We are pleased to announce that Ms. Gillian Chilibeck is the first recipient of the David McCutcheon Fellowship in Pediatric Palliative Care. The David McCutcheon Fellowship was created to build research capacity in pediatric palliative care. The value of the award is $15,000 for up to two years.

Ms. Chilibeck is a doctoral student in the McGill Department of Anthropology. Her doctoral project is focused on understanding how Inuit conceptualizations and practices of personhood, kinship and care shape experiences of pediatric palliative care, grief and bereavement.

Ms. Chilibeck is committed to a research career oriented toward better understanding the as yet underdeveloped issues in pediatric palliative care. Through the support of this generous fellowship we are thrilled to contribute to the development of an outstanding researcher in our growing field.

Congratulations, Gillian!

Mary Ellen MacDonald, PhD and Stephen Liben, MD

Grief and the Reconstruction of Meaning: Pilot Study

Since the Fall of 2010, a clinical-research study concerning the development of a novel meaning-centered bereavement support group has been underway. Under the direction of Dr. Robin Cohen and Dr. Nathan Smith, the project is Mr. Chris MacKinnon’s doctoral dissertation at McGill. The study also benefits from the contributions of scholars Dr. Melissa Henry, Dr. Annette Körner, and Dr. Harvey Chochinov. In addition, there are a number of highly dedicated Research Assistants working on the project including Mel Berish, Jane Milman, Laura Copeland, and Nancy Gair.

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Breast Cancer-Related Lymphedema: Comparison of Three Treatment Methods

The incidence of breast cancer related lymphedema (BCRL) is estimated at 6-83% for women who undergo mastectomy, axillary node dissection and/or radiation treatment. The resulting physical (e.g., pain, numbness, and fatigue) and functional (e.g., strength and range of motion) symptoms place a constant and significant burden on the quality of life of cancer survivors. These negative outcomes create the need for effective treatments. The purpose of this pilot study is to compare the efficacy of three treatments for women with breast cancer-related lymphedema using 3 methods of volume measurements.

**Study Objectives:** The study objectives are: 1) To assess the immediate and short-term effects of three different treatments for BCRL (manual lymphatic drainage (MLD); aqua lymphatic therapy (ALT); and a Casley-Smith based exercise routine (CSER)), 2) To determine which of the three treatments is most effective in maintaining or reducing limb volume over a 24 hour period, 3) To record any changes in physical symptoms after each treatment and, 4) To ascertain which of the three modalities the women prefer.

**Methodology:** This is a pilot study (n=15) with a crossover design. We will recruit women between the ages of 35 and 75 with Stage 1 or 2 lymphedema from the McGill University Health Centre Lymphedema Clinic. Each woman will receive 3 treatments; their order will be randomized between participants. Each intervention will be completed once and will last approximately 45 min. There will be a 2 week “washout” period between interventions to eliminate any carry-over effects of the previous treatment.

Use of Opioids in the Quebec Cancer Population: Last 12 Months of Life


The official reports for cancer pain relief are conflicted due to the different sources of estimation. In the last decades, the use of non-experimental observational database studies brought helpful information regarding the evolution over the years of opioid prescriptions. The role of the available medications, the impact of new molecules, the effect of changing legislation and the progress in education for professionals and the public are variables analysed in different studies.

Looking at the results, there is consistency in the increase in numbers of prescriptions for cancer pain over the years in different parts of the world, but there are few results showing which factors make cancer pain treatment so challenging.

We want to look beyond a simple quantitative estimation and evaluate opioid prescription patterns in the cancer population insured by RAMQ, by looking at different aspects: age of the patients, type of cancer, presence of bone metastatic disease and type of care (geographic location and type of prescriber).

We expect to have results available toward the end of 2011.

