Most Significant Contributions

1. **Lear SA**, Humphries KH, Frohlich JJ, Birmingham CL. Are current anthropometric targets appropriate for Canadian Aboriginals? *CMAJ* 2007;177:1499-1505..
1. Paras E, Mancini GBJ, **Lear SA**. Which Definition of the Metabolic Syndrome is Most Closely Associated with Sub-clinical Carotid Atherosclerosis? *Atherosclerosis*. 2008;198:228-236.
2. **Lear SA**, Humphries KH, Kohli S, Birmingham CL. The use of body mass index and waist circumference as surrogates of body fat differs by ethnicity. *Obesity* 2007;15:2817-2824.
3. **Lear SA**, Humphries KH, Kohli S, Frohlich JJ, Birmingham CL, Mancini GBJ. Visceral adipose tissue, a potential risk factor for atherosclerosis: Results from the Multi-cultural Community Health Assessment Trial (M-CHAT). *Stroke*. 2007;38:2422-2429.
4. **Lear SA**, Humphries KH, Kohli S, Chockalingam A, Frohlich JJ, Birmingham CL. Visceral adipose tissue accumulation differs according to ethnic background: Results of the Multi-cultural Community Health Assessment Trial (M-CHAT). *Am J Clin Nut* 2007;86:353-359.

These papers are the result of the M-CHAT study of 822 individuals of Aboriginal, Chinese, European and South Asian origin. The results provide novel information that visceral adipose tissue (VAT) is associated with carotid atherosclerosis independent of traditional risk factors. In addition, men and women of Chinese and South Asian origin have a greater amount of VAT than Europeans at the same total body fat and waist circumference, while those of Aboriginal origin had a similar relationship to the Europeans. The implications of these findings are: 1. those with increased VAT are at increased risk for atherosclerosis, 2. ethnic origin is a determinant of body fat distribution, 3. those of Chinese and South Asian origin require lower body mass index and waist circumference targets than Europeans, and 4. current targets based on Europeans are appropriate for those of Aboriginal origin.

6. **Lear SA**, Spinelli JJ, Linden W, Brozic A, Kiess M, Frohlich JJ, Ignaszewski A. The extensive lifestyle management intervention (ELMI) after cardiac rehabilitation: A four-year randomized controlled trial. *Am Heart J*. 2006;152:333-339.
7. **Lear SA**, Ignaszewski A, Linden W, Brozic A, Kiess M, Spinelli J, Pritchard PH, Frohlich JJ. The extensive lifestyle management intervention (ELMI) following cardiac rehabilitation trial. *Eur H J* 2003;24:1920-1027.

These papers report the result of a four year randomized risk factor and lifestyle management intervention in 302 men and women with ischemic heart disease following a 16-week standard cardiac rehabilitation program to prevent reduced adherence to lifestyle behaviours and worsening of risk factors. Using telephone follow-up calls, face-to-face counselling and treatment algorithms based on current clinical guidelines, the intervention group experienced a significant reduction in global cardiovascular risk compared to the usual care group after four years. This improvement was mainly due to communication with the intervention patients' family physicians as there were no differences in lifestyle factors. The usual care group demonstrated some deterioration in risk factors. These results indicate that some patients may benefit from a resource-sparing intervention after cardiac rehabilitation.

8. **Lear SA**, Toma M, Birmingham, CL, Frohlich JJ. Modification of the relationship between simple anthropometric indices and risk factors by ethnic background. *Metabolism* 2003;52:1295-1301.
9. **Lear SA**, Chen MM, Frohlich JJ, Birmingham, CL. The relationship between waist circumference and metabolic risk factors: Cohorts of European and Chinese descent. *Metabolism* 2002;51:1427-1432.

These papers indicate that ethnic background (be it either Chinese or South Asian) is a significant predictor for various risk factors (total cholesterol, LDL-C, triglycerides, TC/HDL-C ratio, insulin, glucose and C-reactive protein) after adjusting for waist circumference and body mass index such that at a given waist measurement, men and women of Chinese or South Asian origin had higher risk factor values compared to men and women of European origin.

