHARED
Grant recipients provide progress reports and financial accounting yearly and upon completion.

Research Policy Committee Members
The Research Policy Committee (RPC) and Scientific Advisory Council (SAC) are two separate volunteer committees. The chair of the SAC also sits on the RPC to ensure continuity.

**Members recuse themselves from reviewing any application where there is a conflict of interest.
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RESEARCH POLICY COMMITTEE MEMBERS

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**LEGEND**

- Coordinating Site
- Canadian Open Parkinson Network Sites
- Potential future sites (as funding and C-OPN capacity grows)
- Quebec Parkinson Network

**NATIONAL RESEARCH PROGRAM**

Leading the way in Parkinson’s research

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