Elena Neamt, MD - R3 in Palliative Medicine
Bruno Gagnon, MD – Project Supervisor

Caring for the Family Caregivers

Many Canadians willingly assume the role of family caregiver of someone at the end of life without being fully aware of the cost to their physical, mental, and financial health. In recent years, family caregiving has become more of a strain because both the patient and caregiver are living longer, often with more than one chronic disease; there are fewer children to provide care (due to declining birth rate and mobility); and family caregivers are now asked to perform procedures in the home that even nursing assistants are not allowed to do in the hospital.

If we support family caregivers to maintain their health and well-being, a secondary effect may be that they are able to provide care longer and avoid becoming patients themselves, thereby enabling them to keep the patient comfortably at home for longer, and likely saving costs to the health care system.

Led by Robin Cohen (PI), Bernard Lapointe, Bessy Bitzas, Suzanne O’Brien, Tanya Fitzpatrick, Anna Feindel, Jamie Penner, Dawn Allen, Chris Mackinnon, Sharon Baxter from CHPCA, and research colleagues from other universities (Kelli Stajduhar, Francine Ducharme, Chris Longo) are applying for funding to develop and pilot test a clinical and volunteer service to support the family caregivers of palliative care cancer patients.

Robin Cohen, PhD
Breast Cancer-Related Lymphedema: Comparison of Three Treatment Methods

**Procedures:** Bilateral limb measurements to estimate changes in limb volume will be done using Dual-energy X-ray Absorptiometry (DXA), multi-frequency, bio-impedance spectroscopy (MFBIS) and circumferential arm measures (CAM). The Lymphedema Breast Cancer Questionnaire (LBCQ) will be used to subjectively gauge the degree of heaviness, tightness, numbness, and aching experienced by the women. Measurements will be taken pre-treatment, and 3-10 min, 30 min, 60 min and 20-24 hrs following treatment. After completion of the final intervention a questionnaire on modality preference will be administered.

This study is in the data collection stage and is a Master’s project for Anne Newman B.Sc. It is sponsored by the Department of Exercise Science of Concordia University and the McGill Nutrition and Performance Laboratory of the MUHC.

Anna Towers MD, Anne Newman, BSc, MSc (candidate), Dorit Tidhar, MPT, Pt, Leonard Rosenthal, MD, Pamela Hodgson, MSc, RMT, Carol Shay, PhT, Antonio Vignano, MD, MSc, Robert D. Kilgour, PhD

Assessment of lymphedema with DXA machine.

Grief and the Reconstruction of Meaning: Pilot Study

Grief therapies that integrate emerging theories of *meaning reconstruction* show particular promise in helping individuals negotiate the natural distress that often accompanies death. Psychologist and scholar Dr. Robert Neimeyer (University of Memphis) has argued that one way humans can negotiate grief is by learning to articulate a coherent and alternative life story. This is accomplished through a process of re-authoring their life narrative to provide not only a sense of continuity for bereft individuals with *who they were*, but also integrates the loss into the evolving story of *who they are now*.

With recruitment in collaboration with the Hope & Cope Program, the meaning-centered bereavement-group takes place over 12-weeks with between 6 to 8 adult participants.

Initial results indicate that the meaning-centered groups may facilitate positive coping and adjustment for bereft adults specifically in the areas of depression and grief. Participants also reported the meaning reconstruction activities were useful in ameliorating psychological distress. The pilot testing of a randomized control trial will be completed in Spring 2011.

Chris MacKinnon, PhD (candidate)

Cancer Cachexia - CIHR Network Grant

This new Network grant includes a plan to develop a Canadian-International network on Cancer-Associated Cachexia to build upon the momentum and achievements of the complementary activities of three teams presently working in Palliative Care and Oncology:

A) Edmonton, Canada and Montreal, Quebec, the CIHR New Emerging Team in Cancer Cachexia (2004-2009).

B) Montreal, Quebec, the Terry Fox Research Institute project “Towards Understanding Cancer Anorexia-Cachexia Syndrome” (2008-2011).