Activities and Contributions
Supervisory Experience (Currently supervising 2

Publications

Refereed Papers (43 total)
Trainees are underlined.

		Impact Factor*
1.	Farias Godoy AN, Ignaszewski A, **Lear SA**. The effectiveness of ongoing program support for primary care in patients four years following cardiac rehabilitation. *Am J Med*. In press.	4.907
2.	**Lear SA**, Araki Y, Maric B, Kaan A, Horvat D. Prevalence and characteristics of home Internet access in patients with cardiovascular disease from diverse geographic locations. *Can J Cardiol*. In press.	1.422
3.	Obesity in Asia Collaboration. The discrimination of dyslipidaemia using anthropometric measures in ethnically diverse populations of the Asia Pacific Region: The Obesity in Asia Collaboration. *Obes Rev*. In press.	7.821
3.	**Lear SA**, Humphries KH, Hage-Moussa S, Chockalingam A, Mancini GBJ. Immigration presents a unique increased risk for cardiovascular disease. *Atherosclerosis*. In press.	4.287
5.	Zimmerman AC, **Lear SA**, Holmes DT. Age dependent reference intervals for measured bioavailable testosterone on the Siemens Advia Centaur: Ethnicity specific values not necessary for South Asians. *Clin Biochem*. In press.	
4.	Maric B, Kaan A, Ignaszewski A, **Lear SA**. Review of telemonitoring technologies in heart failure. *Eur J Heart Fail*. In press.	2.986
5.		

those papers in which I am last author, the study design, data collection and analyses, and manuscript preparation were conducted under my direct supervision.

Submitted Refereed Papers

3. Farias Godoy AN, Ignaszewski A, **Lear SA**. The effectiveness of ongoing program support for primary care in patients four years following cardiac rehabilitation. *Eur J Cardiovasc Rehabil Prev*. Submitted.
4. Maric B, Kaan A, Araki Y, **Lear SA**. The use of the Internet to remotely monitor patients with heart failure. Eur H J. Submitted.

Letters in Peer-reviewed Journals

1. Araki Y, Scott R, **Lear SA**. Challenges of telehealth research in clinical settings. *J Telemed Telecare* 2007;13(8):425-6.
2. **Lear SA**. Waist circumference is simpler than body mass index. *Clin Chem*. 2005;51:1082-1083.
3. **Lear SA**. Effect of lifestyle changes on coronary heart disease. *JAMA* 1999;282:130.

Non-Peer Reviewed Publications

1. **Lear SA**, Bates J, Lavoie J, Johnston S, Scott RE. The British Columbia alliance on telehealth policy and research. *Healthc Q* 2008;11:52-56.
2. **Lear SA**. Research, Bates J, Lavoie J, Johnston S, Scott RE. Progress Utilization of Se Web to GC5 /Span /MCID 12 >1.5 0 Td(Lear SA

