



Réseau de
cancérologie
Rossy

Rossy
Cancer
Network

Genitourinary Cancer Trajectories (Drs. Wassim Kassouf, Cristiano Ferrario)

The cancer care trajectory encompasses risk assessment, primary prevention, screening, detection, diagnosis, treatment, survivorship, and end-of-life care. As cancer care is complex and requires a multidisciplinary approach, patients are tasked with navigating complicated trajectories that may vary according to temporal and institutional factors.

The RCN has found that bladder cancer patients with high-risk or advanced disease, that is, patients with non-muscle invasive bladder cancer unresponsive to BCG, muscle-invasive bladder cancer and metastatic bladder cancer face an especially challenging trajectory. For example, data collected by the RCN Disease Site Program found that ~40% of patients are waiting too long for radical cystectomy surgery. Importantly, most cystectomies across the RCN are performed at the MUHC, highlighting the importance of optimizing the transfer of patients between RCN sites. Furthermore, bladder cancer clinical trial enrollment across the network seldom met ASCO's clinical trial enrollment benchmark where >10% of patients should be enrolled in a trial. This is despite all three sites offering clinical trials, again highlighting the importance of increasing access to offerings across the network and facilitating the transfer of patients and information between sites.

Beginning in 2021, as the first project supported by [Disease Site Integration Program](#), the RCN invested in hiring two nurse navigators - one at the MUHC and one at the JGH, and one patient coordinator at SMHC for the genitourinary (GU) cancer trajectory. Nurse navigators bring tremendous value to the patient experience as they provide assessments, patient and family support, and education. Additionally, the navigators will act to improve coordination of care and address known causes of delays. The navigators and coordinator will also work in collaboration to optimize the transfer of patients between sites and advocate for patient access to site-specific expertise and services. Furthermore, the RCN is supporting the bladder cancer teams at all sites to not only integrate the navigators and coordinator but to also harmonize the care experience by working towards standardizing specific treatment guidelines, documentation, and performance metrics. Finally, after quality of care performance has improved for bladder cancer patients, the project will look to expand the scope of navigator and coordinator involvement to other GU cancer patients with an unmet need.

2021 RCN Retreat video of Dr. Tanguay/Anna Denis' presentation [RCN GU Cancer Integration: A Model for Further RCN Disease-site Integration](#)