C) Trondheim, Norway and Edinburgh, Scotland, The European Union Palliative Research Collaborative Research Team on Cancer Cachexia / Fatigue (2009-2011). The domain area of this new grant is Palliative and End of Life Care. Cancer cachexia is frequent, inadequately managed and remains a source of unnecessary suffering. There is a lack of new treatments with meaningful efficacy or evidence to support a new standard of care. Although scientific understanding of cachexia has made significant progress over the last decade, lack of a definition, diagnostic criteria and classification has impeded progress both in clinical trials and clinical practice.

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Visiting Professors

Dr. Robin Cohen will be hosting two visiting professors this fall. Both are using her quality of life questionnaires in their studies.

Dr. Raymond Lo, a consultant in Geriatrics and Palliative Medicine at Shatin Hospital and the Chief of Service at Bradbury Hospice in Hong Kong will work with Robin during his sabbatical year to plan research together to be carried out in China and Canada, with patients and family caregivers.

Dr. Satomi Yamaguchi from the Nagasaki University Graduate School of Biomedical Sciences will be visiting to discuss research and the possibility of spending part of her sabbatical here this spring.

Robin Cohen’s Trainees

Robin Cohen and her group are welcoming Monica Parmar, N, MSc (A), who is beginning her doctorate in Nursing in September. Ms. Parmar, a Clinical Nurse Specialist, was doing patient assessments, interventions, education and planning of care at the JGH clinic of the McGill Cancer Nutrition-Rehabilitation Program. Bessy Bitzas (Nursing) is collecting and analyzing data for her phenomenological project on the experience of patients transitioning into end-of-life care. Lisa Chan (Nursing) has moved to Victoria and will finish writing up her ethnography on the experience of end-of-life care on an acute medical unit. Chris MacKinnon (Counselling Psychology) will run his last meaning-centred group grief counselling intervention this fall while writing up the first stage of this project (see page 1) and continuing his internship in psychology at the MGH.

19th International Congress on Palliative Care

The 19th International Congress on Palliative Care will take place at the Palais des Congrès from October 9-12, 2012 and will again welcome health care providers from all disciplines, as well as volunteers, from over 50 countries. The varied programme will feature a plenary and special seminars from St. Christopher’s Hospice, a clinical day on neuropalliative issues, a special day on humanism and professionalism for nurses, a pediatric programme, a programme by pharmacists on innovative pharmacotherapy, and a concurrent day on Whole Person Care. Other program features include sessions on the arts and architecture and the usual high calibre of research presentations and posters. Presenters from five continents will ensure that this edition of the Congress will meet and surpass expectations.

Anna Towers, MD
Congress Chair

Cancer Cachexia - CIHR Network Grant

To address these concerns, researchers in Palliative Care are seeking to develop forums for international consensus on cancer -associated symptoms.

PIs: Vickie Baracos, PhD, Linda McCargar, PhD, Bruno Gagnon, MD, Michel Tremblay, PhD, Ken Fearon, MD, and Stein Kaasa, MD, PhD.
Co-investigators from Montreal: Neil MacDonald, MD, Thomas Jagoe, MD, Stephanie Chevalier, MD.

New Publication on Cancer Pain


Jamie Penner (Nursing) will defend her thesis proposal on a home-based physical activity intervention for family caregivers of advanced cancer patients this fall. Moire Stevenson (Psychology) will begin collecting data for her study on the experience of early bereavement and services for bereaved parents of minor children, with the help of Stephen Liben, Marie-Claude Proulx, and Mary Ellen Macdonald. Moire is co-supervised by Marie Achille at Université de Montréal. Marianne Olivier d’Avignon (Social Work) is writing up her dissertation on the development of a needs assessment for siblings of children at the end of life. Marianne is co-supervised by Serge Dumont at Université Laval. Aron Portnoy, Psychiatrist, will be helping on Robin’s pilot project to develop a useful and practical way for clinicians to integrate formal assessment of the quality of life of family caregivers into practice.