3. Kohli S, Farias-Godoy A, **Lear SA**. Differences in abdominal subcutaneous adipose tissue compartments between aboriginal and European populations. Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
4. Kohli S, Farias-Godoy A, **Lear SA**. Using waist circumference and triglycerides to predict visceral adposity in Chinese and South Asians cohorts. Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
5. Farias-Godoy A, Kohli S, **Lear SA**. Determinants of changes in body mass index and waist circumference from an Extensive Lifestyle Management Intervention following cardiac rehabilitation. Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
6. Farias-Godoy A, Kohli S, **Lear SA**. Differences in peripheral adipose tissue depots among those that have low VAT and high VAT. Where is the fat? Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
7. Gasevic D, Teo K, Yusuf S, **Lear SA**. Perceived and objective determinants of the built environment in the relation to physical activity, measured anthropometry and glucose. Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
8. Gasevic D, **Lear SA**. Relationship of health-related quality of life with obesity and insulin resistance in four ethnic groups. Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
9. Gasevic D, **Lear SA**. Relationship between regional adiposity and insulin resistance in four ethnic groups. Accepted for presentation at 1st National Obesity Summit, May 7-10, 2009. Kananaskis, Canada.
10. **Lear SA**, Mancini GBJ. Life in Canada may present a risk factor for cardiovascular disease in immigrants. *Can J Cadiol* 2008;24(suppl E):225E.
10. Gasevic D, **Lear SA**. Waist circumference predicts insulin resistance beyond that of body mass index in four ethnic groups. *Can J Cadiol* 2008;24(suppl E):314E.
11. Farias-Godoy AN, **Lear SA**, Kohli S. Role of visceral adipose tissue and subcutaneous adipose tissue as predictors of dyslipidemia and insulin resistance across four ethnic groups. *Can J Cadiol* 2008;24(suppl E):314E.
12. Maric B, Gasevic D, **Lear SA**. The prediction of subcutaneous vs. visceral adipose tissue deposition in four ethnic groups. *Can J Cadiol* 2008;24(suppl E):106E.
13. Kohli S, Farias-Godoy AN, **Lear SA**. Determinants of success from an extensive lifestyle management intervention following cardiac rehabilitation. *Can J Cadiol* 2008;24(suppl E):54E-55E.
14. Maric B, Kaan A, **Lear SA**. Pilot study of remote management of heart failure patients using the Internet. *Can J Cadiol* 2008;24(suppl E):176E.
15. Maric B, Kaan A, **Lear SA**. Pilot Study of Remote Management of Heart Failure Patients Using the Internet. Taking Charge of Our Health: Integrated Chronic Disease Self-Management Conference, October 23-24, 2008, Toronto, Canada.
17. **Lear SA**. Obesity, ethnicity and atherosclerosis. National Atherosclerosis Forum, September 26-28, 2008. Toronto, Canada.
16. Kohli S, Sniderman A, Tchernof A, **Lear S**A. Adipose tissue compartments and ethnicity. 1st Canadian Obesity Student Meeting. Quebec City, Canada. June 2008.
17. Gasevic D, **Lear SA**. Waist circumference and its relationship with type 2 diabetes risk indicators among four ethnic groups. 1st Canadian Obesity Network National Student Meeting. Quebec City, Canada. June 2008.
18. **Lear SA**. The British Columbia Alliance on Telehealth Policy and Research. 3rd Annual Interior Health Research Conference. Kelowna, Canada. April 29, 2008.

19. Maric B, **Lear SA**, Kaan A. Pilot study of remote manage

42. **Lear SA**, Spinelli JJ, Linden W, Brozic A, Kiess M, Frohlich JJ, Ignaszewski A. The extensive lifestyle management intervention (ELMI) after cardiac rehabilitation: A four-year randomized controlled trial. *Can J Caridol* 2005;21(suppl C):610
38. **Lear SA**, Kiess M, Ignaszewski A. Participation in a community-based cardiac rehabilitation program (CBCRP) attenuates the reduction in exercise capacity and physical activity after a hospital-based CRP. 15th Annual Canadian Association of Cardiac Rehabilitation Meeting, October 2005. Montreal, Quebec.
44. **Lear SA**, Kiess M, Ignaszewski A. Comprehensive risk factor and lifestyle trends four years after cardiac rehabilitation. *Prev Control* 2005;1:33.
45. Normén L, Horn M, **Lear S**, Harris M, Montaner J, Bondy G. Pancreatitis frequency in HIV-positive and HIV-negative patients with hypertriglyceridemia. Atherosclerosis supplements 2005;6:160.
39. **Lear SA**, Birmingham, CL, Chockalingam A, Frohlich JJ, Humphries KH, Kohli S. Comparison of the Differential Distribution of Body Fat in Four Distinct Populations: Study Design. *Obesity Res* 2004;12(suppl A):A207.